

COVID-19 Vaccine Safety and Efficacy and the Urgent Need for Early Ambulatory Therapy

Peter A. McCullough, MD, MPH, FACC, FAHA, FASN, FNKF



Chief Medical Advisor, Truth for Health Foundation
Senior Associate Editor, *American Journal of Cardiology*
Tagline: <https://americaoutloud.com/the-mccullough-report/>
@PeterMcCulloughMD

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 57 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*, *Victory Channel*, *ABC*, 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, Pennsylvania Senate, New Hampshire Senate, and South Carolina Senate concerning many aspects of the pandemic response. On January 24, 2022, he co-moderated the US Senate Panel “COVID-19 A Second Opinion.” 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.

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
- Real World Efficacy of COVID-19 Vaccines
- Pivot to Early Therapy for High-Risk COVID-19
- Natural Immunity
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

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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...



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

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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

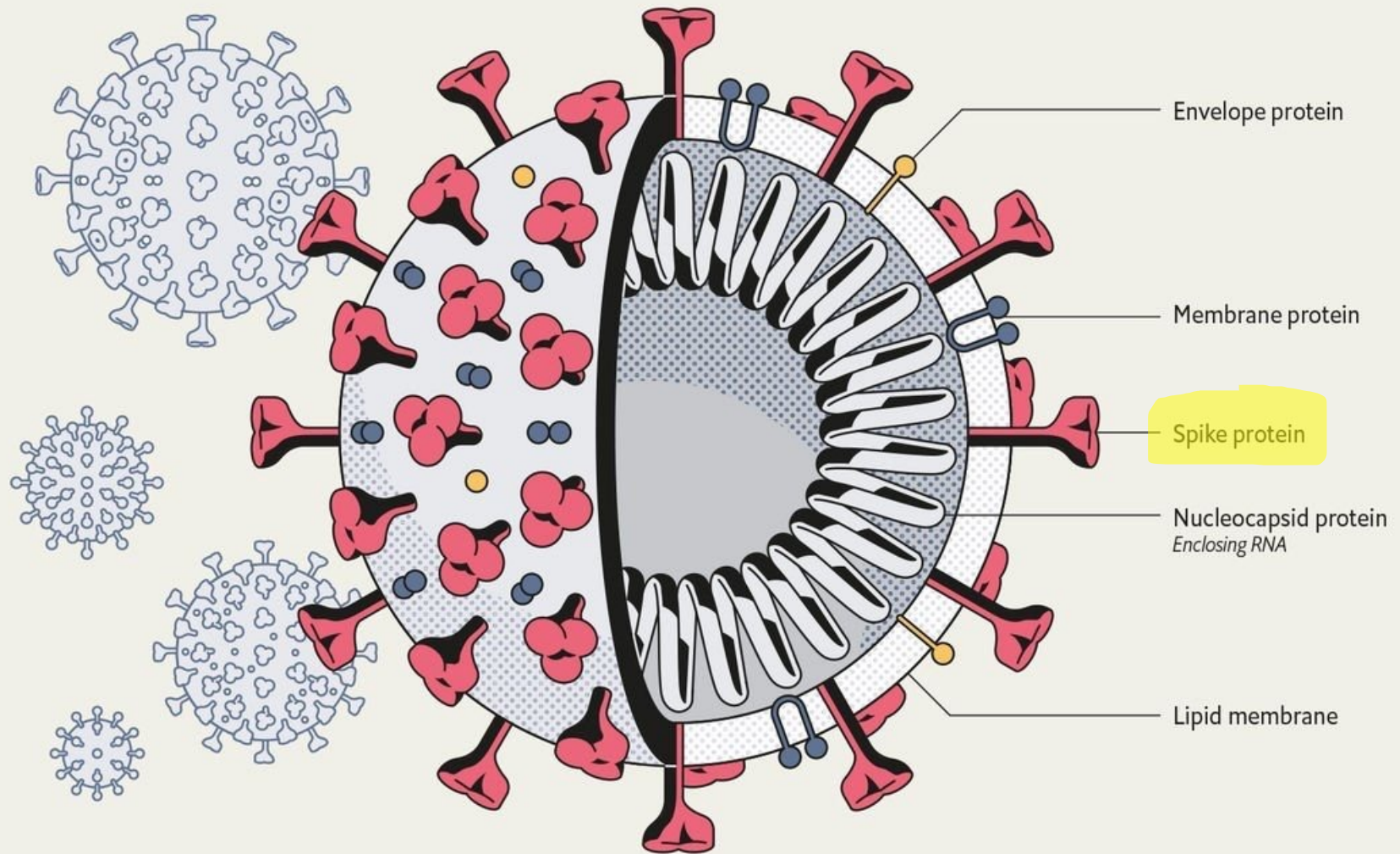


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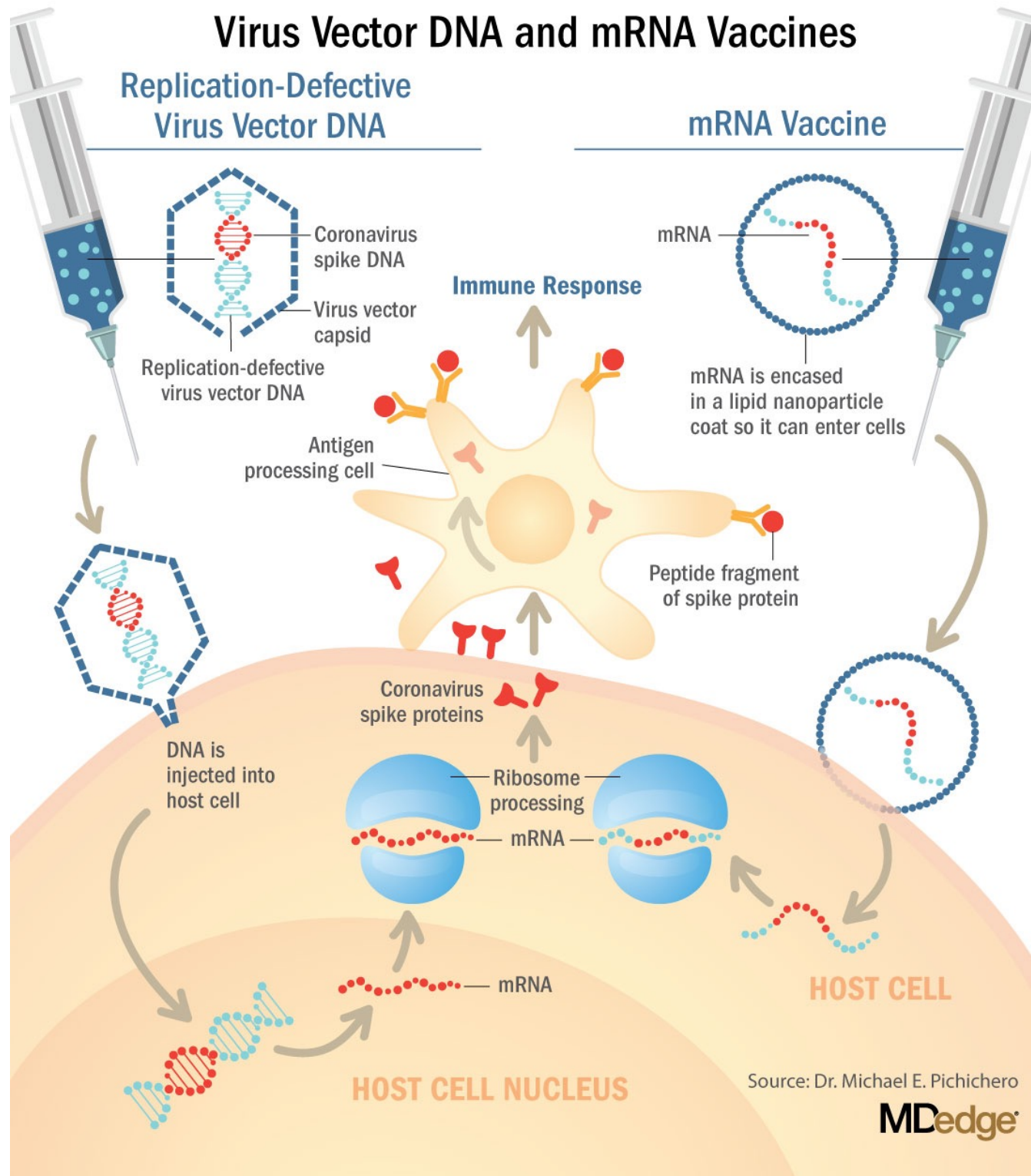
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SARS-CoV-2 Structure



