

# 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/>

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.

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...



# 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
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

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# 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

86 SHARES



SHARE



TWEET

## Just In...

**Extremely rare orange lobster saved from grocery store**

[CHANGING AMERICA](#)  
— 4M 43S AGO

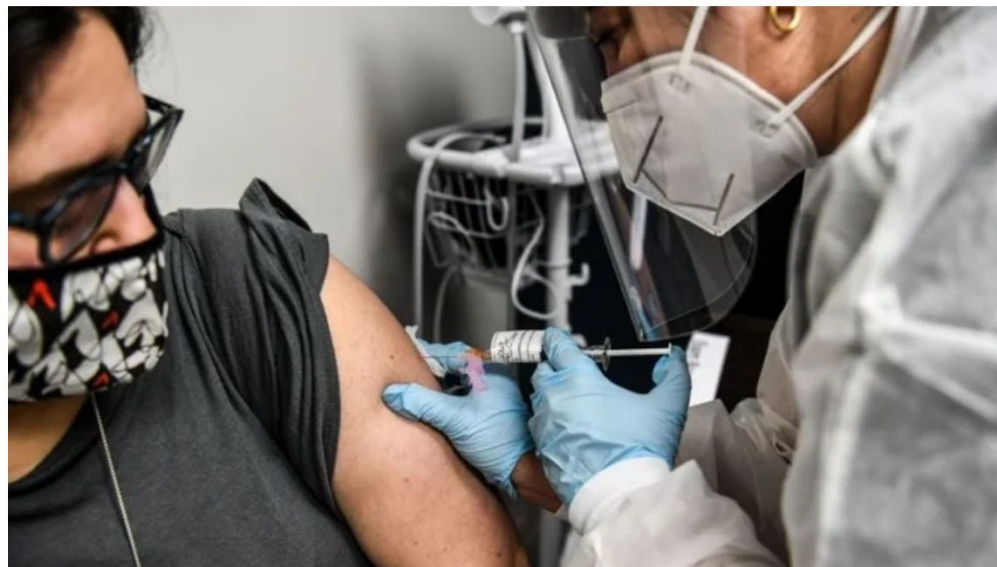
**Election denialists smacked down by Idaho Secretary of State**

[STATE WATCH](#) — 9M 38S AGO

**Leveling the playing field for recycled plastics**

[OPINION](#) — 10M 39S AGO

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



© Getty Images

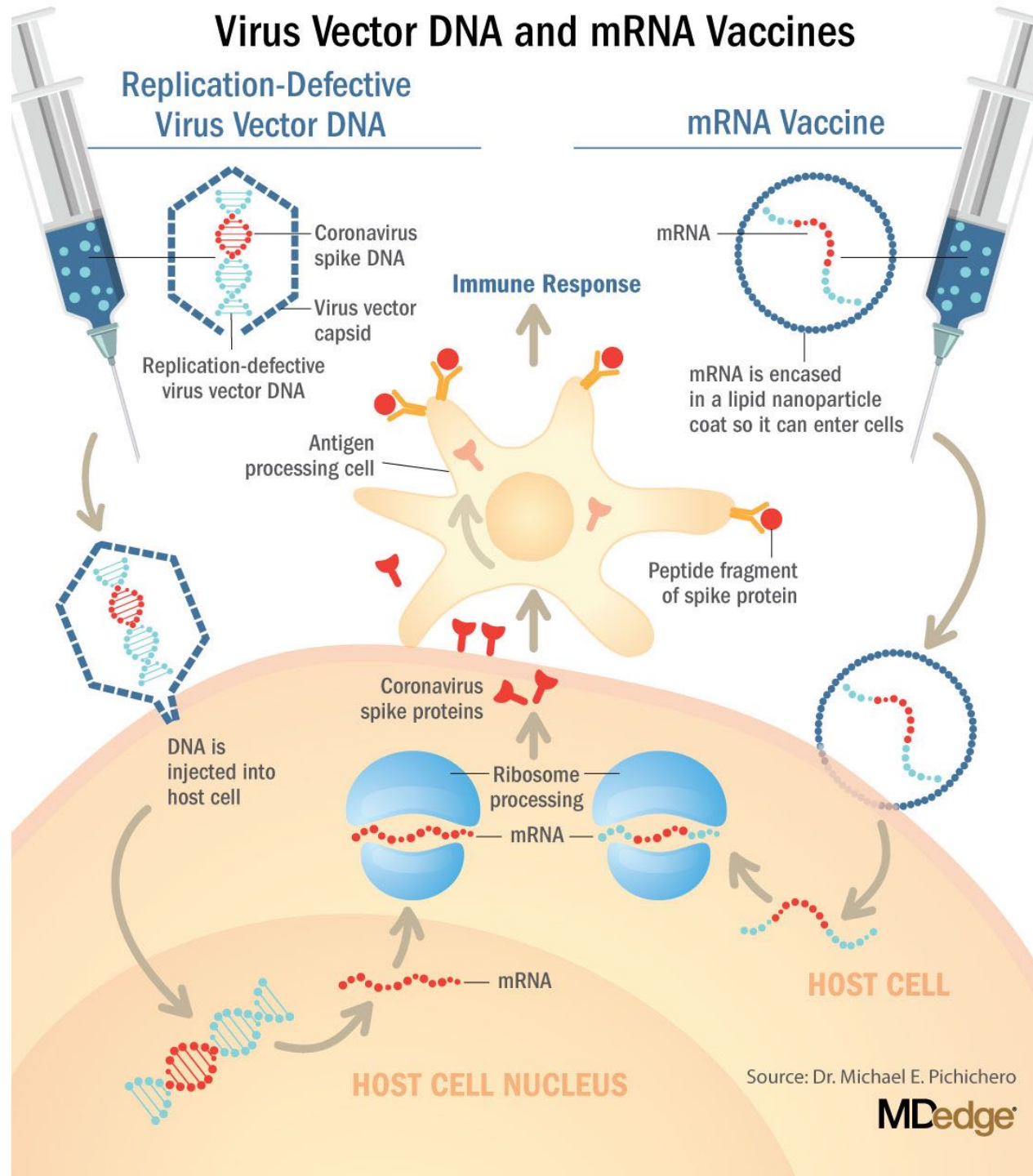
We are over six months into the consequences of the SARS-Co-V2 pandemic in the United States. Patients, families and doctors are frightened, weary and frustrated by the lack of support from regulatory agencies — the National Institutes of Health, Food and Drug

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# Virus Vector DNA and mRNA Vaccines



# SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers

57 Authors, 17 Countries  
Authorea, 2021

May 20, 2021

## Abstract

Roxana Bruno<sup>1</sup>, Peter A Mccullough<sup>2</sup>, Teresa Forcades I Vila<sup>3</sup>, Alexandra Henrion-Caude<sup>4</sup>, Teresa García-Gasca<sup>5</sup>, Galina P Zaitzeva<sup>6</sup>, Sally Priester<sup>7</sup>, María J Martínez Albarracín<sup>8</sup>, Alejandro Sousa-Escandon<sup>9</sup>, Fernando López Mirones<sup>10</sup>, Bartomeu Payeras Cifre<sup>11</sup>, Almudena Zaragoza Velilla<sup>10</sup>, Leopoldo M Borini<sup>1</sup>, Mario Mas<sup>1</sup>, Ramiro Salazar<sup>1</sup>, Edgardo Schinder<sup>1</sup>, Eduardo A Yahbes<sup>1</sup>, Marcela Witt<sup>1</sup>, Mariana Salmeron<sup>1</sup>, Patricia Fernández<sup>1</sup>, Miriam M Marchesini<sup>1</sup>, Alberto J Kajihara<sup>1</sup>, Marisol V De La Riva<sup>1</sup>, Patricia J Chimeno<sup>1</sup>, Paola A Grellet<sup>1</sup>, Matelda Lisdero<sup>1</sup>, Pamela Mas<sup>1</sup>, Abelardo J Gatica Baudo<sup>12</sup>, Elisabeth Retamoza<sup>12</sup>, Oscar Botta<sup>13</sup>, Chinda C Brandolino<sup>13</sup>, Javier Sciuto<sup>14</sup>, Mario Cabrera Avivar<sup>14</sup>, Mauricio Castillo<sup>15</sup>, Patricio Villarroel<sup>15</sup>, Emilia P Poblete Rojas<sup>15</sup>, Bárbara Aguayo<sup>15</sup>, Dan I Macías Flores<sup>15</sup>, Jose V Rossell<sup>16</sup>, Julio C Sarmiento<sup>17</sup>, Víctor Andrade-Sotomayor<sup>17</sup>, Wilfredo R Stokes Baltazar<sup>18</sup>, Virna Cedeño Escobar<sup>19</sup>, Ulises Arrúa<sup>20</sup>, Atilio Farina del Río<sup>21</sup>, Tatiana Campos Esquivel<sup>22</sup>, Patricia Callisperis<sup>23</sup>, María Eugenia Barrientos<sup>24</sup>, Christian Fiala<sup>25</sup>, and Karina Acevedo-Whitehouse<sup>26</sup>

Since the start of the COVID-19 outbreak, the race for testing new platforms designed to confer immunity against SARS-CoV-2, has been rampant and unprecedented, leading to conditional emergency authorization of various vaccines. Despite progress on early multidrug therapy for COVID-19 patients, the current mandate is to immunize the world population as quickly as possible. The lack of thorough testing in animals prior to clinical trials, and authorization based on safety data generated during trials that lasted less than 3.5 months, raise questions regarding vaccine safety. The recently identified role of SARS-CoV-2 Spike glycoprotein for inducing endothelial damage characteristic of COVID-19, even in absence of infection, is extremely relevant given that most of the authorized vaccines induce endogenous production of Spike. Given the high rate of occurrence of adverse effects that have been reported to date, as well as the potential for vaccine-driven disease enhancement, Th2-immunopathology, autoimmunity, and immune evasion, there is a need for a better understanding of the benefits and risks of mass vaccination, particularly in groups excluded from clinical trials. Despite calls for caution, the risks of SARS-CoV-2 vaccination have been minimized or ignored by health organizations and government authorities. **As for any investigational biomedical program, data safety monitoring boards (DSMB) and event adjudication committees (EAC), should be enacting risk mitigation. If DSMBs and EACs do not do so, we will call for a pause in mass vaccination. If DSMBs and EACs do not exist, then vaccination should be halted immediately, in particular for demographic groups at highest risk of vaccine-associated death or serious adverse effects, during such time as it takes to assemble these boards and commence critical and independent assessments.** We urge for pluralistic dialogue in the context of health policies, emphasizing critical questions that require urgent answers, particularly if we wish to avoid a global erosion of public confidence in science and public health.

EAC=events adjudication committee; DSMB=data safety monitoring board; EMA=European Medicines Agency



# SARS-CoV-2 mass vaccination: Urgent questions on vaccine safety that demand answers from international health agencies, regulatory authorities, governments and vaccine developers

57 Authors, 17 Countries

Authorea, 2021

Roxana Bruno<sup>1</sup>, Peter A Mccullough<sup>2</sup>, Teresa Forcades I Vila<sup>3</sup>, Alexandra Henrion-Caude<sup>4</sup>, Teresa García-Gasca<sup>5</sup>, Galina P Zaitzeva<sup>6</sup>, Sally Priester<sup>7</sup>, María J Martínez Albarracín<sup>8</sup>, Alejandro Sousa-Escandon<sup>9</sup>, Fernando López Mirones<sup>10</sup>, Bartomeu Payeras Cifre<sup>11</sup>, Almudena Zaragoza Velilla<sup>10</sup>, Leopoldo M Borini<sup>1</sup>, Mario Mas<sup>1</sup>, Ramiro Salazar<sup>1</sup>, Edgardo Schinder<sup>1</sup>, Eduardo A Yahbes<sup>1</sup>, Marcela Witt<sup>1</sup>, Mariana Salmeron<sup>1</sup>, Patricia Fernández<sup>1</sup>, Miriam M Marchesini<sup>1</sup>, Alberto J Kaihara<sup>1</sup>, Marisol V De La Riva<sup>1</sup>, Patricia J Chimenó<sup>1</sup>.

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## Clinical Concerns

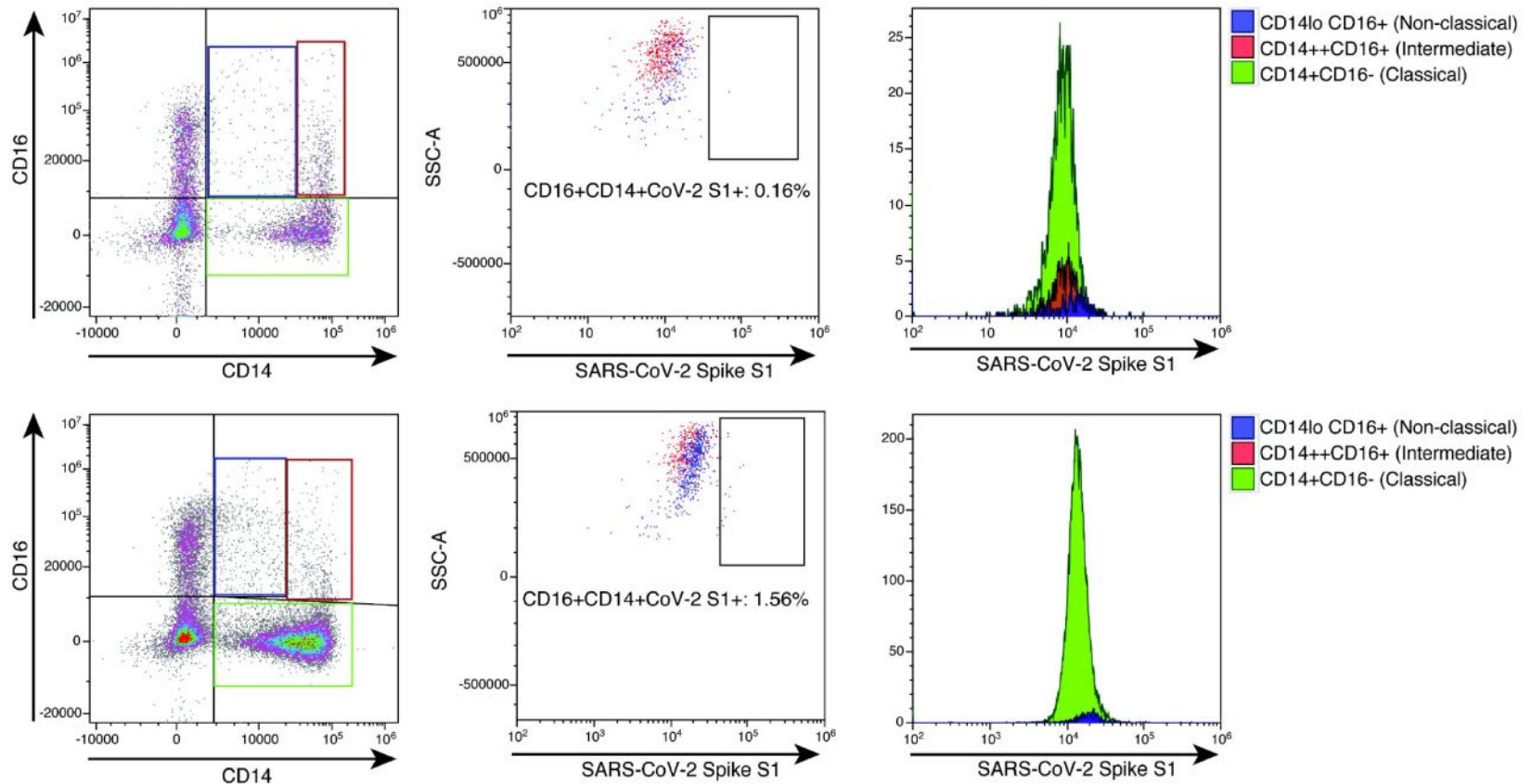
- mRNA or adenoviral DNA induce production of the Spike protein
  - Cell, tissue, organ endothelial damage
  - Spike protein circulation (body fluids, donated blood)
- No genotoxicity, teratogenicity, or oncogenicity studies
- Concerning ovarian biodistribution study (Pfizer, Japan)
- Concerning reduced 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 effort to restrict vaccination according to risk for COVID-19 hospitalization and death
- No attempts to present or mitigate risks for public

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

# 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. Patterson<sup>1</sup>, Edgar B. Francisco<sup>1</sup>, Ram Yogendra<sup>2</sup>, Emily Long<sup>1</sup>, Amruta Pise<sup>1</sup>, Hallison Rodrigues<sup>1</sup>, Eric Hall<sup>3</sup>, Monica Herrera<sup>3</sup>, Purvi Parikh<sup>4</sup>, Jose Guevara-Coto<sup>5,6</sup>, Timothy J. Triche<sup>7</sup>, Paul Scott<sup>7</sup>, Saboor Hekmati<sup>7</sup>, Dennis Maglinte<sup>7</sup>, Xaiolan Chang<sup>8</sup>, Rodrigo A Mora-Rodríguez<sup>5</sup>, Javier Mora<sup>5</sup>



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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

