

Exhibit 321

Secret Pfizer Documents & New Studies prove COVID
'Vaccine Shedding' is occurring with deadly
consequences

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Secret Pfizer Documents & New Studies prove COVID 'Vaccine Shedding' is occurring with deadly consequences

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By The Exposé

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A study conducted by scientists at the University of Colorado confirms the vast majority of humanity has had absolutely no choice in the matter of whether they wish to get the Covid-19 injection or not because the vaccinated have been transmitting antibodies generated by the injections through aerosols.

The findings should however come as no surprise because a confidential Pfizer document had already confirmed exposure to the mRNA injections was perfectly possible by skin-to-skin contact and breathing the same air as someone who had been given the Covid-19 jab.

They also, unfortunately, add weight to the claims made by Dr Phillippe van Welbergen, who demonstrated that graphene, an alleged undisclosed ingredient of the Covid-19 injections, is being transmitted from the vaccinated to the not-vaccinated and destroying red blood cells and causing dangerous blood clots.

Abstract

Despite the obvious knowledge that infectious particles can be shared through respiration, whether other constituents of the nasal/oral fluids can be passed between hosts has surprisingly never even been postulated, let alone investigated. The circumstances of the present pandemic facilitated a unique opportunity to fully examine this provocative idea. **The data we show provides evidence for a new mechanism by which herd immunity may be manifested, the aerosol transfer of antibodies between immune and non-immune hosts.**

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The study, titled 'Evidence for Aerosol Transfer of SARS-CoV2-specific Humoral Immunity', and published 1st May 2022, was conducted by the following scientists for the University of Colorado –

- Ross M. Kedl, Elena Hsieh,
- Thomas E. Morrison,
- Gabriela Samayoa-Reyes,
- Siobhan Flaherty,
- Conner L. Jackson,
- Rosemary Rochford.

Evidence for Aerosol Transfer of SARS-CoV2-specific Humoral Immunity

 Ross M. Kedl, Elena Hsieh, Thomas E. Morrison, Gabriela Samayoa-Reyes, Siobhan Flaherty, Conner L. Jackson, Rosemary Rochford

doi: <https://doi.org/10.1101/2022.04.28.22274443>

The abstract of the study reads as follows –

Despite the obvious knowledge that infectious particles can be shared through respiration, whether other constituents of the nasal/oral fluids can be passed between hosts has surprisingly never even been postulated, let alone investigated.

The circumstances of the present pandemic facilitated a unique opportunity to fully examine this provocative idea. The data we show provides evidence for a new mechanism by which herd immunity may be manifested, the aerosol transfer of antibodies between immune and non-immune hosts.

And here are the study authors' main findings –

The extended mandates for mask wearing in both social and work environments provided a unique opportunity to evaluate the possibility of aerosolized antibody expiration from vaccinated individuals.

Utilizing a flow cytometry-based Multiplex Microsphere Immunoassay (MMIA) to detect SARS-CoV-2-specific antibodies (**Fig 1A and B**)^{4,5} and a method previously used to elute antibody from rehydrated dried blood spots (DBS), we identified anti-SARS-CoV-2 specific antibodies eluted from surgical face masks worn by vaccinated lab members donated at the end of one workday.

Consistent with the results reported by others, we identified both IgG and IgA in saliva from vaccinated individuals (**Fig 1C and D**). It was therefore not surprising to detect both IgG and IgA following elution of antibody from face masks (**Fig 1C and D**).

Given these observations, we hypothesized that droplet/aerosolized antibody transfer might occur between individuals, much like droplet/aerosolized virus particles can be exchanged by the same route.

exchanged by the same route. To evaluate this hypothesis, we obtained nasal swabs from children living in households in which parents or family members had varying degrees of SARS-CoV2-specific immunity, including those unvaccinated, vaccinated and COVID-19+. Initial comparison of nasal swabs acquired from children living in vaccinated households revealed readily detectable SARS-CoV-2-specific IgG (Fig 1E), especially when compared to the complete deficit of SARS-CoV-2-specific antibody detected in the few nasal swabs we obtained from children in non-vaccinated households. We then used the variation in parents' levels of intranasal IgG as the basis of stratification across all children's samples. Log transformation of the data from thirty-four adult-child pairs established antibody cut-offs for high vs low parental intranasal antibody levels. Evaluation of samples in this fashion revealed that high intranasal IgG in vaccinated parents was significantly associated (p-value = 0.01) with a 0.38 increase in the log transformed intranasal IgG gMFIs within a child from the same household (Fig 1F). This significant positive relationship was observed using either parametric or non-parametric analysis, and adjustments for the correlation within household did not alter the conclusion. Though not statistically significant, a similar trend of elevated IgA was found in the same samples.