Virus Vector DNA and mRNA Vaccines



Clinical Concerns

- mRNA or adenoviral DNA induce production of the Spike protein
 - Cell, tissue, organ endothelial damage
 - Spike protein in 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 risk stratification for hospitalization and death
- No data transparency
- No mitigation of risks for public
- No assurances on long-term safety

we wish to... confidence in science and public health.

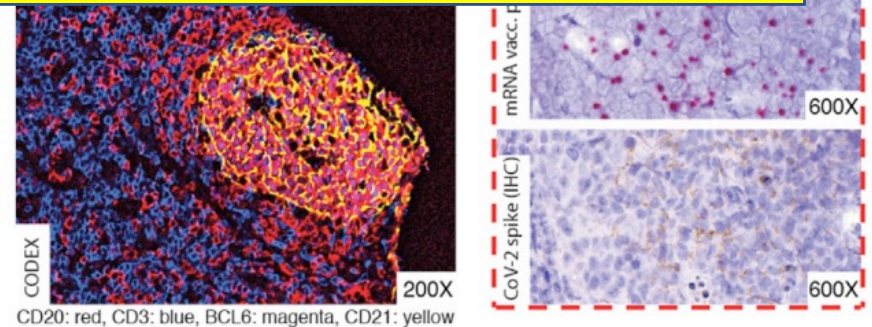
Immune imprinting, breadth of variant recognition, and germinal center response in human SARS-CoV-2 infection and vaccination

Katharina Röltgen,^{1,14} Sandra C.A. Nielsen,^{1,14} Oscar Silva,^{1,14} Sheren F. Younes,^{1,14} Maxim Zaslavsky,¹ Cristina Costales,¹ Fan Yang,¹ Oliver F. Wirz,¹ Daniel Solis,¹ Ramona A. Hoh,¹ Aihui Wang,¹ Prabhu S. Arunachalam,² Deana Colburg,¹ Shuchun Zhao,¹ Emily Haraguchi,¹ Alexandra S. Lee,³ Mihir M. Shah,³ Monali Manohar,³ Iris Chang,³ Fei Gao,² Vamsee Mallajosyula,² Chunfeng Li,² James Liu,⁴ Massa J. Shoura,¹ Sayantani B. Sindher,³ Ella Parsons,³ Naranjargal J. Dashdorj,^{5,6} Naranbaatar D. Dashdorj,⁵ Robert Monroe,⁷ Geidy E. Serrano,⁸ Thomas G. Beach,⁸ R. Sharon Chinthrajah,^{3,9} Gregory W. Charville,¹ James L. Wilbur,¹⁰ Jacob N. Wohlstadter,¹⁰ Mark M. Davis,^{2,11,12} Bali Pulendran,^{1,2,11} Megan L. Troxell,¹ George B. Sigal,¹⁰ Yasodha Natkunam,¹ Benjamin A. Pinsky,^{1,13} Kari C. Nadeau,^{3,9,15} and Scott D. Boyd^{1,3,15,16,*}