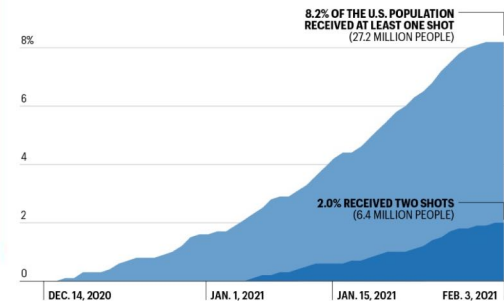
78

BELL'S Palsy

37

STROKE-LIKE  
SYMPTOMS

### COVID-19 U.S. VACCINE TRACKER



SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION

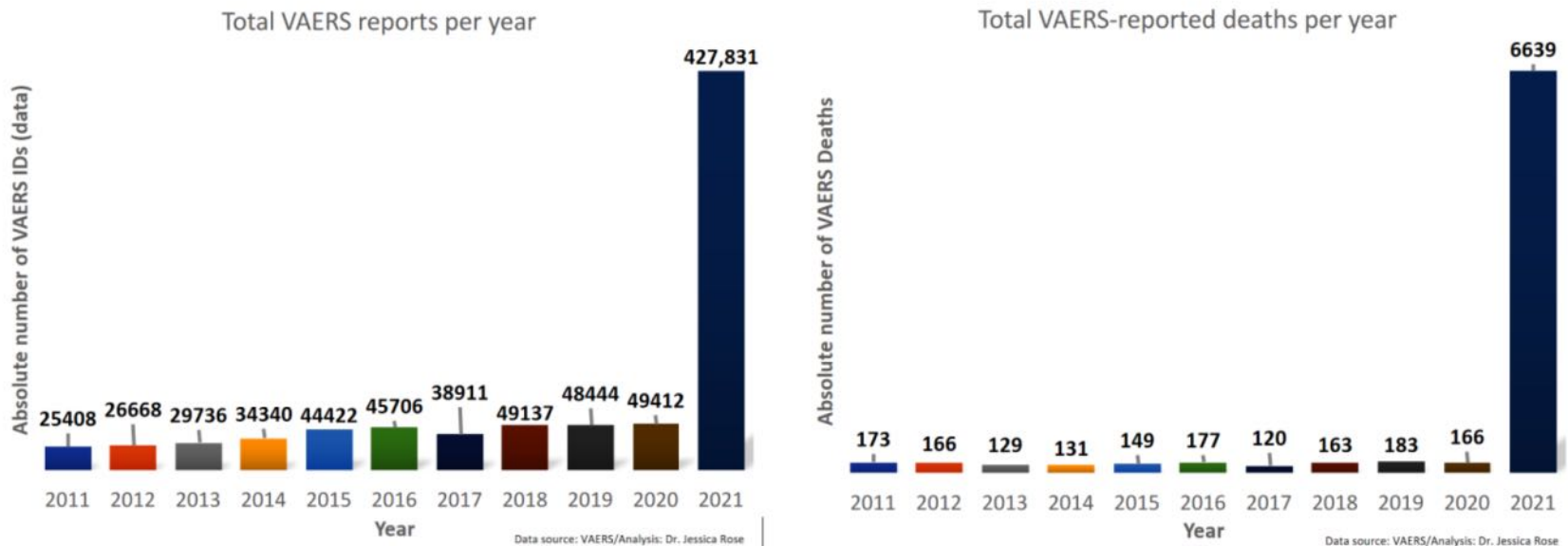
FORTUNE



# 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.)



# Historical PreCOVID ~280M Injections/year:

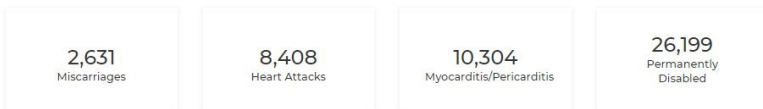
All ~70 vaccines average expected 16,320 VAERS total reports/yr, ~158 total deaths/yr

## VAERS COVID Vaccine Adverse Event Reports

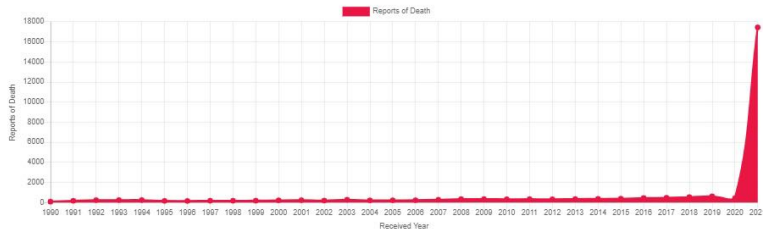
Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

All VAERS COVID Reports  US/Territories/Unknown

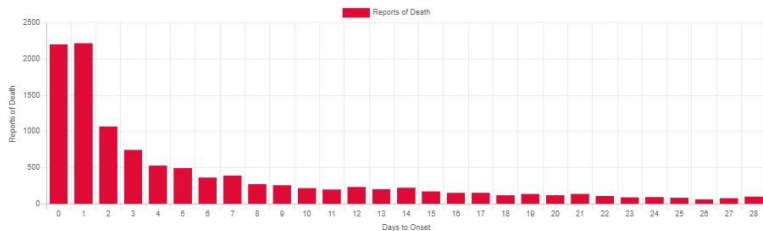
818,042 Reports Through October 15, 2021



All Deaths Reported to VAERS by Year



VAERS COVID Vaccine Reports of Deaths by Days to Onset-All Ages



**OVERVIEW**

A percentage of people who had the Covid vaccine are suffering with debilitating, long-lasting symptoms.

**Post Covid Vaccine Syndrome**

- Tinnitus and Vertigo
- Headaches and Vision Problems
- Brain Fog, Dysnomia, and Memory Loss
- Heart and Blood Pressure Issues
- Autonomic, Sensory, & Motor Dysfunction
- Stomach Issues and Weight Loss
- Weakness and Fatigue
- Joint & Muscle Pain
- Muscle Twitching, Spasms, Tremors and Shaking
- Numbness, Paresthesia, and Paralysis

There are thousands affected globally.

**WOMEN**  
are afflicted at a much greater rate

**MEN**  
are afflicted, too, though

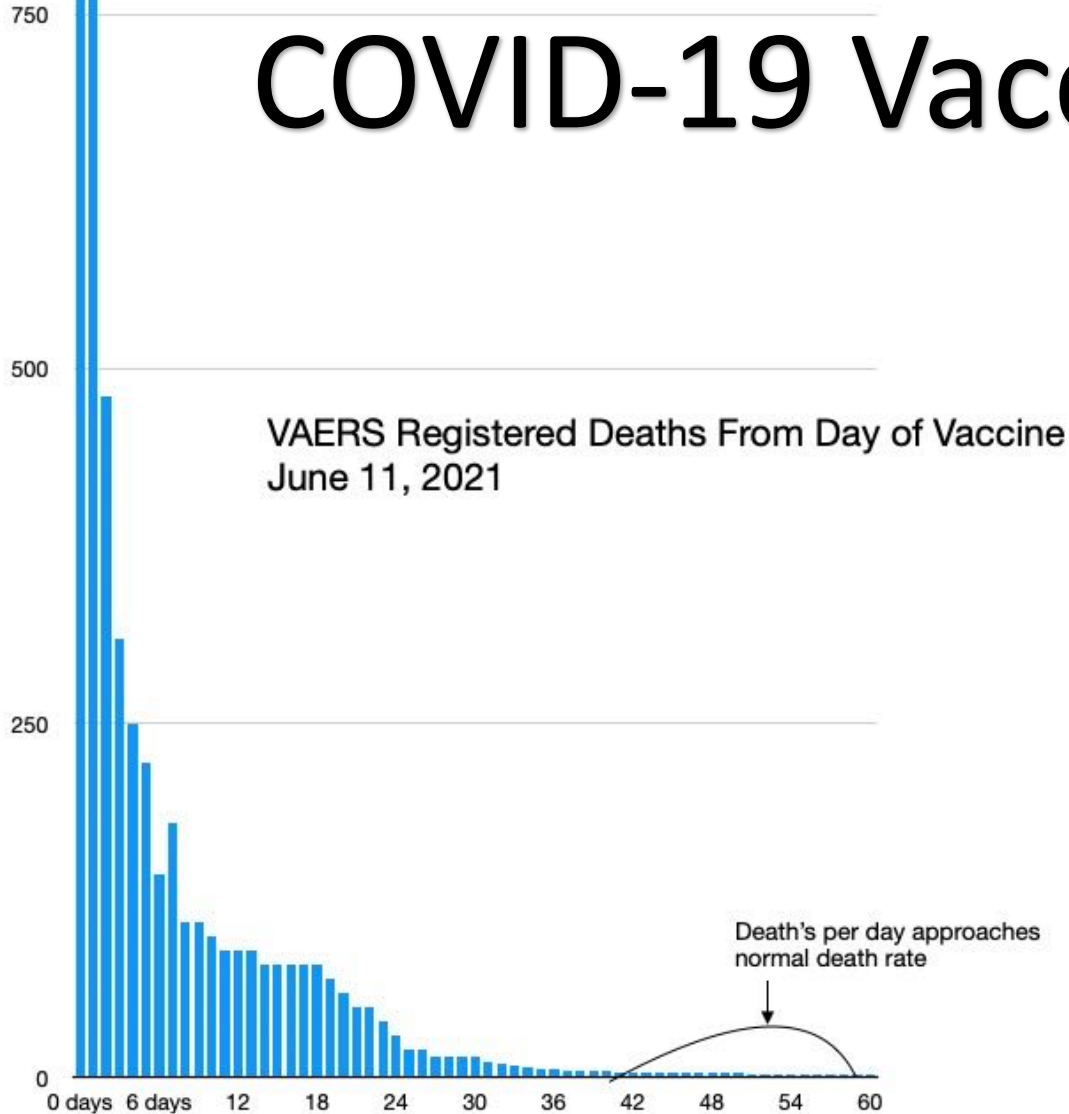
[www.WeWantToBeHeard.com](http://www.WeWantToBeHeard.com)

[www.c19VaxReactions.com](http://www.c19VaxReactions.com)

[www.NoMoreSilence.world](http://www.NoMoreSilence.world)



# Day of Death after COVID-19 Vaccination



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

ResearchGate

## Interim Results and Analysis

Scott McLachlan, Magda Osman, Kudakwashe Dube, Patience Chiketero, Yvonne Choi,  
Norman Fenton

Risk and Information Management, Queen Mary University of London, UK

Birmingham Law School, University of Birmingham, UK

School of Biological and Chemical Sciences, Queen Mary University of London, UK

School of Fundamental Sciences, Massey University, NZ

Occupational Health and Wellbeing, Network Rail, UK

Health Informatics and Knowledge Engineering Research (HiKER) Group

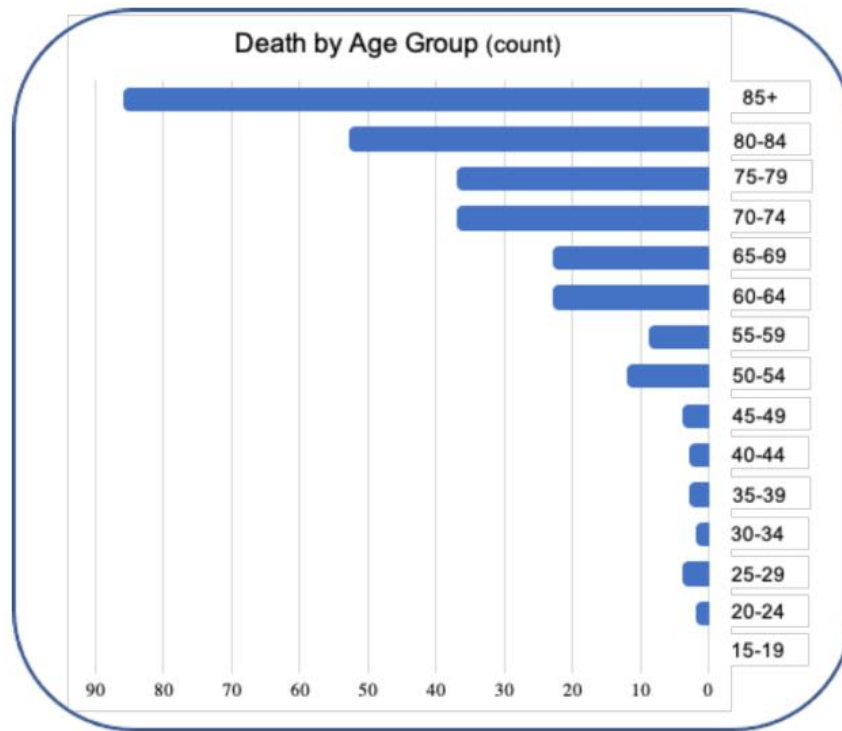
McLachlan, Scott & Osman, Magda & Dube, Kudakwashe & Chiketero, Patience & Choi, Yvonne & Fenton, Norman. (2021). Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim Results and Analysis. 10.13140/RG.2.2.26987.26402.

# 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](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)



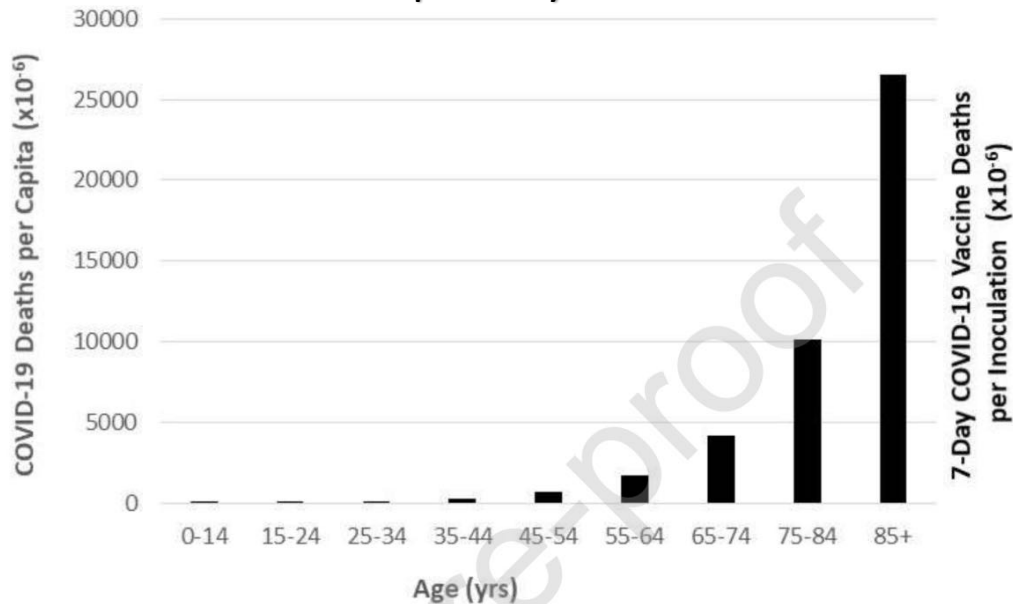
## Why are We Vaccinating Children against COVID-19?

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

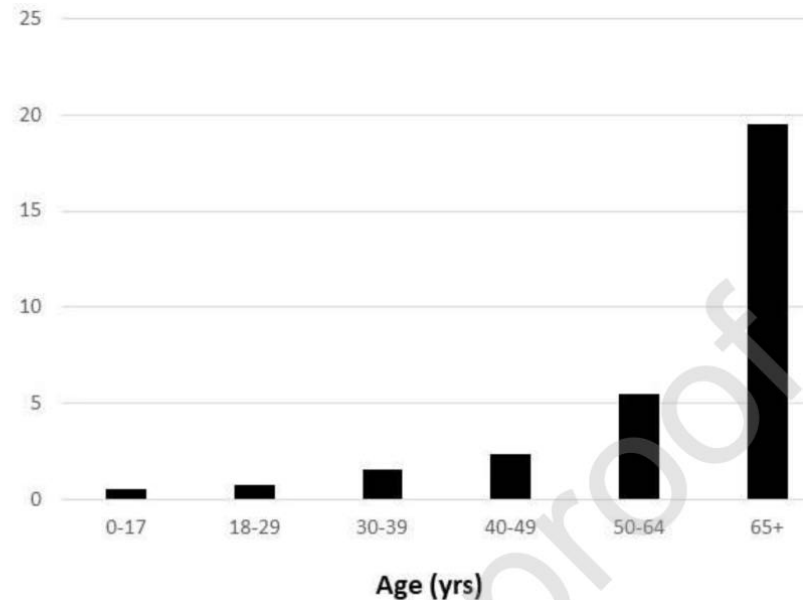
PII: S2214-7500(21)00161-X

DOI: <https://doi.org/10.1016/j.toxrep.2021.08.010>

### COVID-19 Respiratory Infection Deaths



### COVID-19 Vaccine Deaths

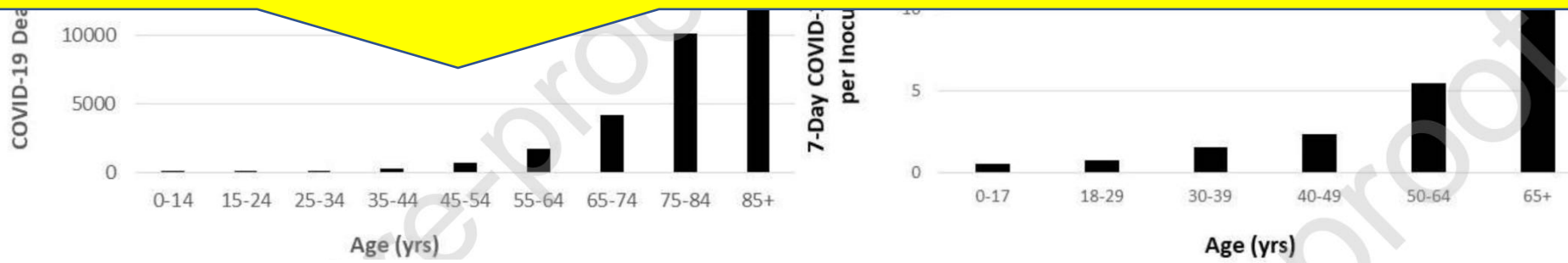




## Why are We Vaccinating Children against COVID-19?

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“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”



## 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

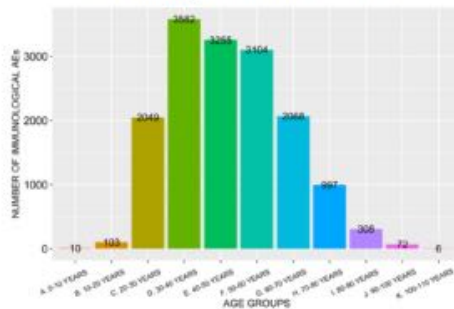


Figure 6. Distribution according to age in individuals who reported anaphylactic reactions

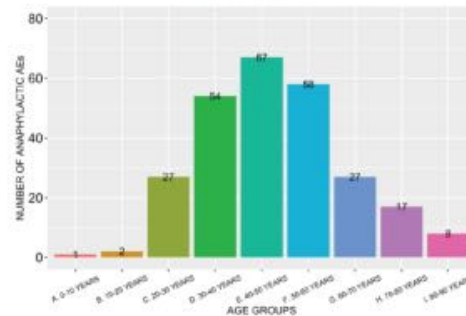


Table 3. Percentages of individuals reporting AEs following 24- and 48-hour periods

	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 × mm<sup>3</sup>) 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 × mm<sup>3</sup>), 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.