Source

This means Covid-19 vaccine shedding is perfectly possible when we take into account [a study performed on behalf of Pfizer in Japan](#).

The study observed the distribution of the Covid-19 injection in the bodies of Wister Rats over a period of 48 hours. One of the most concerning findings from the study is the fact that the Pfizer injection accumulates in the ovaries over time. The highest concentration was noted in the liver. But it also accumulates in the salivary glands on the skin.

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Arti

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215
Testes (Males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805
Blood: plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540

Source

It is not known if the injection continues to accumulate after 48 hours due to observations being stopped after this amount of time in the study. But these results coupled with the first study above tell us that for a minimum of 48 hours, an unvaccinated person is at risk of being

exposed to the Covid-19 injection if they breathe the same air as or touch the skin of a person who has been vaccinated.

This should however come as no surprise because Pfizer admitted as much in their 'A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOMIZED, OBSERVER-BLIND, DOSE-FINDING STUDY TO EVALUATE THE SAFETY, TOLERABILITY, IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2 RNA VACCINE CANDIDATES AGAINST COVID-19 IN HEALTHY INDIVIDUALS' document.

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The document contains a whole section covering the possibility of 'mRNA vaccine shedding' in which it is possible for those who have been in close proximity to someone who has had the Pfizer mRNA jab to suffer an adverse reaction.

Section 8.3.5 of the document, it describes how exposure during pregnancy or breastfeeding to the Pfizer mRNA jab during the trials should be reported to Pfizer Safety within 24 hours of investigator awareness. This is strange because pregnant women / new mothers were and are not part of the safety trials. So how can they be exposed?

8.3.5. Exposure During Pregnancy or Breastfeeding, and Occupational Exposure

Exposure to the study intervention under study during pregnancy or breastfeeding and occupational exposure are reportable to Pfizer Safety within 24 hours of investigator awareness.

Source

Well, Pfizer confirms that exposure during pregnancy can occur if a female is found to be pregnant and is environmentally exposed to the vaccine during pregnancy. The document states that environmental exposure during pregnancy can occur if a female family member or healthcare provider reports that she is pregnant after having been exposed to the study intervention by inhalation or skin contact. Or if a male family member of a healthcare provider who has been exposed to the study intervention by inhalation or skin contact then exposes his female partner prior to or around the time of conception.

8.3.5.1. Exposure During Pregnancy

An EDP occurs if:

- A female participant is found to be pregnant while receiving or after discontinuing study intervention.
- A male participant who is receiving or has discontinued study intervention exposes a female partner prior to or around the time of conception.
- A female is found to be pregnant while being exposed or having been exposed to study intervention due to environmental exposure. Below are examples of environmental exposure during pregnancy:
 - A female family member or healthcare provider reports that she is pregnant after having been exposed to the study intervention by inhalation or skin contact.
 - A male family member or healthcare provider who has been exposed to the study intervention by inhalation or skin contact then exposes his female partner prior to or around the time of conception.

Source

In Layman's terms, Pfizer is admitting in this document that it is possible to expose another human being to the mRNA Covid vaccine just by breathing the same air or touching the skin of the person who has been vaccinated.

All of this makes the findings of Dr. Philippe van Welbergen all the more concerning.

Dr. Philippe van Welbergen ("Dr. Philippe"), Medical Director of Biomedical Clinics, was one of the first to warn the public of the damage being caused to people's blood by Covid injections by releasing images last year of blood samples under the microscope.

At the beginning of July 2021, Dr. Philippe, was interviewed and explained that when his patients started complaining about chronic fatigue, dizziness, memory issues, even sometimes paralysis and late onset of heavy menstruation (women in their 60s upwards), he took blood samples.

Their blood had unusual tube-like structures, some particles which lit up and many damaged cells. Few healthy cells were visible. Until three months earlier, he had never seen these formations in blood.

Then in February 2022, Dr. Philippe presented images of his latest blood slides and explained what the images show. His slides show that vaccine-free patients have been "infected" with vaccine toxins through shedding, including what is claimed to be graphene.

A full review of his slides can be viewed here. But here's a short clip of his presentation –

What Dr. Philippe van Welbergen demonstrated is that the graphene being injected into people is organising and growing into larger fibres and structures, gaining magnetic properties or an electrical charge and the fibres are showing indications of more complex structures with striations.

He also demonstrated that “shards” of graphene are being transmitted from “vaccinated” to vaccine-free or unvaccinated people destroying their red blood cells and causing blood clots in the unvaccinated.

It would appear there was never any need to waste an extortionate amount of taxpayers’ money on propaganda to coerce the public into getting the Covid-19 injections. Because the taxpayer never had a choice in the matter. All they had to do was breathe.

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