¹Department of Pathology, Stanford University, Stanford, CA, USA

mRNA found in lymph nodes at 60 days

Pro spike CoV-2 The and SAF to b in s mRI of th the detected vaccine mRNA collected in the GCs of LNs on days 7, 16, and 37 postvaccination, with lower but still appreciable specific signal at day 60 (Figures 7A–7E). Only rare foci of vaccine mRNA were seen outside of GCs. Axillary LN core needle biopsies of nonvaccinees (n = 3) and COVID-19 patient specimens were negative for vaccine probe hybridization. Immunohistochemical staining for spike antigen in mRNA-vaccinated patient LNs varied between individuals but showed abundant spike protein in GCs 16 days post-second dose, with spike antigen still present as late as 60 days post-second dose. Spike antigen localized in a reticular pattern around the GC cells, similar to staining for follicular dendritic cell processes (Figure 7B).



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<https://doi.org/10.1016/j.cell.2022.01.018>



Article

Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line

Markus Aldén ¹ , Francisko Olofsson Falla ¹, Daowei Yang ¹, Mohammad Barghouth ¹, Cheng Luan ¹, Magnus Rasmussen ² and Yang De Marinis ^{1,*}

Citation: Aldén, M.; Olofsson Falla, F.; Yang, D.; Barghouth, M.; Luan, C.; Rasmussen, M.; De Marinis, Y. Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line. *Curr. Issues Mol. Biol.* **2022**, *44*, 1115–1126. <https://doi.org/10.3390/cimb44030073>

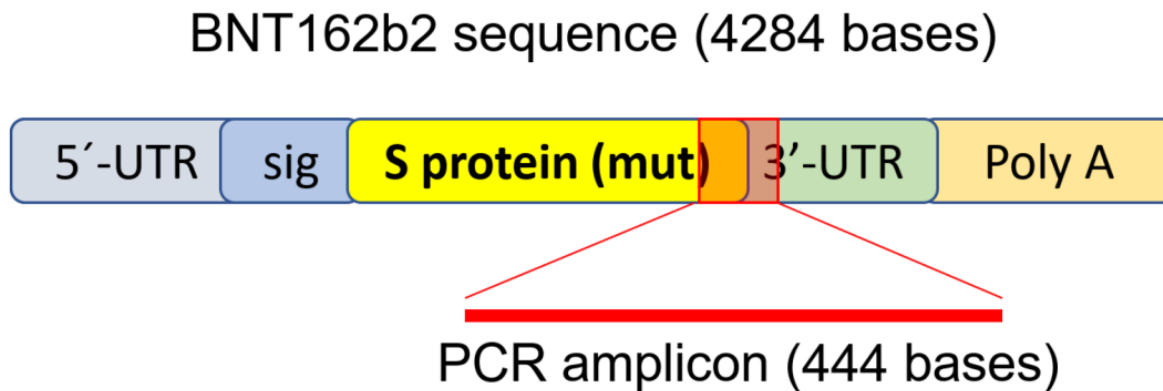
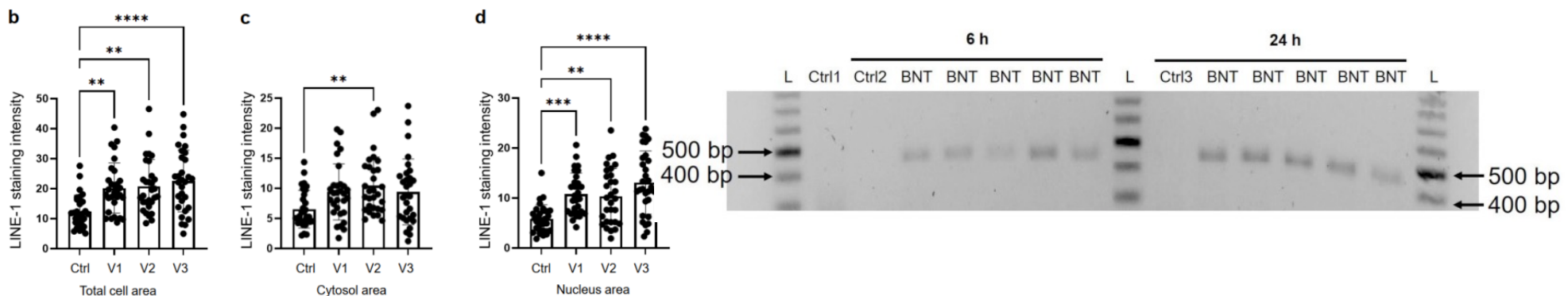