# Jessica Berg Wilson

1983 - 2021



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

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

Sylvain Meylan<sup>1</sup>, Françoise Livio, Maryline Foerster, Patrick James Genoud, François Marguet, Gregoire Wuerzner<sup>1</sup>, 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 vaccine<sup>4</sup> and 31 and 51 for the mRNA-1273 vaccine.<sup>5</sup> 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](#),

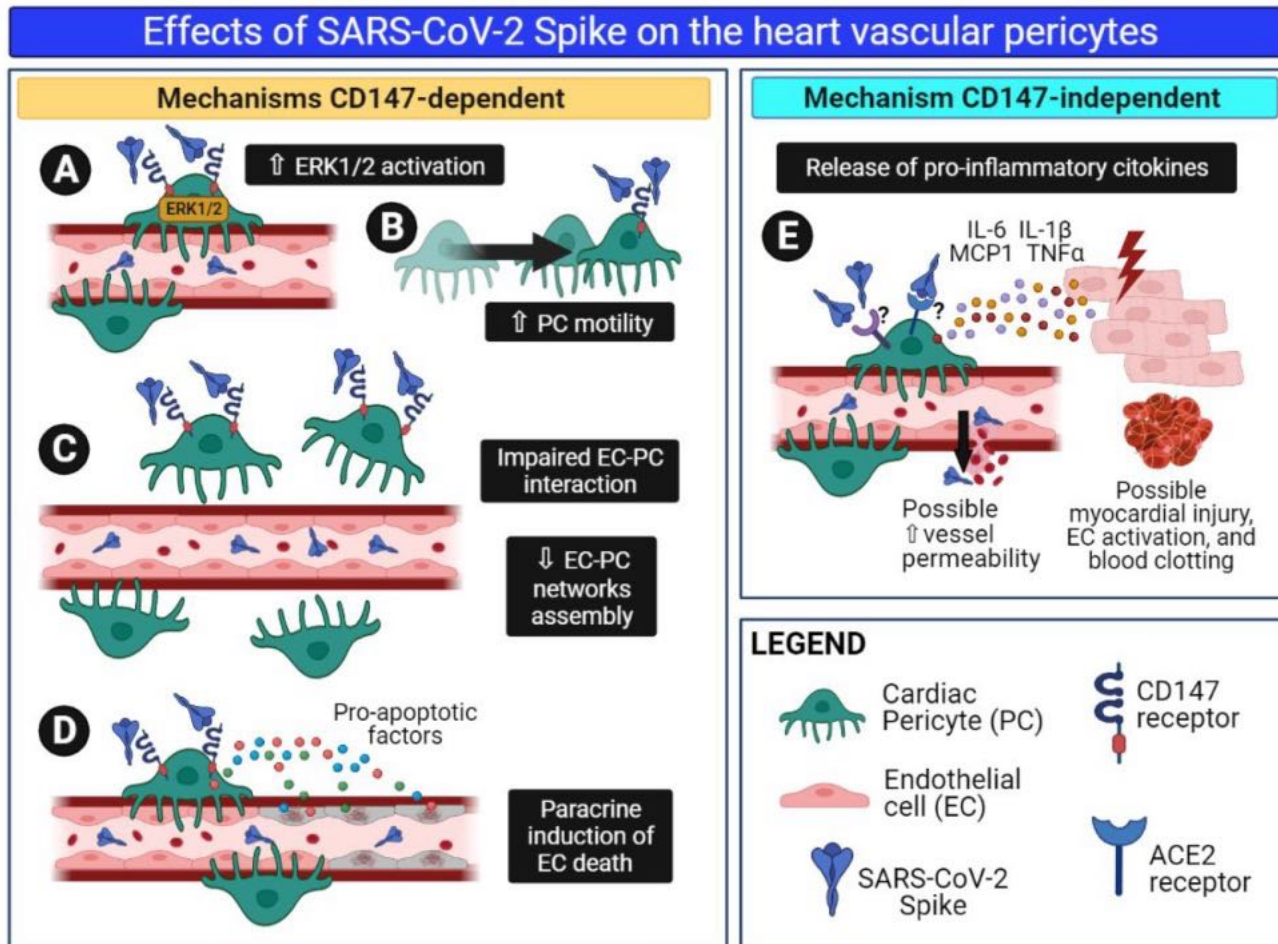
COVID-19 vaccine-induced myocarditis or heart injury is a real and significant risk for young persons under age 30 years who are needlessly vaccinated. Many people this age have already had COVID-19 and are immune or maybe in the childbearing years where the vaccine...



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, PhD<sup>1</sup>; Michele Carrabba, PhD<sup>1</sup>; Rachel Milligan, PhD<sup>2</sup>; Maia Kavanagh Williamson, PhD<sup>2</sup>; Antonio P Beltrami, MD PhD<sup>3</sup>; Kapil Gupta, PhD<sup>4</sup>; Karen T Elvers, PhD<sup>5</sup>; Monica Gamez, PhD<sup>1</sup>; Rebecca Foster, PhD<sup>1</sup>; Kathleen Gillespie, PhD<sup>1</sup>; Fergus Hamilton, PhD<sup>1</sup>; David Arnold, PhD<sup>1</sup>; Imre Berger, PhD<sup>4,6</sup>; Massimo Caputo, MD<sup>1</sup>; Andrew D Davidson, PhD<sup>2</sup>; Darryl Hill, PhD<sup>2</sup>; Paolo Madeddu, MD<sup>1</sup>



# DISCUSSION

## Principal findings

The main finding of this study was the cardiac adverse event (CAE) rates of 162/million and 94/million post- Pfizer-BioNTech BNT162b2 vaccination dose two for the 12-15- and 16–17-year-old boys, respectively. Approximately 86% of these resulted in hospitalization for both age groups. We included a case-finding method in VAERS which utilized the symptom “chest pain”

## Conclusion

Our report found post-vaccination CAE rates following dose two of 162.2 and 94.0/million for boys 12-15 and 16-17, respectively. For boys with no underlying health conditions, the chance of either CAE, or hospitalization for CAE, after their second dose of mRNA vaccination are considerably higher than their 120-day risk of COVID-19 hospitalization, even at times of peak disease prevalence. The long-term consequences of this vaccine-associated cardiac inflammation are not yet fully defined and should be studied. In lieu of pediatric vaccination mandates, the US and adverse reactions

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

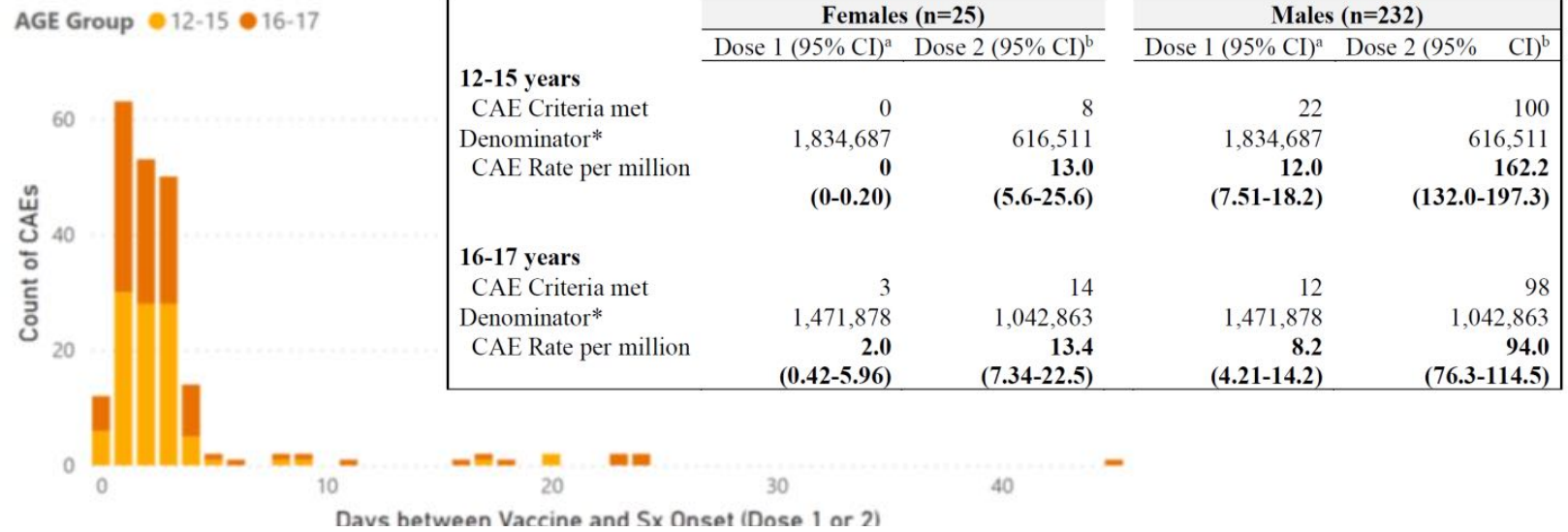
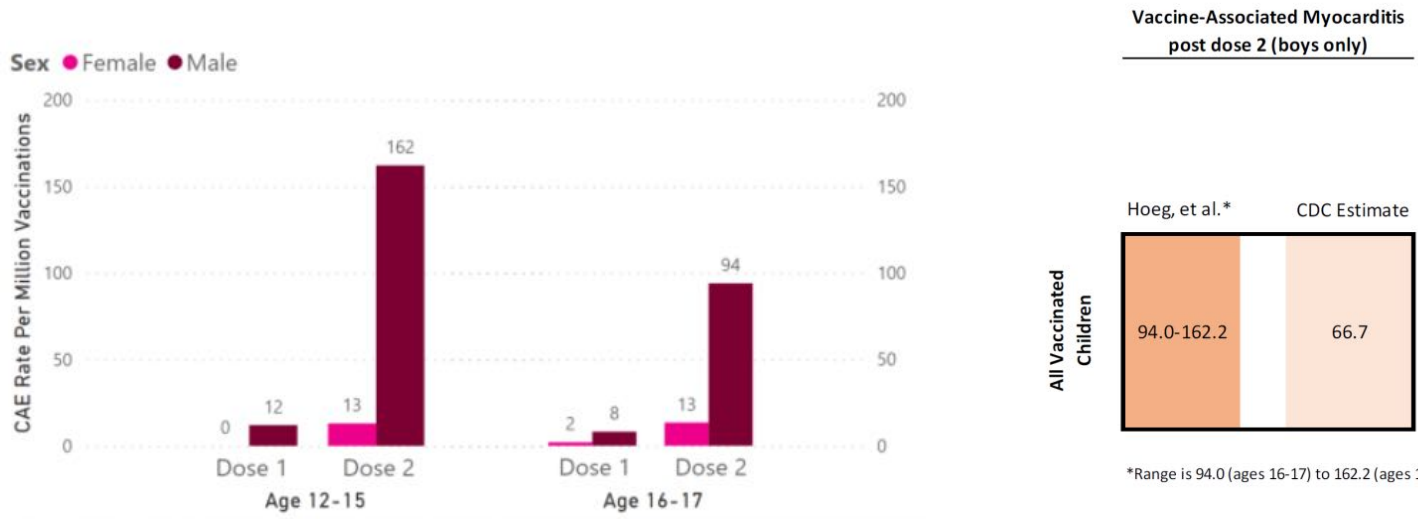


Figure 1. Cardiac Adverse Event (CAE) rate per million vaccinated persons, by age and sex and vaccination dose





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](#),



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, DFRSH, 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](http://WWW.E-BMC.CO.UK)**



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

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...



# Outline

- New biological products
- COVID-19 Vaccine Safety Review
- **Failure of COVID-19 Vaccines to Stop SARS-CoV-2**
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

**TABLE 2. COVID-19 vaccine effectiveness\* against COVID-19–associated hospitalization among adults without immunocompromising conditions, by vaccine product — 21 hospitals in 18 U.S. states,<sup>†</sup> March–August 2021**

Vaccine/Period	Vaccinated patients/Total patients (%)		VE against COVID-19 hospitalization (95% CI)
	Case-patients	Control-patients	
<b>Moderna VE after full vaccination</b>			
Full surveillance period <sup>§</sup>	54/1,517 (3.6)	422/1,321 (31.9)	93 (91–95)
14–120 days after full vaccination	36/1,499 (2.4)	345/1,244 (27.7)	93 (90–95)
>120 days after full vaccination	18/1,481 (1.2)	77/976 (7.9)	92 (87–96)
<b>Pfizer-BioNTech VE after full vaccination</b>			
Full surveillance period	128/1,591 (8.0)	610/1,509 (40.4)	88 (85–91)
14–120 days after full vaccination	65/1,528 (4.3)	495/1,394 (35.5)	91 (88–93)
>120 days after full vaccination	63/1,526 (4.1)	115/1,014 (11.3)	77 (67–84)
<b>Janssen (Johnson &amp; Johnson) VE after full vaccination</b>			
Full surveillance period	37/1,500 (2.5)	76/975 (7.8)	71 (56–81)
>28 days after full vaccination	33/1,496 (2.2)	59/958 (6.2)	68 (49–80)

Wesley L. Self, MD<sup>1</sup>; Mark W. Tenforde, MD, PhD<sup>2</sup>; Jillian P. Rhoads, PhD<sup>1,3</sup>; Manjusha Gajani, MBBS<sup>1,4</sup>; Adir A. Ginde, MD<sup>5</sup>; David J. Douin, MD<sup>5</sup>; Samantha M. Olson, MPH<sup>6</sup>; H. Keipp Talbot, MD<sup>7</sup>; Jonathan D. Casey, MD<sup>8</sup>; Nicholas M. Mohr, MD<sup>9</sup>; Anne Zepeski, PharmD<sup>5</sup>; Tresa McNeal, MD<sup>3,4</sup>; Shekhar Ghazande, MD<sup>10</sup>; Kevin W. Gibbs, MD<sup>7</sup>; D. Clark Fyles, MD<sup>7</sup>; David N. Hager, MD, PhD<sup>6</sup>; Arber Shehu, MD<sup>9</sup>; Matthew E. Prekker, MD<sup>11</sup>; Heidi L. Erickson, MD<sup>9</sup>; Michelle N. Garg, MD<sup>12</sup>; Amina Mohamed, MD<sup>13</sup>; David J. Henning, MD<sup>11</sup>; Jay S. Scingulis, MD<sup>12</sup>; Ilhan D. Pelan, MD<sup>13</sup>; Sumod M. Brown, MD<sup>13</sup>; Emily T. Martin, PhD<sup>14</sup>; Arnold S. Monto, MD<sup>14</sup>; Akram Khan, MD<sup>15</sup>; Catherine L. Hough, MD<sup>15</sup>; Lawrence W. Bosse, MD<sup>15</sup>; Caitlin C. ten Lohuis<sup>16</sup>; Akhijit Daggel, MD<sup>17</sup>; Jennifer G. Wilson, MD<sup>18</sup>; Alexandra June Gordon, MD<sup>19</sup>; Nida Qadir, MD<sup>19</sup>; Steven Y. Chang, MD, PhD<sup>13</sup>; Christopher Mallon, MD<sup>20</sup>; Carolina Rivas<sup>20</sup>; Hilary M. Babcock, MD<sup>21</sup>; Jennie H. Kwon, DO<sup>21</sup>; Matthew C. Eslime, MD<sup>22</sup>; Natasha Holasa, MD<sup>1</sup>; James D. Chappell, MD, PhD<sup>1</sup>; Adam S. Luring, MD, PhD<sup>23</sup>; Carlos G. Graisya, MD<sup>1</sup>; Todd W. Rice, MD<sup>1</sup>; Ian D. Jones, MD<sup>1</sup>; William B. Scumblefield, MD<sup>1</sup>; Adrienne Baughman<sup>1</sup>; Kelsey N. Wornack, PhD<sup>1</sup>; Christopher J. Lindell, PhD<sup>1</sup>; Kimberly W. Hart, MA<sup>1</sup>; Yuwei Zhou, MD<sup>1</sup>; Lisa Mills, PhD<sup>2</sup>; Sandra N. Lester, PhD<sup>2</sup>; Megan M. Stumpf<sup>2</sup>; Eric A. Nishi, MPH<sup>2</sup>; Miwako Kobayashi, MD<sup>2</sup>; Jennifer R. Verani, MD<sup>2</sup>; Natalie I. Thornburg, PhD<sup>2</sup>; Manish M. Patel, MD<sup>3</sup>; IVY Network

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.

**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

<b>BNT162b2 / BNT162b2 (N=1,274,214)</b>	5,062	5·1	19,121	36·4	84 (84-85)	85 (84-85)
15-30 days (N=1,274,214)	333	1·7	4,039	22·1	92 (91-93)	92 (92-93)
31-60 days (N=1,166,247)	1,095	2·9	7,982	26·7	89 (88-90)	89 (88-90)
61-120 days (N=1,032,971)	1,796	2·6	6,601	16·6	85 (84-85)	85 (84-85)
121-180 days (N=480,153)	631	1·0	292	1·7	52 (45-58)	47 (39-55)
181-210 days (N=304,298)	688	1·2	145	2·1	39 (26-49)	29 (15-42)
>210 days (N=231,006)	519	1·1	62	1·3	23 (1-41)	23 (-2-41)

## Moderna 100 mcg mRNA/injection

<b>mRNA-1273 / mRNA-1273 (N=153,760)</b>	300	2·9	1,722	28·2	89 (88-91)	89 (88-90)
15-30 days (N=153,760)	20	0·9	493	22·5	96 (94-98)	96 (94-97)
31-60 days (N=139,532)	67	1·5	743	21·1	93 (91-95)	93 (90-94)
61-120 days (N=123,610)	116	1·4	418	9·0	86 (82-88)	85 (82-88)
121-180 days (N=52,254)	65	1·0	53	2·6	72 (59-80)	71 (56-81)
>180 days (N=22,755)	32	0·8	15	2·4	69 (44-83)	59 (18-79)

**Effectiveness of Covid-19 vaccination against risk of symptomatic infection,  
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Preprints with THE LANCET

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

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

Dr. Paul Alexander, Brownstone Institute Oct 29 2021

61-120 days (N=123,610)	116	1-4	418	9-0	86 (82-88)	85 (82-88)
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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...

