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Review Article

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COVID-19 vaccines – An Australian Review

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Abstract

After millions of people have been vaccinated as often as four times within a year, the effects of these vaccinations are slowly becoming apparent. This review has been written from an Australian perspective with the main focus on the COVID-19 mRNA vaccines. We will look at the promises/predictions originally made and the actual facts. We will evaluate the safety and efficacy by looking at the literature and the data from government agencies. The literature review will be summed up in a table listing the so far reported side effects of which many are very serious including death, with this data coming from 1011 case reports. Long term side effects will also be covered and the risk benefit ratio will be explored. The review is ending with some very critical question that need further discussion.

Introduction

This review is written from an Australian perspective and will concentrate on the COVID-19 mRNA vaccines. In Australia the COVID vaccination is still heavily promoted. Until April 2022 only the mRNA vaccines Comirnaty (Pfizer) and Spikevax (Moderna), as well as the vector vaccines Vaxzevria (AstraZeneca) and COVID-19 Vaccine Janssen (Janssen) were preliminarily registered for use. Every one of these vaccines forces the vaccinees body to produce the spike protein for which the genetic code is delivered into the cells as mRNA via a nanoparticle or as double stranded DNA via a viral vector. (https://www.tga.gov.au/international-covid-19-vaccines-recognised-australia).

In April 2022 yet another vaccine, Nuvaxovid (Biocelect on behalf of Novavax, based on a new concept) received preliminary approval in Australian. Nuvaxoid contains a modified spike derived from moth cells cultured after transfection using Baculovirus, which express the spike protein on their cell membrane. This spike protein is harvested and assembled onto a synthetic lipid nanoparticle, which displays 14 spike proteins each. (https://www.precisionvaccinations.com/vaccines/novavax-covid-19-vaccine). The vaccine is registered for 18 years of age and older.

The government continues to push particularly the mRNA vaccinations by encouraging a fourth vaccination and recommending the vaccine for pregnant women as well as children 5 to 11 years old. The official public message is that the mRNA vaccines are safe. However, the Therapeutic Goods Administration (TGA), the medicine and therapeutic regulatory agency of the Australian Government, states quite clearly on their website that the large-scale trials are still progressing and no full data package has been received from any company. The TGA is currently getting rolling data and safety and effectiveness are still being assessed (https://www.tga.gov.au/covid-19-vaccines-undergoing-evaluation).

Initial information

The mRNA vaccines were supposed to remain at the injection site and be taken up by the lymphatic system. This assumption proved to be wrong. During an autopsy of a vaccinated person that had died after mRNA vaccination it was found that the vaccine disperses rapidly from the injection site and can be found in nearly all parts of the body [1]. The mRNA is enveloped in liquid nano particles (LNP) containing a mixture of phospholipids, cholesterol, PEGylated lipids and cationic or ionizable lipids [2]. Research has shown that such nanoparticles can cross the blood-brain barrier [3] and the blood-placenta barrier [4], so it came as no surprise that the European Medicines Agency assessment report for the Moderna vaccine on page 47 (https://www.ema.europa.eu/en/documents/assessment-report/spikevax-previously-covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf) also noted that mRNA could be detected in the brain following intramuscular administration at about 2% of the level found in plasma. In 2021 researchers from Japan reported a disproportionately high mortality due to cerebral venous sinus thrombosis and intracranial haemorrhage. Despite not being able to prove a causal link with vaccines, as no autopsies were performed, they still believed that a link with vaccination is possible and further analysis is warranted [5].

(AstraZeneca) and coronary myocarditis (Pfizer).

Pregnancy and Vaccination

Some concerns about vaccinating pregnant women were voiced by Anand and Stahel [83]. Walsh et al. [89]. reported that the results of the Pfizer vaccine demonstrate a broad immune response to vaccination with stimulation of neutralizing antibody responses, stimulation of CD4+ cells and growth of effector memory CD8+T cells in men and women. Anand and Stahel [83] hypothesised that one could assume this would also happen in pregnant women. This would not be favourable for a perinatal outcome and might lead to preterm birth and fetal loss, as a good outcome relies on amplifcation of helper T cell type 2 and regulatory T cell activity coupled with decreased Th1 response [90]. Evidence has suggested that mothers with variant CD4+ T cell responses give birth to babies that may suffer enduring adverse consequences [91].

Side Effects Acknowledged but Played Down as Extremely Small Risk

The TGA report in Australia on a weekly basis and the report of the 2nd of September 2021 mentioned nine more blood clots and low platelet counts, confirmed as probably Thrombocytopenia syndrome linked to the AstraZeneca vaccine with two connected deaths during that week, one from Queensland and one from NSW. An assessment of the 125 cases of thrombosis with thrombocytopenia syndrome (TTS) showed that women in the younger age groups were slightly more likely to develop TTS in more unusual places such as brain and abdomen with more serious outcomes projected (TGA).