Figure 1. PCR primer set used to detect mRNA level and reverse-transcription of BNT162b2. Illustration of BNT162b2 was adapted from previously described literature [34].



Circulating Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Vaccine Antigen Detected in the Plasma of mRNA-1273 Vaccine

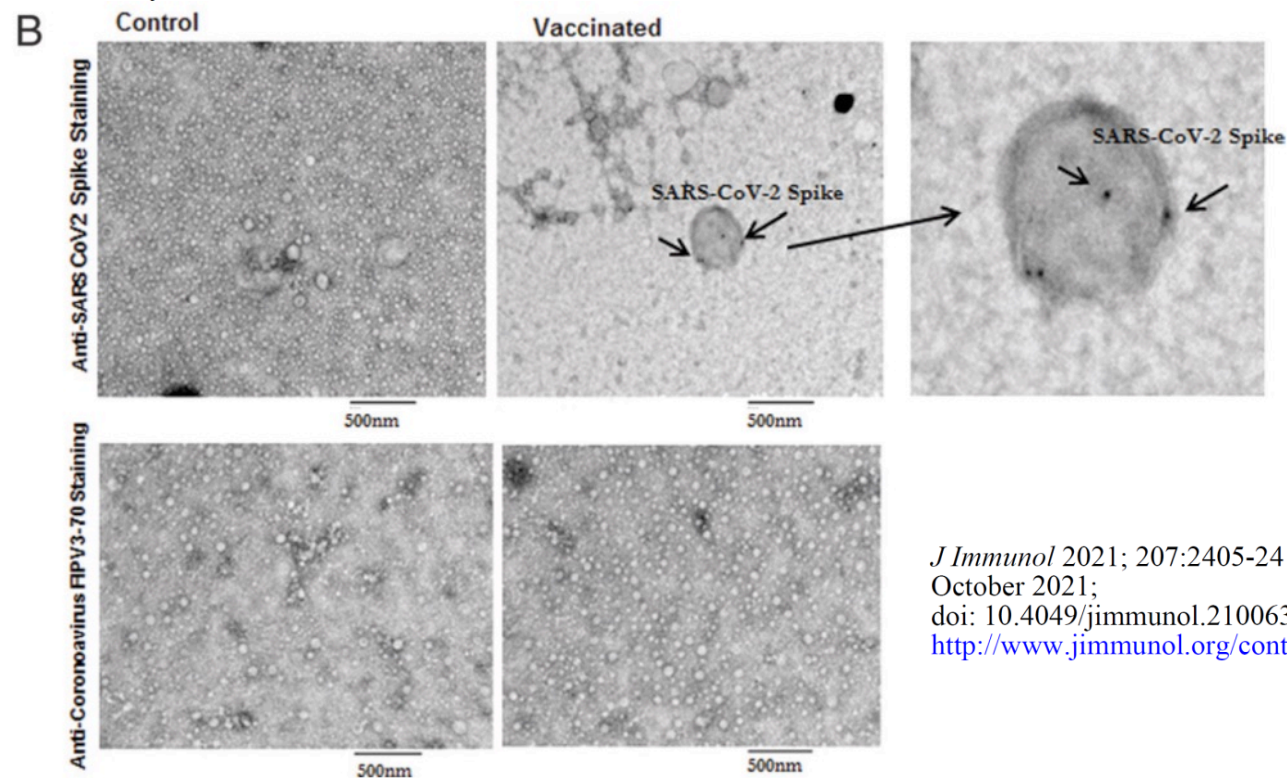
and induced an immune response [2–5]. However, critical data demonstrating the direct production of spike protein via translation from the mRNA-1273 vaccine in these studies are missing, precluding a full understanding of the vaccine mechanism.