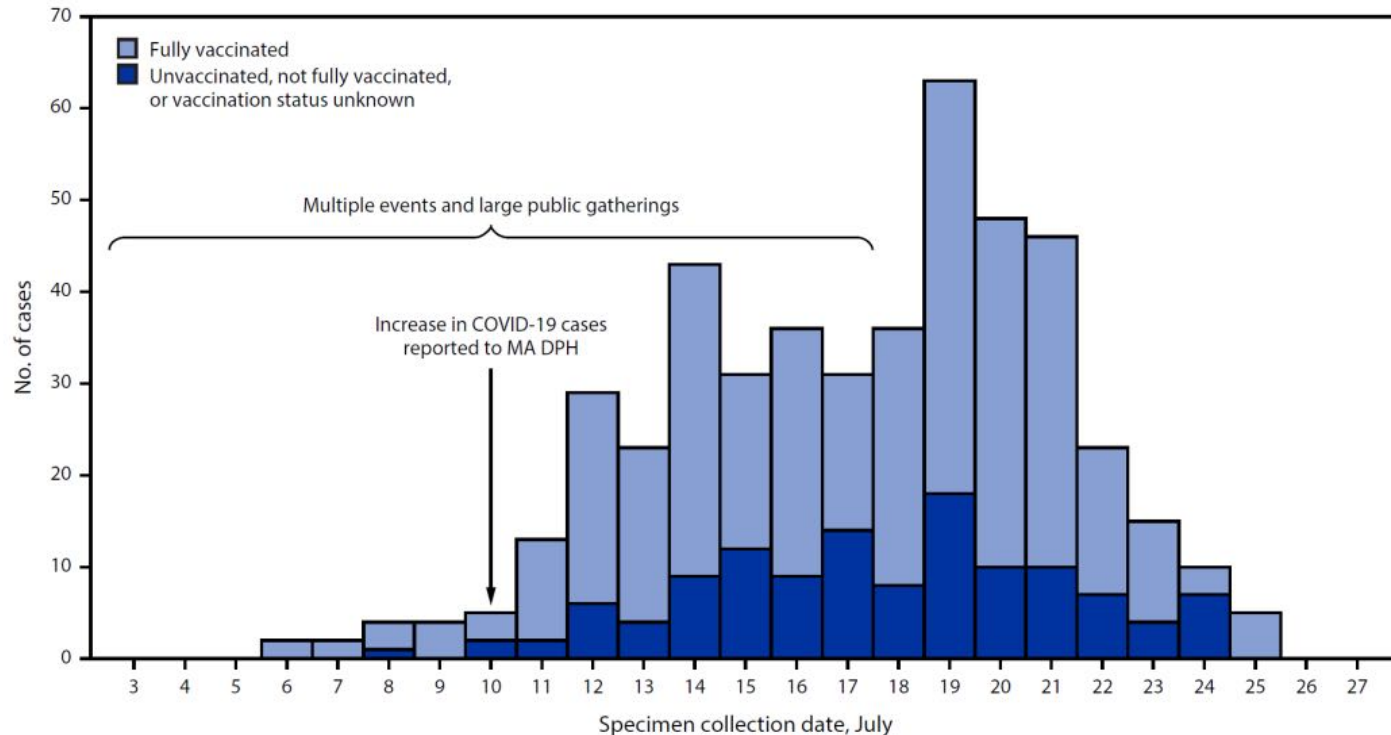




## Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Catherine M. Brown, DVM<sup>1</sup>; Johanna Vostok, MPH<sup>1</sup>; Hillary Johnson, MHS<sup>1</sup>; Meagan Burns, MPH<sup>1</sup>; Radhika Gharpure, DVM<sup>2</sup>; Samira Sami, DrPH<sup>2</sup>; Rebecca T. Sabo, MPH<sup>2</sup>; Noemi Hall, PhD<sup>2</sup>; Anne Foreman, PhD<sup>2</sup>; Petra L. Schubert, MPH<sup>1</sup>; Glen R. Gallagher PhD<sup>1</sup>; Timelia Fink<sup>1</sup>; Lawrence C. Madoff, MD<sup>1</sup>; Stacey B. Gabriel, PhD<sup>3</sup>; Bronwyn MacInnis, PhD<sup>3</sup>; Daniel J. Park, PhD<sup>3</sup>; Katherine J. Siddle, PhD<sup>3</sup>; Vaira Harik, MS<sup>4</sup>; Deirdre Arvidson, MSN<sup>4</sup>; Taylor Brock-Fisher, MSc<sup>5</sup>; Molly Dunn, DVM<sup>5</sup>; Amanda Kearns<sup>5</sup>; A. Scott Laney, PhD<sup>2</sup>

**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 Puranik<sup>1+</sup>, Patrick J. Lenehan<sup>1+</sup>, Eli Silvert<sup>1</sup>, Michiel J.M. Niesen<sup>1</sup>, Juan Corchado-Garcia<sup>1</sup>, John C. O'Horo<sup>2</sup>, Abinash Virk<sup>2</sup>, Melanie D. Swift<sup>2</sup>, John Halamka<sup>2</sup>, Andrew D. Badley<sup>2</sup>, A.J. Venkatakrishnan<sup>1</sup>, Venky Soundararajan<sup>1</sup>

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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%
<b>TOTAL</b>	<b>TOTAL</b>	<b>TOTAL</b>	<b>AVERAGE</b>	<b>AVERAGE</b>
<b>20–90+</b>	<b>15634</b>	<b>3038</b>	<b>86.0%</b>	<b>84.4%</b>

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>

# 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.

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

3 **Authors:**

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8 Evan J. Anderson, MD<sup>10,11,12</sup>; Libby Reeg, MPH<sup>13</sup>; Alexander Kohrman, MPH<sup>13</sup>; Ruth Lynfield, MD<sup>14</sup>;  
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41 1600 Clifton RD, MS H24-6

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

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## Short Report

**Keywords:** COVID19, SARS-CoV-2, hospitalization, metrics, disease severity, surveillance

**Posted Date:** September 13th, 2021

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

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3 Authors:

4 Fiona P. Havers, MD, MHS<sup>1,2</sup>; Huong Pham, MPH<sup>1</sup>; Christopher A. Taylor, PhD<sup>1</sup>; Michael Whitaker, MPH<sup>1</sup>;  
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## 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 <sup>11</sup> Michigan Department of Health and Human Services, Lansing, MI  
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Posted Date: September 13th, 2021

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## VE Study Attributes

### Cohort

20M Medicare beneficiaries nationwide with 16M individuals 65 years and older

### Exposure

5.6M fully vaccinated with 2.7M Pfizer and 2.9M Moderna

### Period of study

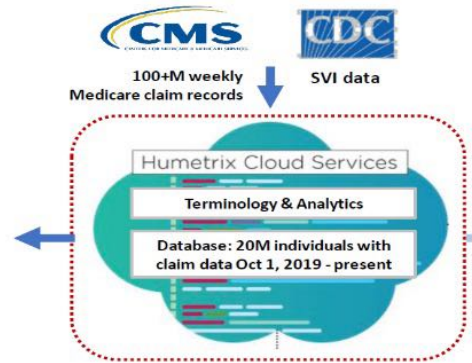
January - August 21 2021

### Breakthrough Key Metrics

161K Breakthrough cases

33K Breakthrough hospitalizations

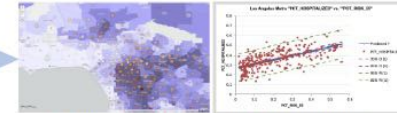
10.4K requiring ICU admissions



## Other Platform Applications



Nationwide Mapping of COVID-19 Outcomes Hospitalizations, ICU, Ventilator Rx, Deaths

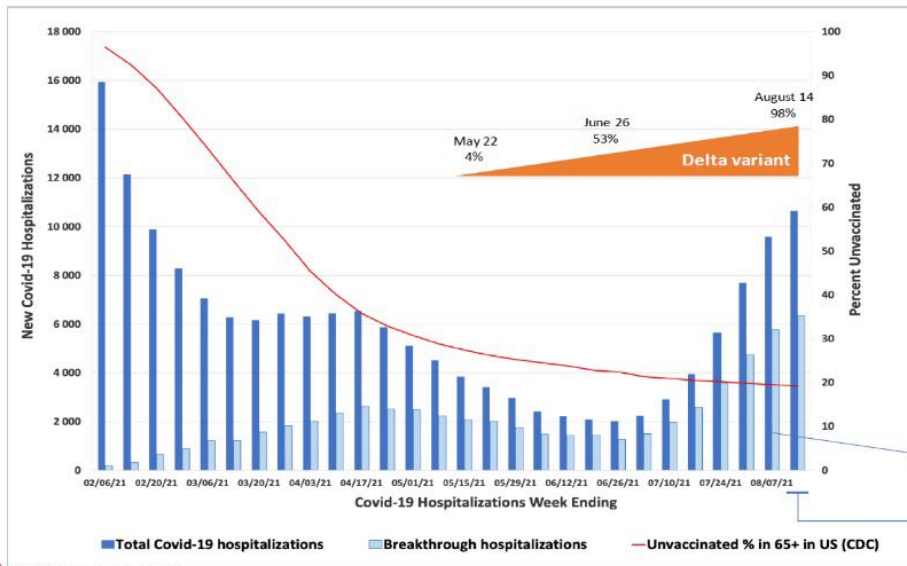


Disease Risk Models with Population Risk Profiling: Severe COVID-19 risk with Validation with Hospitalization Rates



Vaccination Mapping overlaid on severe COVID-19 risk

## 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

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

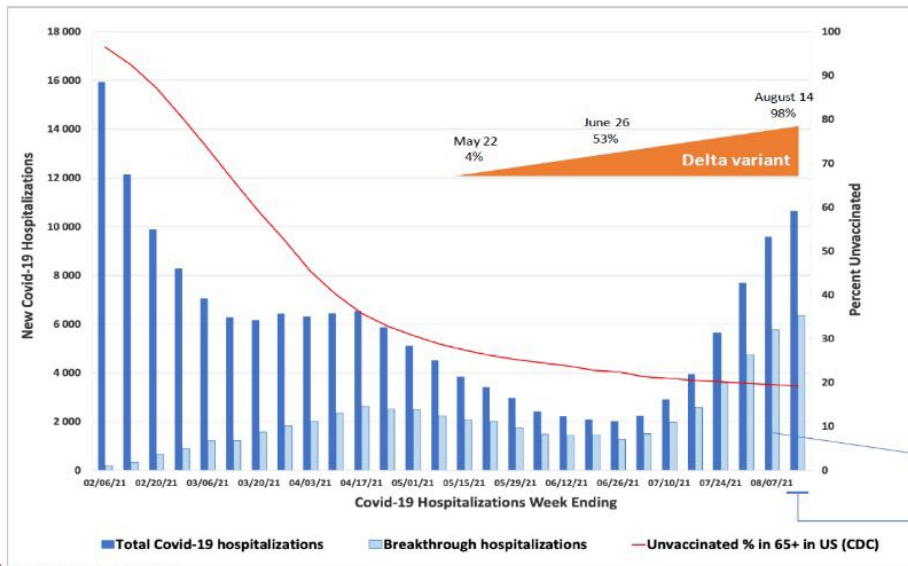
huMETRIX

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

## Total & Breakthrough Hospitalizations in the 65 Years and Older Cohort



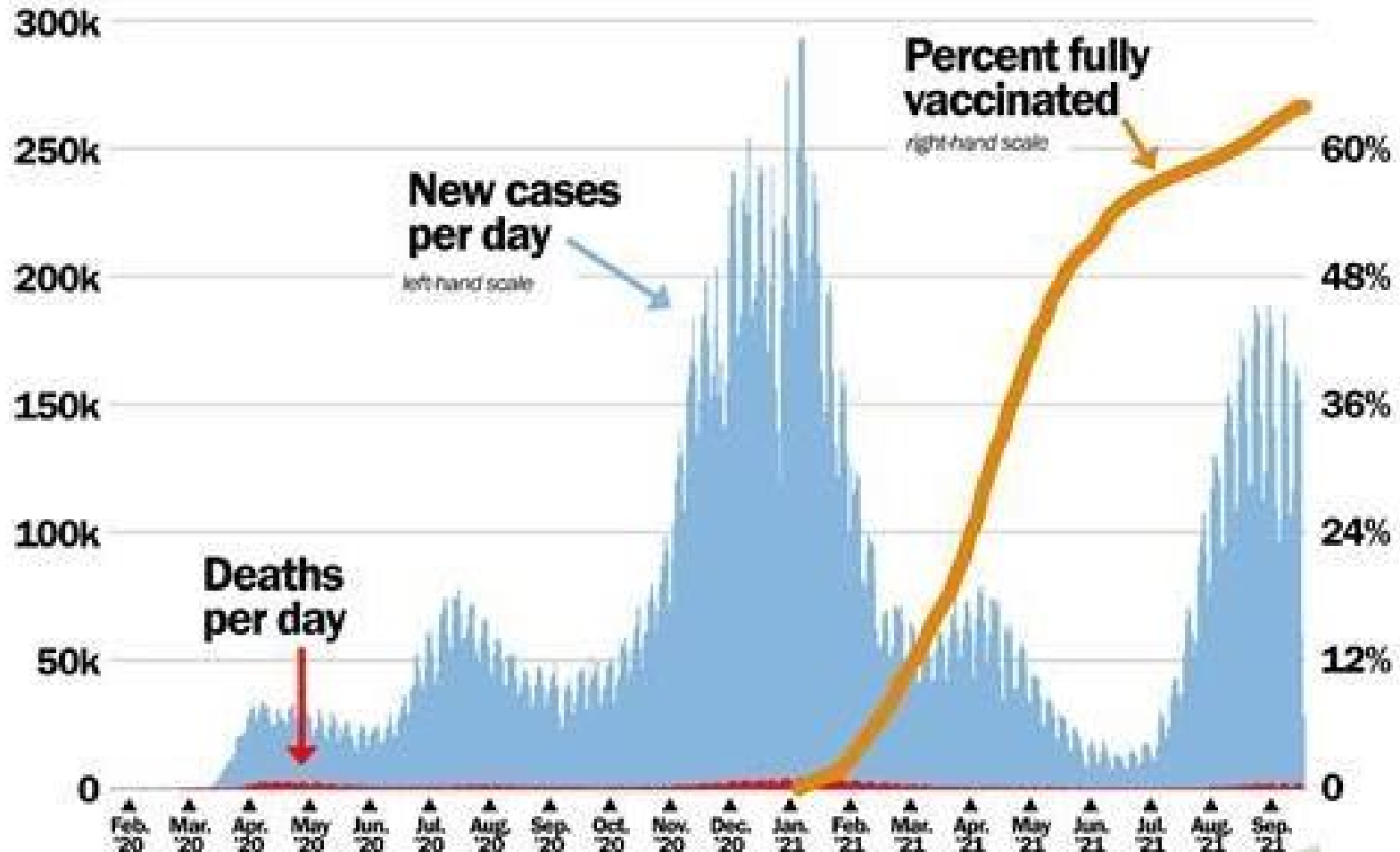
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60% of COVID-19 hospitalizations are in vaccinated individuals

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



# United States COVID-19 CASES, DEATHS, VACCINATION



CDC. Data as of Sept. 22, 2021. Percent of population 12 and older "fully vaccinated."

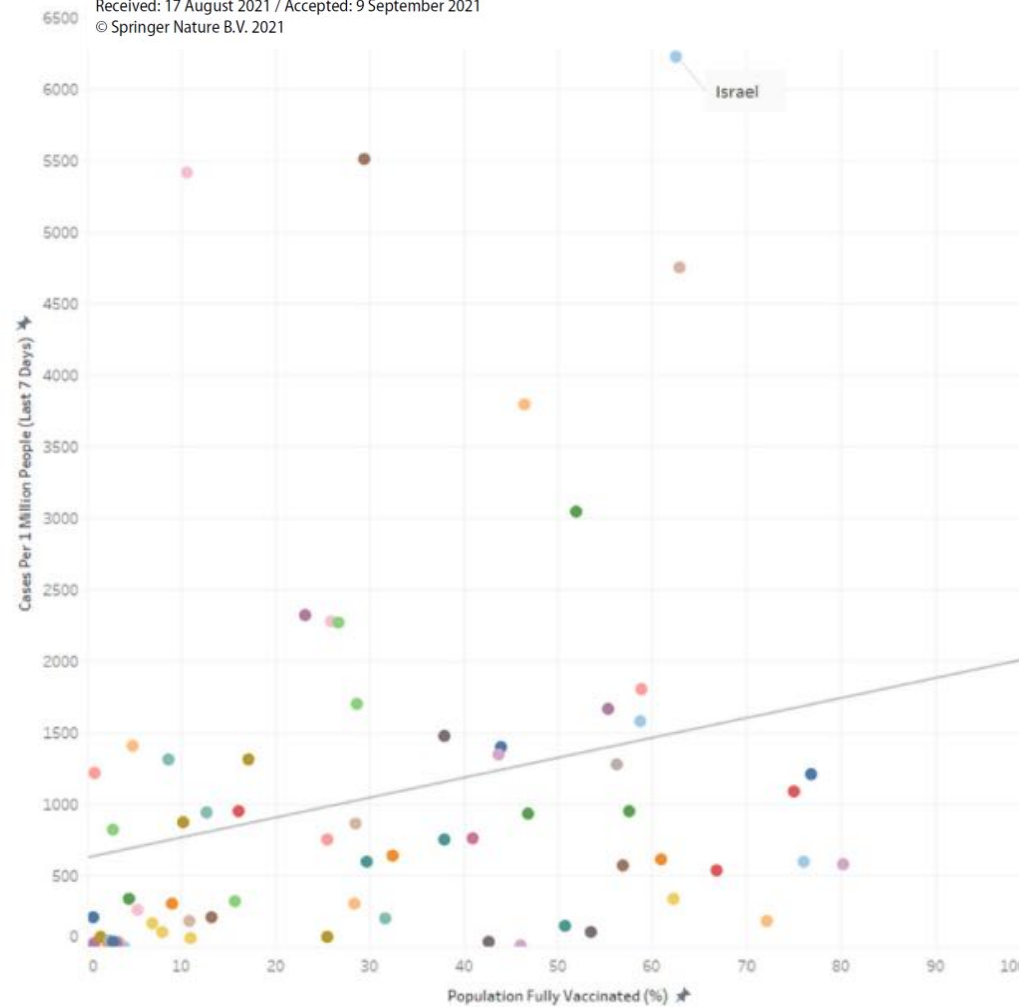




## Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States

S. V. Subramanian<sup>1,2</sup> · Akhil Kumar<sup>3</sup>

Received: 17 August 2021 / Accepted: 9 September 2021  
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**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)



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

S. V. Subramanian<sup>1,2</sup> · Akhil Kumar<sup>3</sup>

Received: 17 August 2021 / Accepted: 9 September 2021  
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“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.”

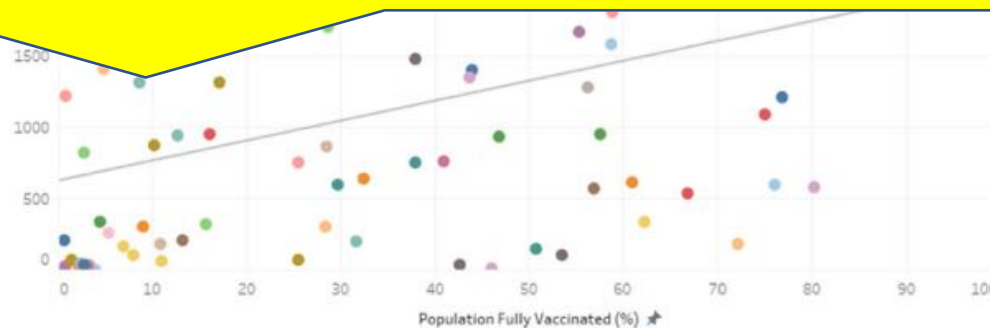


Fig. 1 Relationship between cases per 1 million people (last 7 days) and percentage of population fully vaccinated across 68 countries as of September 3, 2021 (See Table S1 for the underlying data)

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

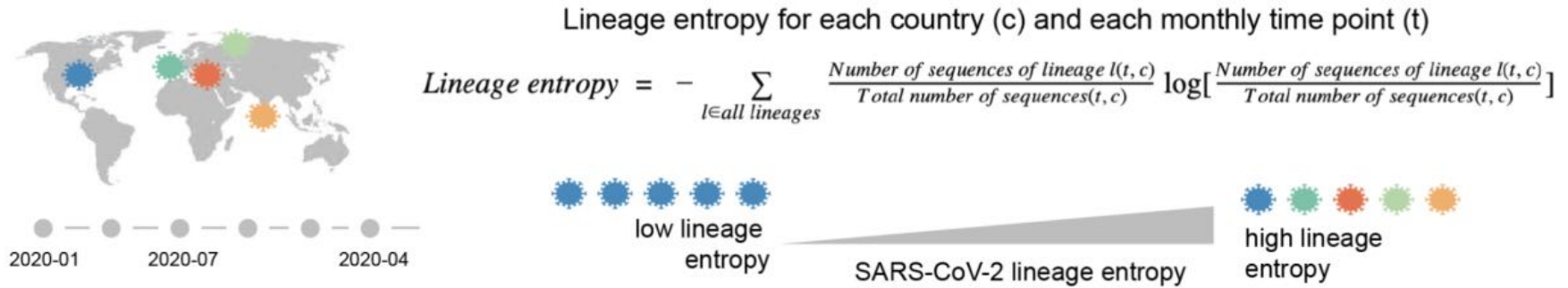
by **Dr. Peter McCullough** | Jul 20, 2021 | [Healthcare](#), [Politics](#),

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...