Another rare side effect is Guillian-Barre syndrome (GBS), which affects the nerves. Up to the 29 August 99 reports of GBS after vaccination have been received. Further 61 reports of immune thrombocytopenia were lodged after AstraZeneca vaccination. For the Pfzer vaccine the TGA reports 293 instances of suspected myocarditis and/or pericarditis following vaccination to the 29 August 2021. Nine of these reports were from children 16 to 17 years of age. A study concluded that observations of increased thrombosis, cardiomyopathy and other vascular events following vaccination might be caused by the mRNA vaccines dramatically increasing inflammation of the endothelium and T cell infiltration of cardiac muscle [92].

Whistleblowers

At a parliament enquiry by US senator Ron Johnson lawyer Thomas Renz presented three US military doctors, Drs. Samuel Sigoloff, Peter Chambers, and Theresa Long, whose declarations he planned to use in federal court under penalty of perjury. These doctors revealed a 300% increase in miscarriages in the military above the five-year average in 2021 with the five-year average being 1,499 miscarriages per year while in the first 10 months of 2021 the registered miscarriages were 4,182. Other diseases went up in a similar fashion such as an almost 300% increase in cancer diagnoses (from a five-year average of 38,700 per year to 114,645 in the first 11 months of 2021). Neurological issues increased by 1000% from a baseline average of 82,000 to 863,000 in 2021. Some other increased conditions were:

- 269% increase of myocardial infarction
- 291% increase of Bell's palsy
- 156% increase of children's congenital malformations of military personnel
- 471% increase of female infertility
- 467% increase of pulmonary embolisms

https://newlifenarrabri.wordpress.com/2022/02/01/jo-nova-huge-spike-in-us-military-injuries-from-covid-vaccinations/ and https://www.ronjohnson.senate.gov/2022/2/sen-johnson-to-secretary-austin-has-dod-seen-an-increase-in-medical-diagnoses-among-military-personnel

According to an interview in February 2022 with Julian Gillespie, who is currently fighting in court against the vaccine mandates, an evaluation of the TGA reports revealed that Australia's average of adverse events after vaccination since 1971 up to 2020 is recorded as 2.4 death per year and up to 3,500 adverse events per annum. Since the rollout of the COVID vaccines there have been 755 deaths and 105,000 adverse events in a year with these figures likely to be underreported. https://rumble.com/vtv5pe-julian-gillespie-update-on-avn-judicial-review-to-stop-vaccines-in-australi.html?fbclid=IwAR34RTAAYX_nf9eTe1LOJSxuZ0-TbUFasXPQ37qhPEqrQI9wNe8Yig4ZwQ8

The question is how many deaths and side effects are we accepting as normal for vaccines and where do we draw the line to say more investigations need to be done before any further vaccines are distributed?

Conclusion

Never in Vaccine history have 57 leading scientists and policy experts released a report questioning the safety and efficacy of a vaccine [93]. They not only questioned the safety of the current Covid-19 injections, but were calling for an immediate end to all vaccination. Many doctors and scientists around the world have voiced similar misgivings and warned of consequences due to long-term side effects. Yet there is no discussion or even mention of studies that do not follow the narrative on safety and efficacy of Covid-19 vaccination.

In the USA, as Blaylock [94] states it very nicely, federal bureaucrats have forced the acceptance of special forms of care and prevention, which includes experimental mRNA vaccines [93]. Medical experts that have questioned the safety of these vaccines have been attacked and demonised, called conspiracy theorists and have been threatened to be de-registered if they go against the narrative. Alternative treatments were prohibited and people who never practised medicine are telling experienced doctors how to do their job. AHPRA is doing the same here in Australia to the detriment and in ignorance of science. When Adjunct Professor John Skerritt, who is currently the Deputy Secretary and directly responsibility for both the Therapeutic Goods Administration and the Office of Drug Control, was asked why the registration process for vaccines was shortened he wrote: "It is nonsense to assert that vaccines typically take 10 years to licence. The standard regulatory process for vaccines is about 10-12 calendar

months and in the case of COVID-19 vaccines this period was shortened by accepting data on a rolling basis, teams reviewing different parts of the dossier in parallel, working collaboratively with international regulators, and by many members of the teams working long hours" (personal e-mail communication). One has to wonder how they propose to assess long-term side effects. Can we really trust any pharmaceutical drug approval by the TGA after this statement?

Pfizer never planned to reveal its clinical trial data and had to be ordered by a judge in the USA to release the data to the public. Even then they and the CDC tried to limit the number of pages published per month which would have made the full study data public knowledge sometime in the 2070ies. The reason given was that some proprietary information had to be blacked out before release to the public. Again, it is inconceivable why it would be impossible to go through the study data in a few months, when it took the CDC less than 4 weeks to give the injections emergency use authorization - unless you want to entertain the idea that the study data were never actually read and scrutinised, a frightening perspective.

As scientists we put up hypotheses and test them using experiments. If a hypothesis is proven to be true according to current knowledge it might still change over time when new evidence comes to light. Hence, sharing and accumulating knowledge is the most important part of science. The question arises when and why this process of science has been changed. No discussion of new knowledge disputing the safety of the COVID-19 vaccines is allowed. Who gave bureaucrats the means to destroy the fundaments of science and tell scientists not to argue the science?

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