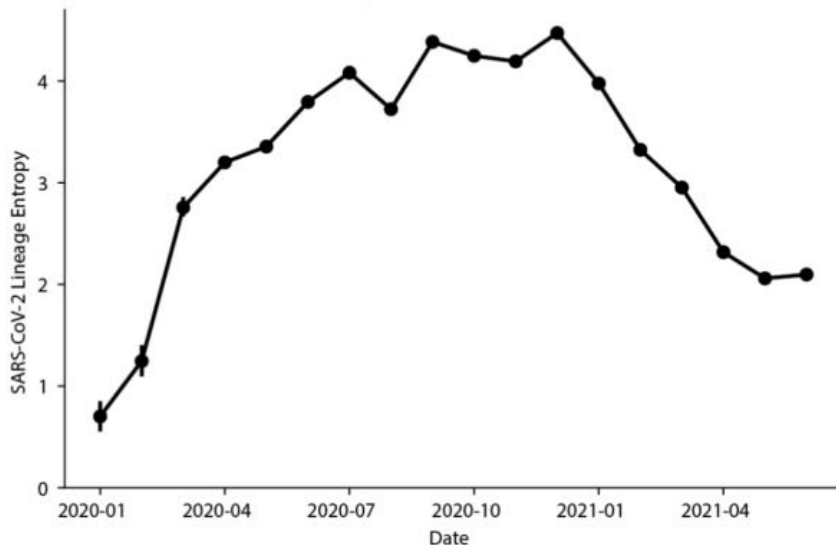


# Indiscriminate Vaccination is Reducing the Diversity of Strains and Producing Dominant Variants

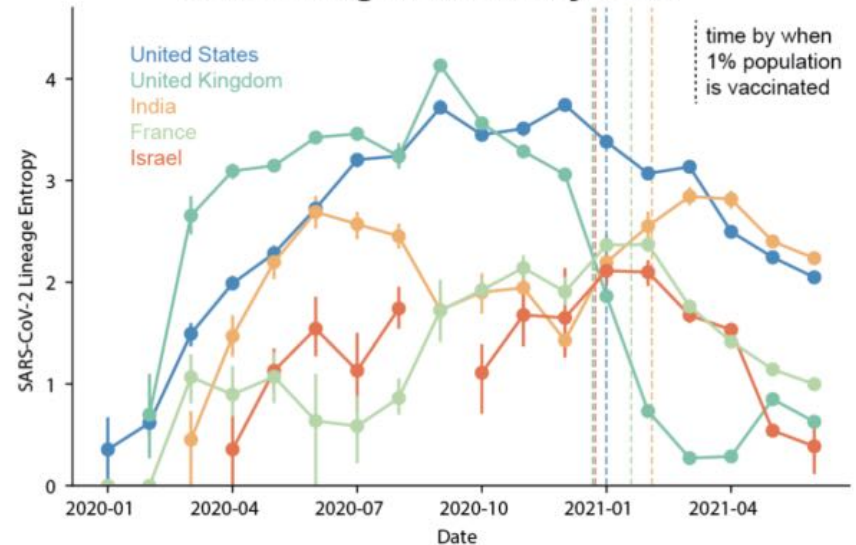
## a Estimating diversity of SARS-CoV-2 genomes using lineage entropy



## 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

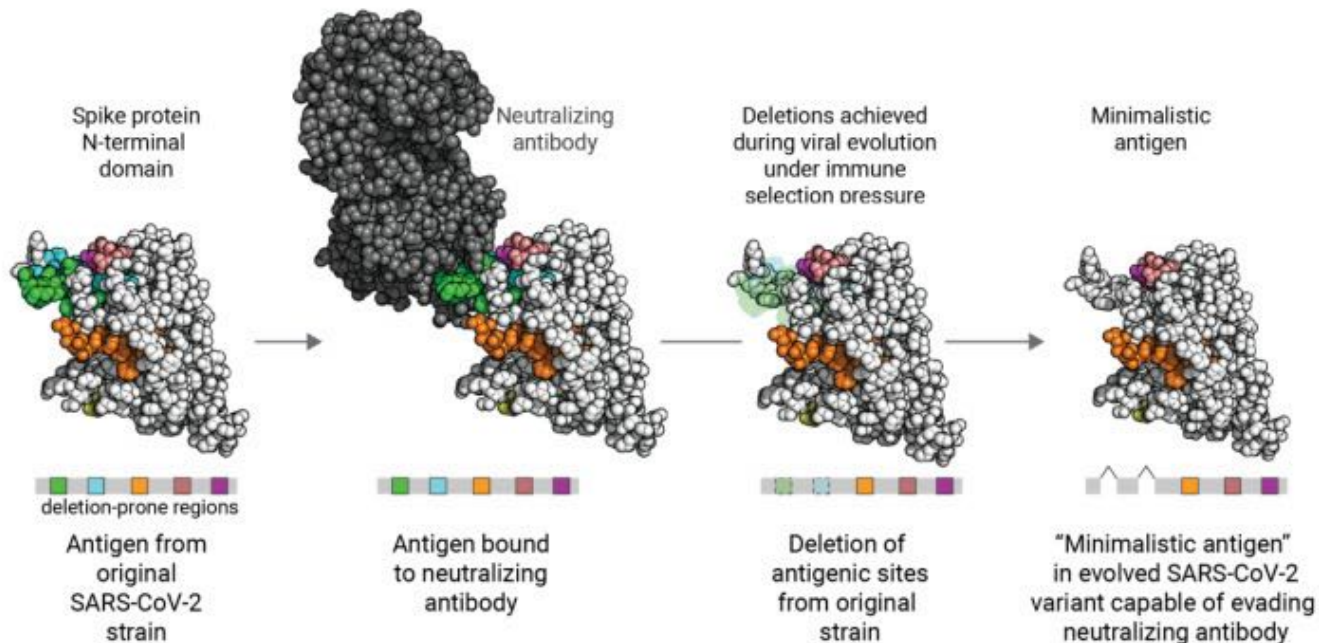
A.J. Venkatakrishnan<sup>1\*\*</sup>, Praveen Anand<sup>2\*</sup>, Patrick Lenehan<sup>1</sup>, Pritha Ghosh<sup>2</sup>, Rohit Suratekar<sup>2</sup>, Abhishek Siroha<sup>2</sup>, Dibyendu Roy Chowdhury<sup>1</sup>, John C. O'Horo<sup>3</sup>, Joseph D. Yao<sup>3</sup>, Bobbi S. Pritt<sup>3</sup>, Andrew Norgan<sup>3</sup>, Ryan T. Hurt<sup>3</sup>, Andrew D. Badley<sup>3</sup>, John D. Halamka<sup>3</sup>, Venky Soundararajan<sup>1,2\*</sup>

<sup>1</sup> nference, Cambridge, Massachusetts 02139, USA

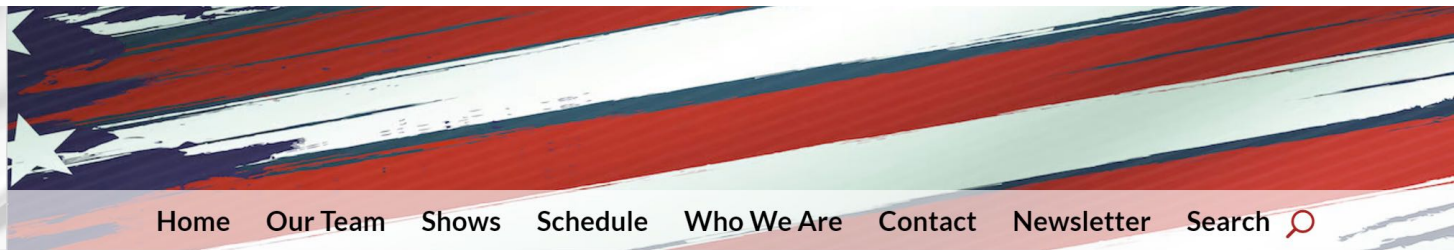
<sup>2</sup> nference Labs, Bengaluru, Karnataka, India

<sup>3</sup> Mayo Clinic, Rochester, Minnesota 55902, USA

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



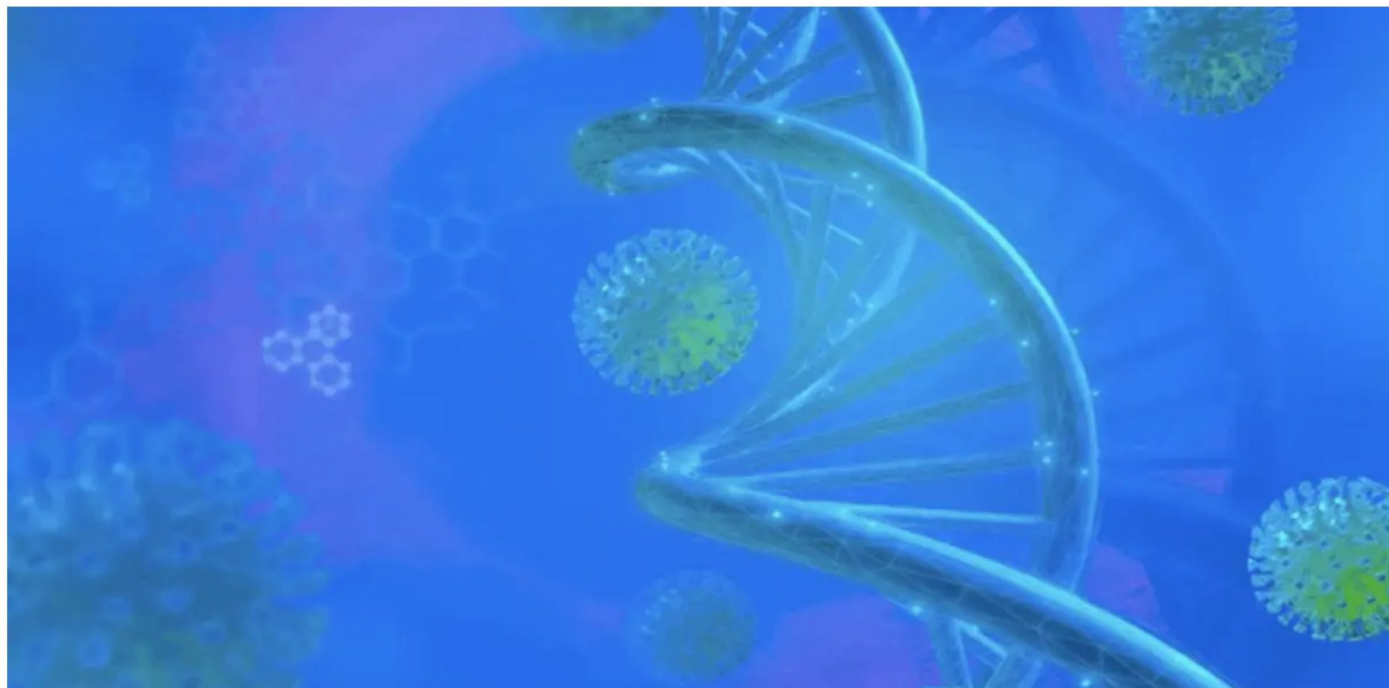
**Figure 6.** Schematic overview of the evolution of SARS-CoV-2 N-terminal domain using deletion mutations to evade immune response. The deletion mutations occur concurrently with other substitution mutations (not highlighted) in the background.



September 8, 2021

## Delta Making Waves

by [Dr. Peter McCullough](#) | Jul 28, 2021 | [Healthcare](#), [Politics](#),



### Vaccine Report Card From CDC/FDA is Long Overdue!

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

The US vaccine program is crumbling with disagreement at the FDA over boosters given the very low effectiveness and ephemeral protection from the Pfizer–BioNTech COVID-19 vaccine. Pfizer–BioNTech COVID-19 vaccine at 39% and 42% protection against Delta in Israel and...



# 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.

**Methods** Between Sept 13, 2020, and Sept 15, 2021, 602 community contacts (identified via the UK contract-tracing system) of 471 UK COVID-19 index cases were recruited to the Assessment of Transmission and Contagiousness of COVID-19 in Contacts cohort study and contributed 8145 upper respiratory tract samples from daily sampling for up to 20 days. Household and non-household exposed contacts aged 5 years or older were eligible for recruitment if they could provide informed consent and agree to self-swabbing of the upper respiratory tract. We analysed transmission risk by vaccination status for 231 contacts exposed to 162 epidemiologically linked delta variant-infected index cases. We compared viral load trajectories from fully vaccinated individuals with delta infection (n=29) with unvaccinated individuals with delta (n=16), alpha (B.1.1.7; n=39), and pre-alpha (n=49) infections. Primary outcomes for the epidemiological analysis were to assess the secondary attack rate (SAR) in household contacts stratified by contact vaccination status and the index cases' vaccination status. Primary outcomes for the viral load kinetics analysis were to detect differences in the peak viral load, viral growth rate, and viral decline rate between participants according to SARS-CoV-2 variant and vaccination status.

**Findings** The SAR in household contacts exposed to the delta variant was 25% (95% CI 18–33) for fully vaccinated individuals compared with 38% (24–53) in unvaccinated individuals. The median time between second vaccine dose and study recruitment in fully vaccinated contacts was longer for infected individuals (median 101 days [IQR 74–120]) than for uninfected individuals (64 days [32–97],  $p=0.001$ ). 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.

Lancet Infect Dis 2021

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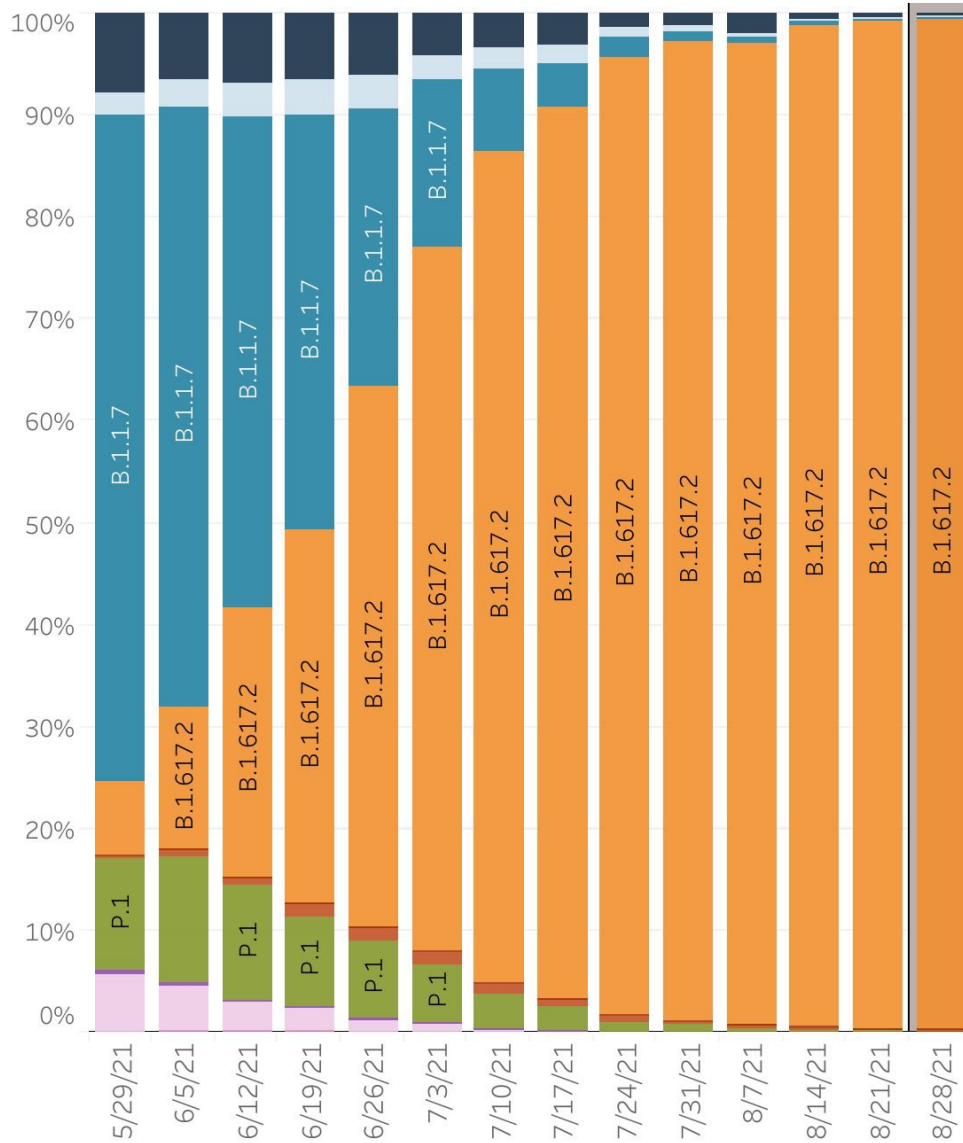
\*Joint first authors

†Contributed equally

‡Investigators are listed at the end of the article

NIHR Health Protection Research Unit in Respiratory Infections, National Heart and Lung Institute (A Singanayagam PhD, S Hakki PhD, K J Madon MSc, A Koycheva BSc, N Derqui-Fernandez MSc, J L Barnett MPhys, M G Whitfield PhD, R Varro MSc, R Kundu PhD, J Fenn PhD, 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 (M A Crone, Prof P S Freemont),

\*\* \*\*



Collection date, week ending

USA

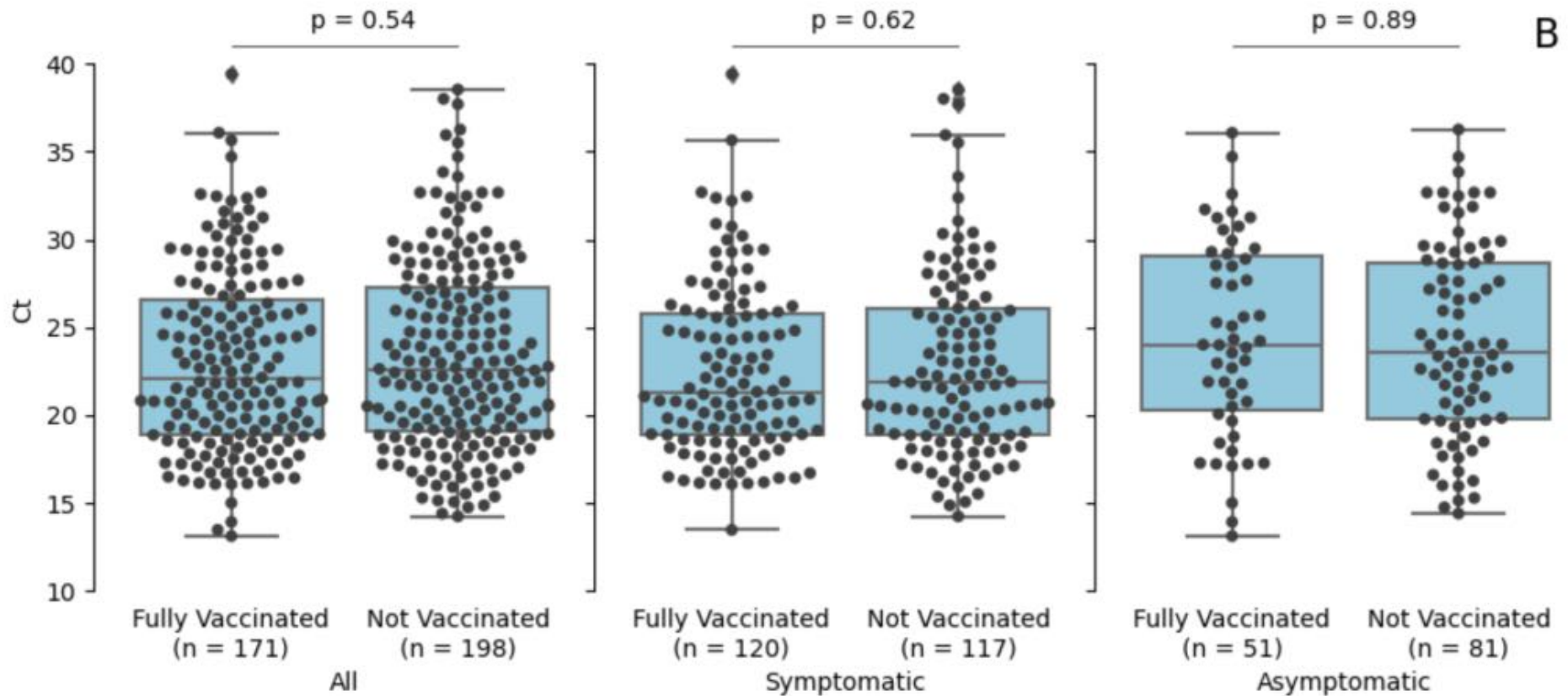
WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.1%	0.0-0.4%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.1%	0.0-0.4%
Delta	B.1.617.2	VOC	99.1%	98.1-99.8%
	AY.2	VOC	0.2%	0.0-0.6%
	AY.1	VOC	0.1%	0.0-0.4%
Eta	B.1.525	VOI	0.0%	0.0-0.2%
Iota	B.1.526	VOI	0.0%	0.0-0.2%
Kappa	B.1.617.1	VOI	0.0%	0.0-0.2%
N/A	B.1.621		0.2%	0.0-0.6%
	B.1.617.3	VOI	0.0%	0.0-0.2%
Other	Other*		0.3%	0.0-0.8%

\* Enumerated lineages are VOI/VOC or are circulating >1% in at least one HHS region during at least one two week period; remaining lineages are aggregated as "Other".

\*\* These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

# Sublineages of P.1 and B.1.351 are aggregated with the parent lineage and included in parent lineage's proportion. AY.3-AY.12 are aggregated with B.1.617.2

# 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**

# Delta Viral Load in Vaccinated and Unvaccinated Individuals

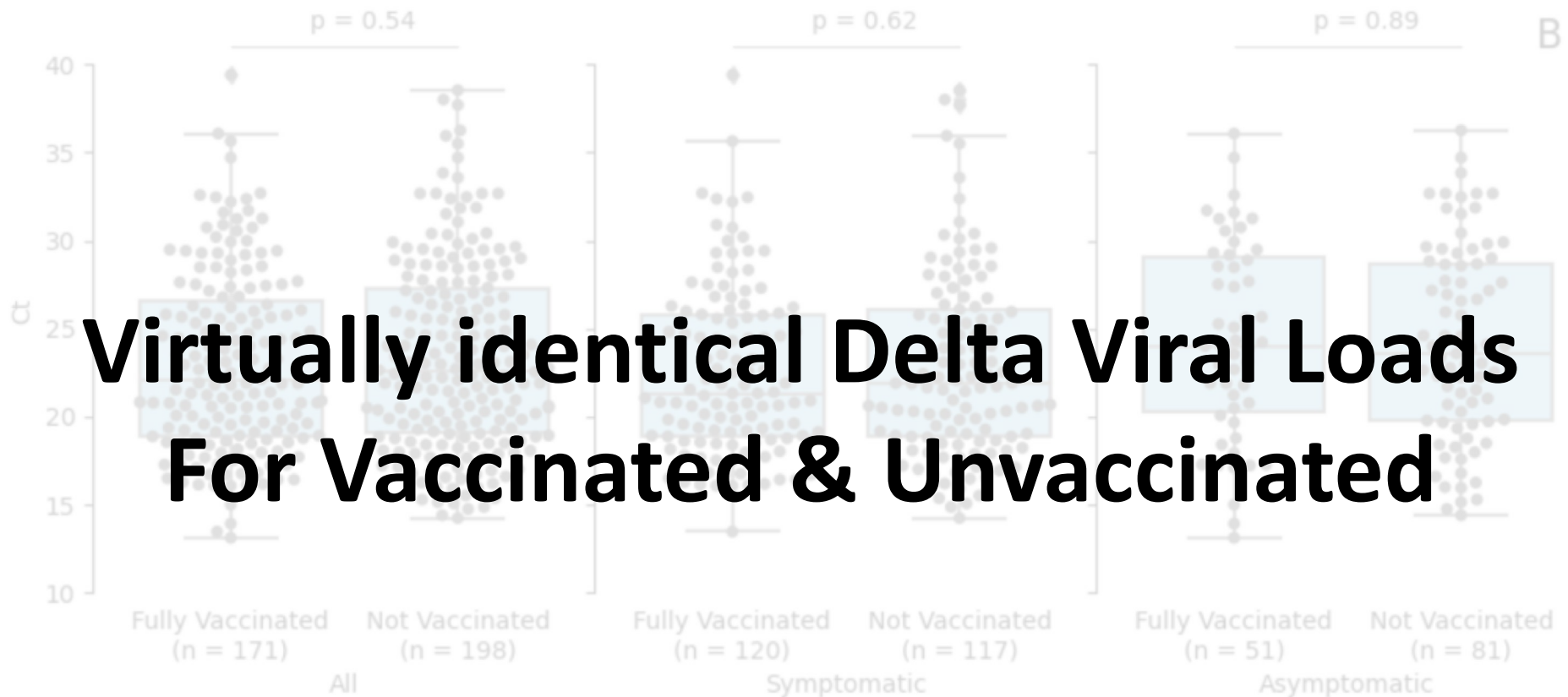


Figure 1. SARS-CoV-2 cycle threshold values in asymptomatic, symptomatic, vaccinated, and unvaccinated individuals in California. SARS-CoV-2 reverse transcription-polymerase

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

Kasen K. Riemersma, DVM, PhD<sup>1</sup>; Brittany E. Grogan, MPH<sup>2</sup>; Amanda Kita-Yarbro, MPH<sup>2</sup>; Peter Halfmann, PhD<sup>1</sup>; Anna Kocharian, MS<sup>3</sup>; Kelsey R. Florek, PhD<sup>4</sup>; Ryan Westergaard, MD, PhD<sup>3,5</sup>; Allen Bateman, PhD<sup>4</sup>; Gunnar E. Jeppson, BS<sup>6</sup>; Yoshihiro Kawaoka, DVM, PhD<sup>1</sup>; David H. O'Connor, PhD<sup>7</sup>; Thomas C. Friedrich, PhD<sup>1</sup>; Katarina M. Grande, MPH<sup>2</sup>

<sup>1</sup> Department of Pathobiological Sciences, University of Wisconsin-Madison, Madison, WI, USA; <sup>2</sup> Public Health Madison & Dane County, Madison, WI, USA; <sup>3</sup> Wisconsin Department of Health Services; <sup>4</sup> Wisconsin State Laboratory of Hygiene; <sup>5</sup> Department of Medicine, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin; <sup>6</sup> Exact Sciences, Madison, WI, USA; <sup>7</sup> Department of Pathology and Laboratory Medicine, University of Wisconsin-Madison, Madison, WI, USA.

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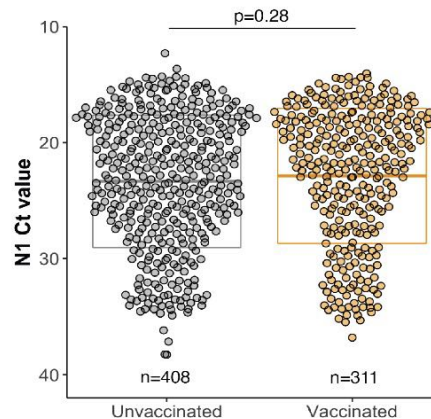


Figure 1. Distributions of SARS-CoV-2 PCR cycle threshold (Ct) values at the time of testing do not differ by vaccination status. N1 PCR Ct values for SARS-CoV-2-positive specimens grouped by vaccination status. Boxplots represent mean N1 Ct values +/- one standard deviation. P-values were calculated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

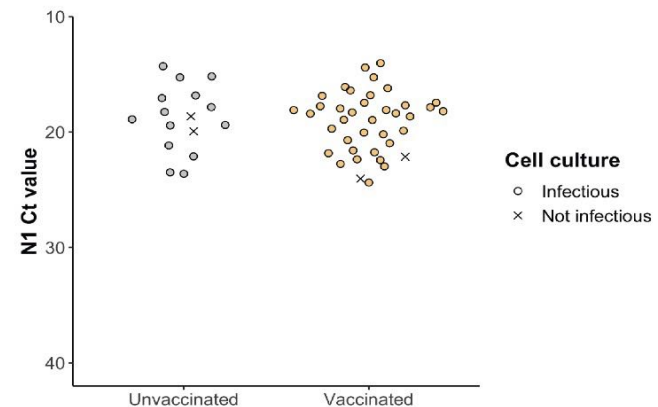


Figure 2. Infectious virus detected in nasal swab specimens from unvaccinated and fully vaccinated cases with Ct values < 25. Infectiousness was determined by the presence of cytopathic effects (CPE) after 5 days of replication in Vero E6 TMPRSS2 cells. Specimens with visually apparent CPE under a light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

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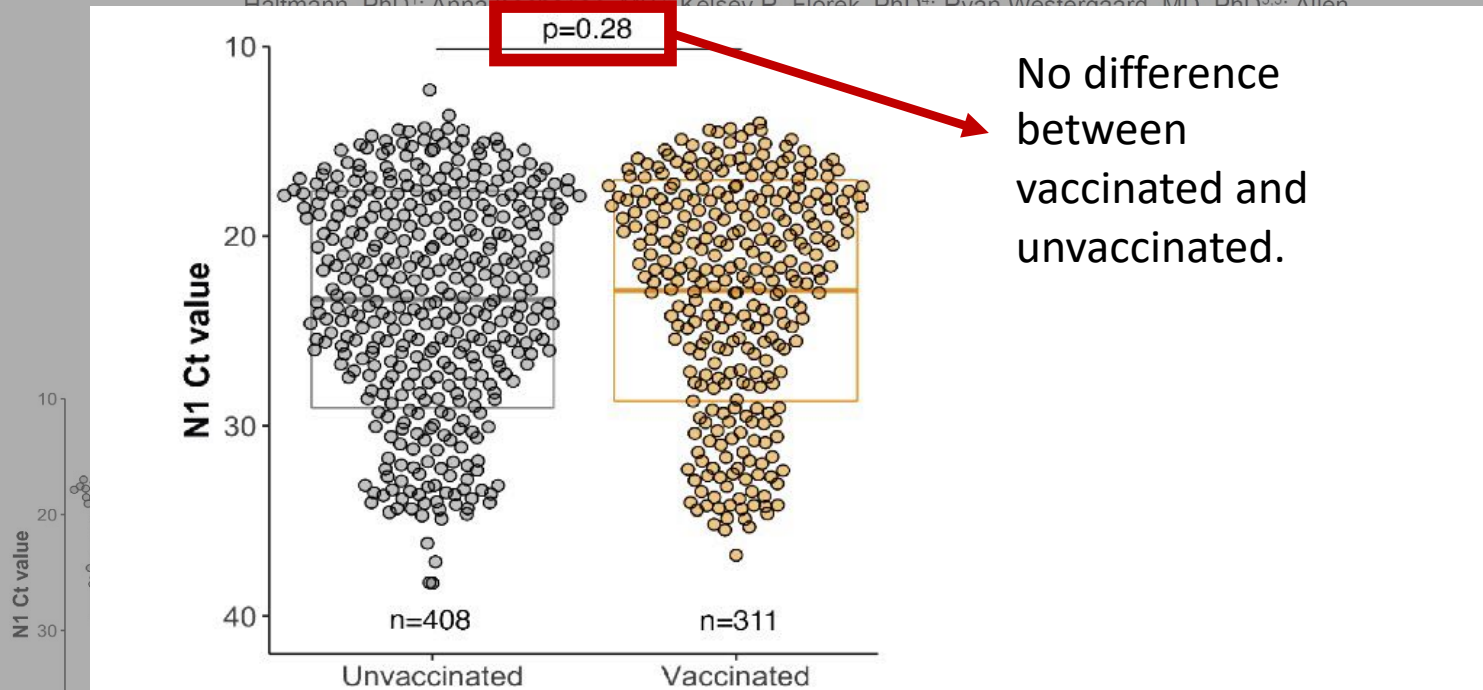


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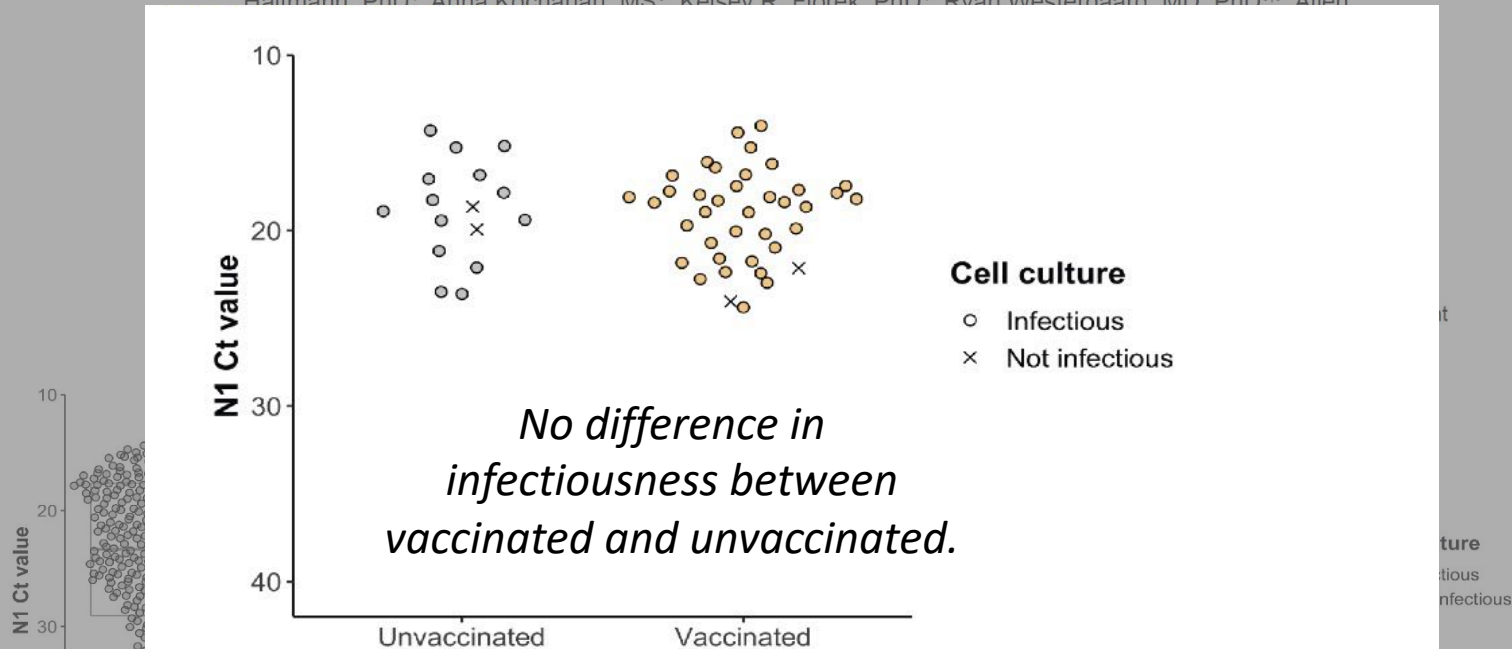


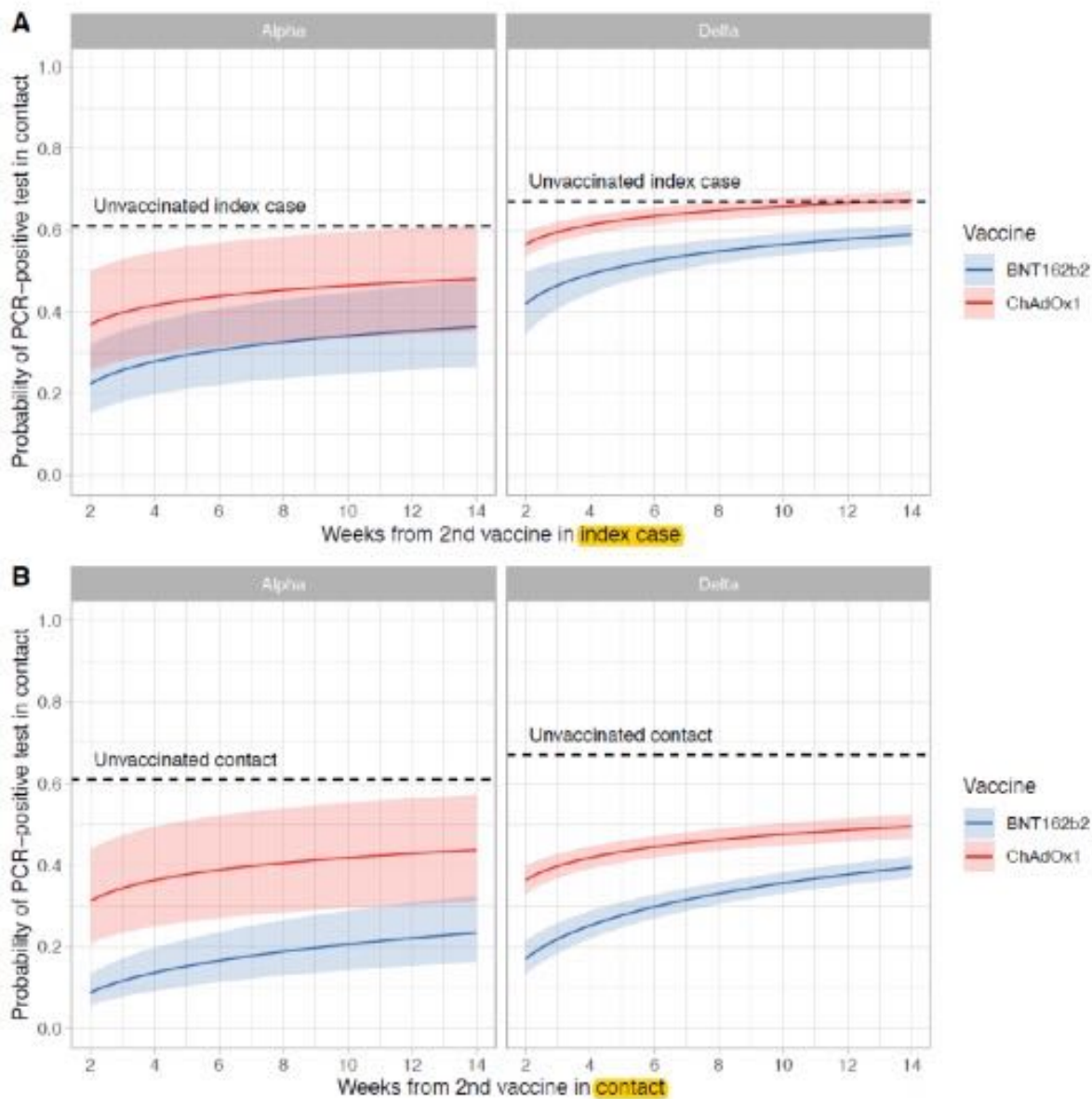
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Figure 1. Distribution of N1 Ct values differ by vaccination status.

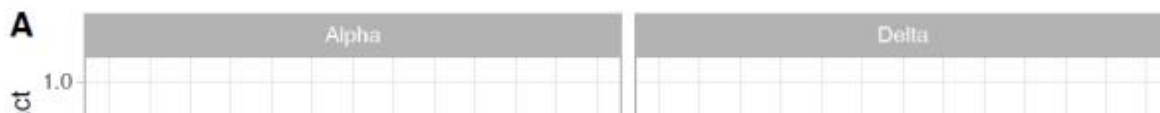
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Protection against onward transmission waned within 3 months post second vaccination.

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

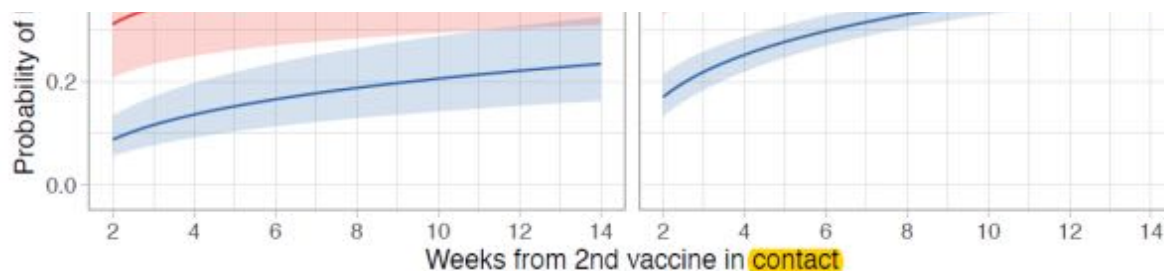
compared to that seen in unvaccinated individuals. “Waning” of protective behaviour over

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.<sup>8</sup>



# Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- **Pivot to Early Therapy for High-Risk COVID-19**
- 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"

September 8, 2021

News Highlights

## The War Between Nationalists and Globalists

by [Karen Schoen](#)



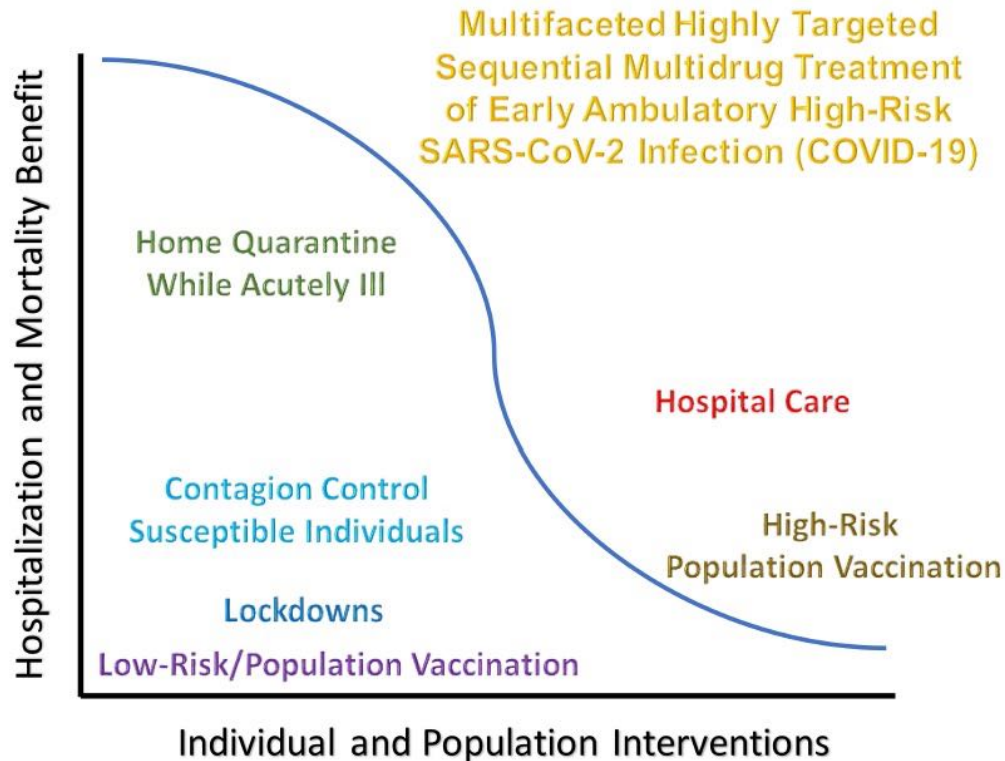
## COVID-19 Investigation: Empirical

# 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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## Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection

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### ABSTRACT

Approximately 9 months of the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2 [COVID-19]) spreading across the globe has led to widespread COVID-19 acute hospitalizations and death. The rapidity and highly communicable nature of the SARS-CoV-2 outbreak has hampered the design and execution of definitive randomized, controlled trials of therapy outside of the clinic or hospital. In the absence of clinical trial results, physicians must use what has been learned about the pathophysiology of SARS-CoV-2 infection in determining early outpatient treatment of the illness with the aim of preventing hospitalization or death. This article outlines key pathophysiological principles that relate to the patient with early infection treated at home. Therapeutic approaches based on these principles include 1) reduction of reinoculation, 2) combination antiviral therapy, 3) immunomodulation, 4) antiplatelet/antithrombotic therapy, and 5) administration of oxygen, monitoring, and telemedicine. Future randomized trials testing the principles and agents discussed will undoubtedly refine and clarify their individual roles; however, we emphasize the immediate need for management guidance in the setting of widespread hospital resource consumption, morbidity, and mortality.

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**KEYWORDS:** Ambulatory treatment; Anticoagulant; Anti-inflammatory; Antiviral; COVID-19; Critical care; Epidemiology; Hospitalization; Mortality; SARS-CoV-2

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**Conflicts of Interest:** None.

**Authorship:** All authors had access to the data and a role in writing this manuscript.

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The pandemic of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2 [COVID-19]) is rapidly expanding across the world with each country and region developing distinct epidemiologic patterns in terms of frequency, hospitalization, and death. There has been considerable focus on 2 major areas of response to the pandemic: containment of the spread of infection and reducing inpatient mortality.

Review

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

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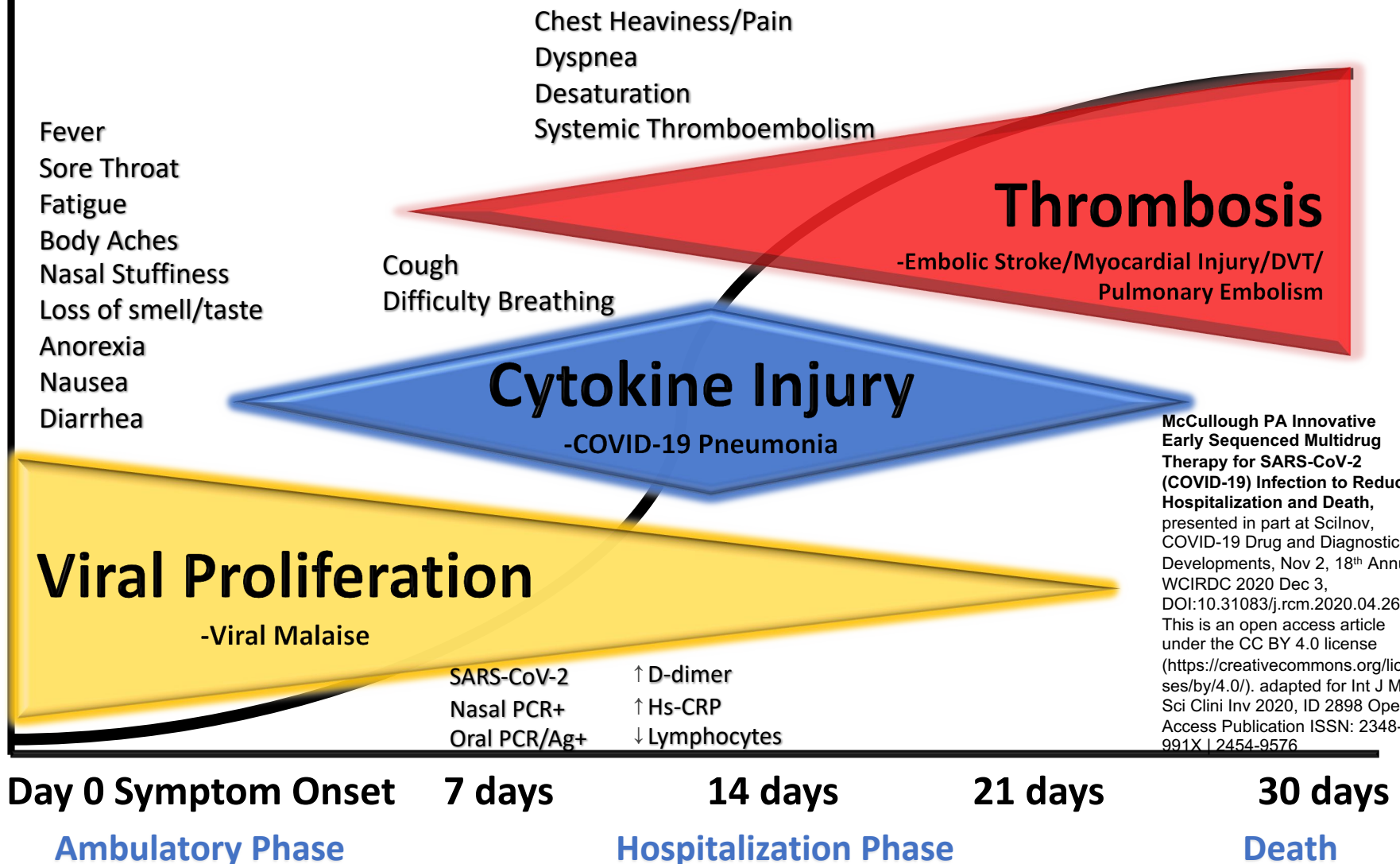
# Therapeutic Response

Intracellular anti-infectives/antiviral antibodies

Corticosteroids/immunomodulators

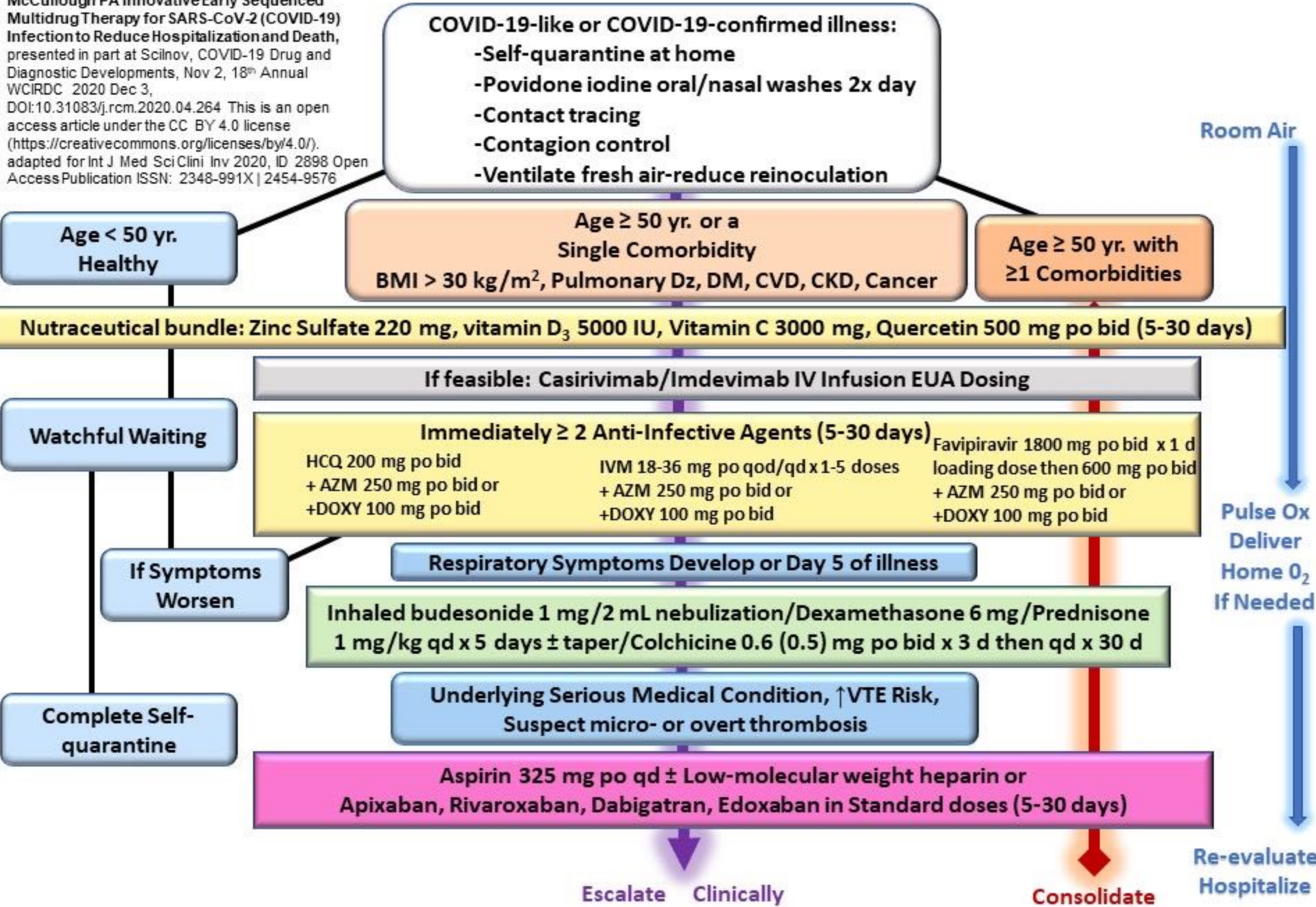
Antiplatelet agents/anticoagulants

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, 18<sup>th</sup> 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

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BMI=body mass index, Dz=disease, DM=diabetes mellitus, CVD=cardiovascular disease, CKD=chronic kidney disease, yr=years, HCQ=hydroxychloroquine, AZM=azithromycin, DOXY=doxycycline, IVM=ivermectin, VTE=venous thrombo-embolic, EUA=Emergency Use Authorization (U.S. administration)



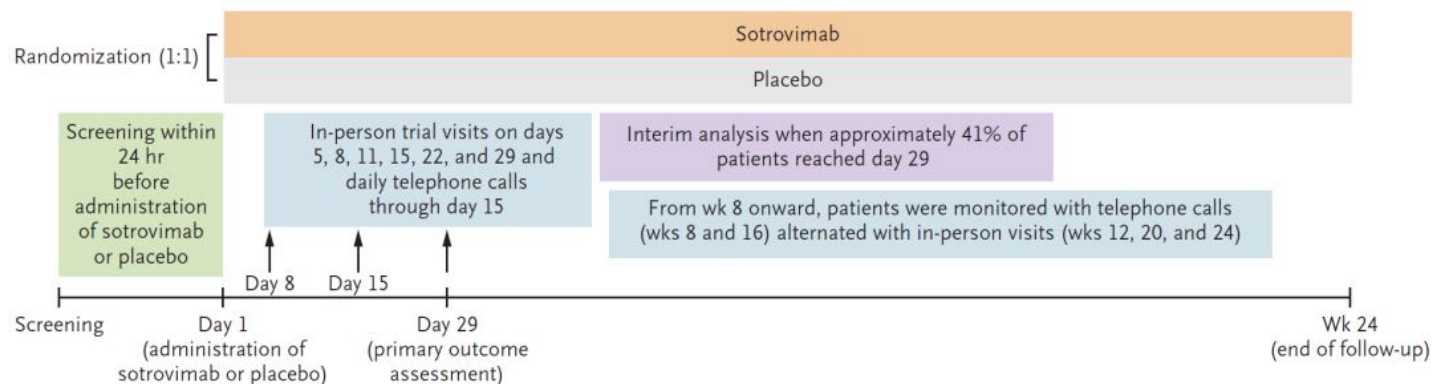
# Early Treatment for Covid-19 with SARS-CoV-2 Neutralizing Antibody Sotrovimab

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

DOI: 10.1056/NEJMoa2107934

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**Figure 1. Trial Design.**

Patients were stratified according to age ( $\leq 70$  years or  $> 70$  years), symptom duration ( $\leq 3$  days or 4 or 5 days), and geographic region. The trial pharmacists reconstituted and dispensed sotrovimab and placebo within equal time frames in order to maintain blinding.

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

Outcome	Sotrovimab (N = 291)	Placebo (N = 292)
<b>Primary outcome</b>		
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)†

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

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- 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)
<b>Primary outcome</b>		
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"



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](#),

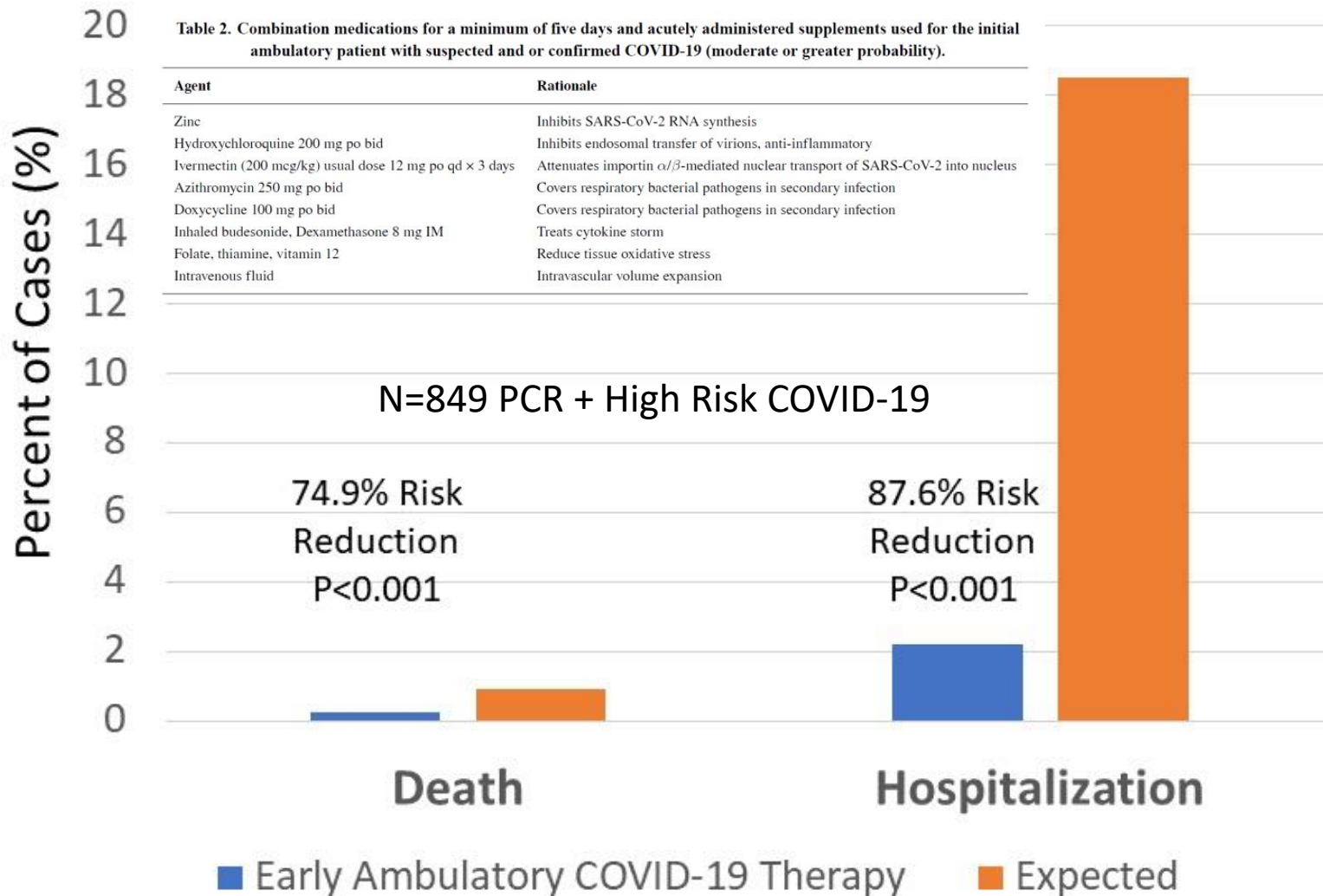
Sick COVID-19 patients don't feel better with masks and it's either too late or they have been failed by the vaccination. We need real doctors helping frightened patients in need to get through the crisis. We need to cut through all the fear, panic, hubris, and false narrative and getting to the truth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



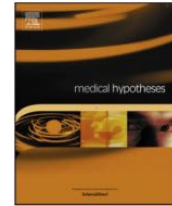


# Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

Brian Procter<sup>1</sup>, Casey Ross<sup>1</sup>, Vaness Pickard<sup>1</sup>, Erica Smith<sup>1</sup>, Courtney Hanson<sup>1</sup>, and Peter A. McCullough<sup>2</sup>



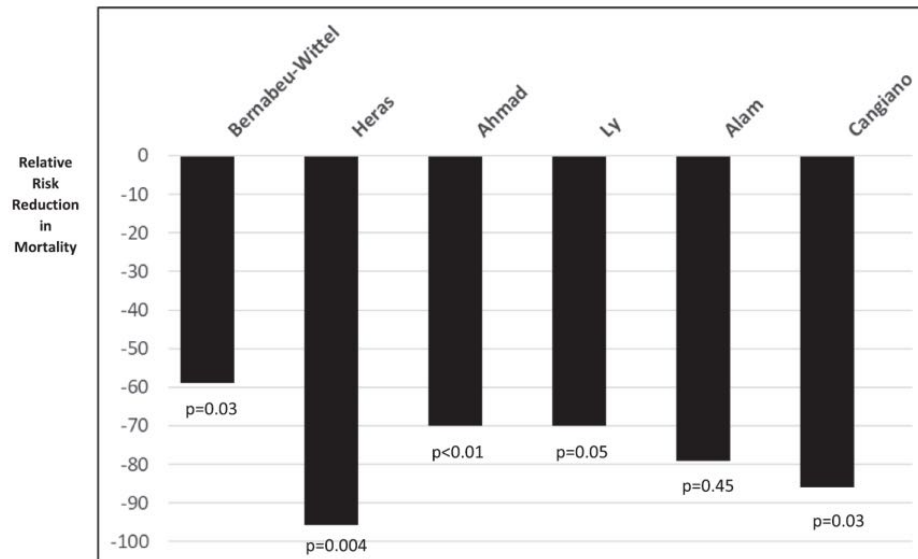




## Early multidrug treatment of SARS-CoV-2 infection (COVID-19) and reduced mortality among nursing home (or outpatient/ambulatory) residents

Paul E. Alexander<sup>a,\*</sup>, Robin Armstrong<sup>b</sup>, George Fareed<sup>c</sup>, John Lotus<sup>d</sup>, Ramin Oskoui<sup>e</sup>, Chad Prodromos<sup>d</sup>, Harvey A. Risch<sup>f</sup>, Howard C. Tenenbaum<sup>g</sup>, Craig M. Wax<sup>h</sup>, Parvez Dara<sup>i</sup>, Peter A. McCullough<sup>j</sup>, Kulvinder K. Gill<sup>k</sup>

RR=0.41 (0.36-0.95)    RR=0.044 (0.006-0.35)    RR=0.30 (0.13-0.71)    RR=0.30 (0.35-0.99)    RR=0.21 (0.43-1.45)    RR=0.14 (0.02-0.83)  
 HCQ-based    HCQ+/-AZM    HCQ+/-DOXY    HCQ+AZM    DOXY    HCQ + anticoagulants  
 Steroids  
 Anticoagulants



Note: p-values are comparisons to control groups, as per each study  
 HCQ: hydroxychloroquine, AZM: azithromycin, DOXY: doxycycline

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

<https://doi.org/10.1016/j.mehy.2021.110622>  
 Received 6 February 2021; Received in revised form 25 May 2021; Accepted 2 June 2021  
 Available online 5 June 2021  
 0306-9877/© 2021 Published by Elsevier Ltd.

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

BY PAUL ELIAS ALEXANDER OCTOBER 17, 2021 **PUBLIC HEALTH** 40 MINUTE READ

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**W**e should not force COVID vaccines on anyone when the evidence shows that naturally acquired immunity is equal to or more robust and superior to existing vaccines. Instead, we should respect the right of the bodily integrity of individuals to decide for themselves.

This follow-up chart is the most updated and comprehensive library list of 91 of the highest-quality, complete, most robust scientific studies and evidence reports/position statements on natural immunity as compared to the COVID-19 vaccine-induced immunity and allow you to draw your own conclusion.

I've benefited from the input of many to put this together, especially my co-authors:

- Dr. Harvey Risch, MD, PhD (Yale School of Public Health)
- Dr. Howard Tenenbaum, PhD ( Faculty of Medicine, University of Toronto)
- Dr. Ramin Oskoui, MD (Foxhall Cardiology, Washington)
- Dr. Peter McCullough, MD (Truth for Health Foundation (TFH)), Texas
- Dr. Parvez Dara, MD (consultant, Medical Hematologist and Oncologist)

Evidence on natural immunity versus COVID-19 vaccine induced immunity as of October 15<sup>th</sup> 2021:

## Congresswoman Diana Harshbarger Introduces Bill to Require Federal Agencies to Acknowledge Natural Immunity to COVID-19



October 18, 2021 **Press Release**

**Washington, DC** – Today, Congresswoman Diana Harshbarger introduced the Natural Immunity is Real Act in the House of Representatives. This bill requires Federal agencies to take into account naturally acquired immunity from previous COVID-19 infection when issuing any rules or regulations aimed at protecting from COVID-19.

"I introduced this bill today because the Biden Administration must 'follow the science' and be open, honest and transparent about the millions of Americans who have natural immunity against the COVID-19 virus," said **Congresswoman Harshbarger**. "There's ample scientific evidence **from numerous peer-reviewed studies** that natural immunity from previous COVID-19 infection is effective, durable and long-lasting. Centers for Disease Control and Prevention (CDC) has already acknowledged natural immunity for measles, chickenpox, and many other viruses.

"I've always said we need to use all the clinical tools as protection and treatment options to combat COVID-19. However, my bill is a necessary and timely legislative action resulting from President Biden's continued politicization of COVID-19 which continues to create deep divisions among Americans, such as when he chillingly said his national vaccine mandate requirements are 'not about freedom or personal choice.' Now more than ever, we need to pursue every

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](#)





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

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## Vaccinating people who have had covid-19: why doesn't natural immunity count in the US?

The US CDC estimates that SARS-CoV-2 has infected more than 100 million Americans, and evidence is mounting that natural immunity is at least as protective as vaccination. Yet public health leadership says everyone needs the vaccine. **Jennifer Block** investigates

Jennifer Block *freelance journalist*

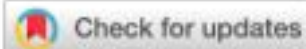
When the vaccine rollout began in mid-December 2020, more than one quarter of Americans—91 million—had been infected with SARS-CoV-2, according to a US Centers for Disease Control and

Prevention (CDC) estimate.<sup>1</sup> As of this May, that proportion had risen to more than a third of the population, including 44% of adults aged 18-59 (table 1).

Table 1 | Estimated total infections in the United States between February 2020 and May 2021\*

Age group (years)	No of infections (millions) (95% uncertainty interval)	Population in 2019 (millions)	% previously infected (95% uncertainty interval)
0-17	26.8 (22 to 33.1)	73	37 (30 to 45)
18-49	60.5 (50.4 to 73.2)	138	44% (36 to 53)
50-64	20.4 (17.0 to 24.6)	63	32% (27 to 39)
65+	12.3 (9.9 to 15.5)	54	23% (18 to 29)
All ages	120.3 (103.3 to 140.9)	328	37% (31 to 43)

\* Sources: CDC (estimated infections) and US Census (2019 estimated population).



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## 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 UK<sup>32</sup> and another that surveyed people internationally<sup>33</sup> 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.<sup>33</sup>

# Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- **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**



# 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

**COVID-19**  
**PANDEMIC**

can to give him a chance to survive." The Californian is not publishing the patient and plaintiff's names in order to protect the family's medical privacy.

can to give him a chance to survive."

The Californian is not

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...



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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...



# “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

## 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



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...



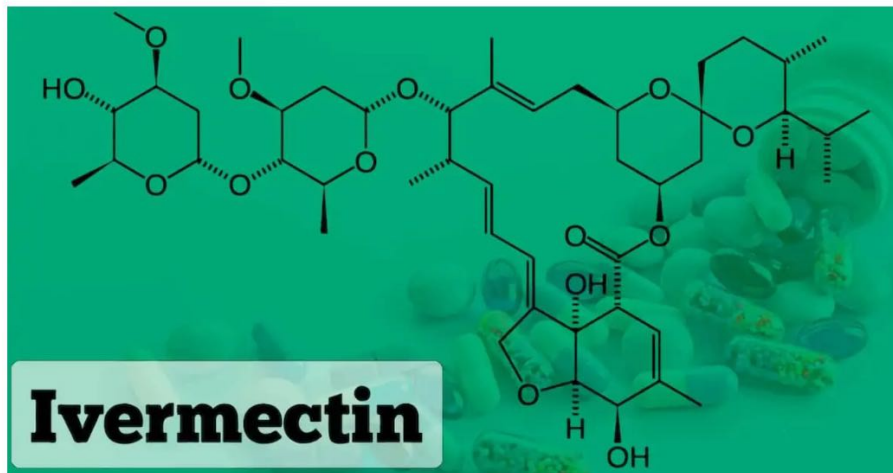
## New Israeli Covid Data Destroys Anthony Fauci

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...



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

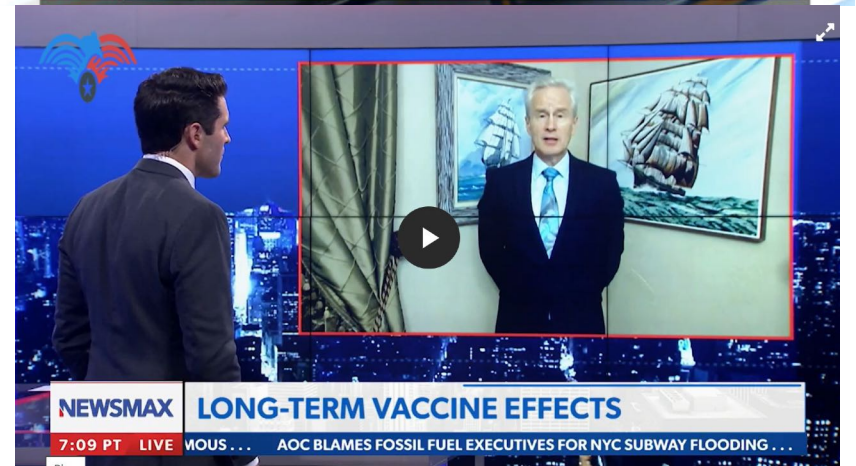
Column

## 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...





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





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## Melbourne protests: Third day of violent anti-vaccine demonstrations

Best Sellers Rank: #103 in Books

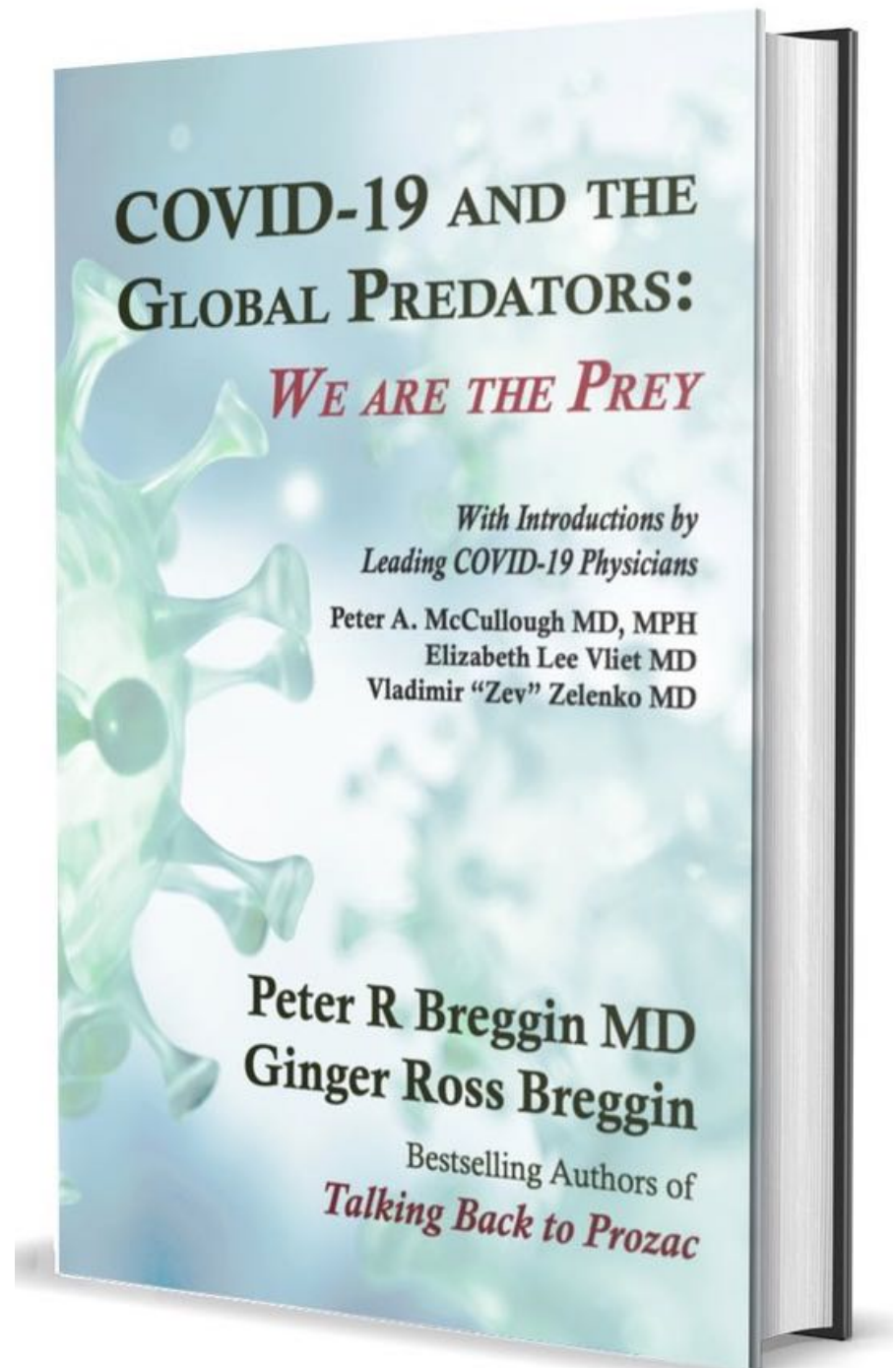
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# Conclusions

- COVID-19 pandemic is a global disaster
- Pathophysiology is complex—not amenable to single drug
- The prehospital phase is the therapeutic opportunity
- Hospitalization and late treatment form an inadequate safety net
- 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 have an unfavorable safety profile and are not sufficiently effective, thus they cannot be generally supported in clinical practice at this time
- Censorship and reprisal are working to crush freedom of speech, scientific discourse, and medical progress

# 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
- Pull from market 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