Here we provide evidence that circulating SARS-CoV-2

**Circulating Spike protein
in blood Day 1 to average
of 15 days after injection
(longest was 29 days)**

Cutting Edge: Circulating Exosomes with COVID Spike Protein Are Induced by BNT162b2 (Pfizer–BioNTech) Vaccination prior to Development of Antibodies: A Novel Mechanism for Immune Activation by mRNA Vaccines

Sandhya Bansal,* Sudhir Perincheri,[†] Timothy Fleming,* Christin Poulson,*
Brian Tiffany,* Ross M. Bremner,* and Thalachallour Mohanakumar*



J Immunol 2021; 207:2405-2410; Prepublished online 15
October 2021;
doi: 10.4049/jimmunol.2100637
<http://www.jimmunol.org/content/207/10/2405>

FIGURE 1. (A) Representative NanoSight image for exosomes from vaccinated individuals with mean and median sizes (black thin line in the graph indicates the three measurements of the same sample, and red line is the average of all three lines). (B) Transmission electron microscopy images of SARS-CoV-2 spike Ag on exosomes from control exosomes from control and vaccinated individuals. Arrows indicate SARS-CoV-2 spike-positive exosomes. Right side, third image is the zoomed image of positive exosome from vaccinated sample (original magnification x 50,000). We have used anti-coronavirus FIPV3-70 Ab as negative control for both the samples.



ARTICLE

Open Access

Comprehensive investigations revealed consistent pathophysiological alterations after vaccination with COVID-19 vaccines

Jiping Liu¹, Junbang Wang², Jinfang Xu³, Han Xia^{4,5}, Yue Wang¹, Chunxue Zhang¹, Wei Chen¹, Huina Zhang¹, Qi Liu¹, Rong Zhu¹, Yiqi Shi¹, Zihao Shen¹, Zhonggang Xing¹, Wenxia Gao¹, Liqiang Zhou¹, Jinliang Shao¹, Jiayu Shi¹, Xuejiao Yang¹, Yaxuan Deng¹, Li Wu¹, Quan Lin¹, Changhong Zheng¹, Wenmin Zhu¹, Congrong Wang^{1,6,8}, Yi E. Sun^{1,8} and Zhongmin Liu^{1,8}

Abstract

Large-scale COVID-19 vaccinations are currently underway in many countries in response to the COVID-19 pandemic. Here, we report, besides generation of neutralizing antibodies, consistent alterations in hemoglobin A1c, serum sodium and potassium levels, coagulation profiles, and renal functions in healthy volunteers after vaccination with an inactivated SARS-CoV-2 vaccine. Similar changes had also been reported in COVID-19 patients, suggesting that vaccination mimicked an infection. Single-cell mRNA sequencing (scRNA-seq) of peripheral blood mononuclear cells (PBMCs) before and 28 days after the first inoculation also revealed consistent alterations in gene expression of many different immune cell types. Reduction of CD8⁺ T cells and increase in classic monocyte contents were exemplary. Moreover, scRNA-seq revealed increased NF-κB signaling and reduced type I interferon responses, which were confirmed by biological assays and also had been reported to occur after SARS-CoV-2 infection with aggravating symptoms. Altogether, our study recommends additional caution when vaccinating people with pre-existing clinical conditions, including diabetes, electrolyte imbalances, renal dysfunction, and coagulation disorders.

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September 17, 2021



Crushing the Lifblood 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...

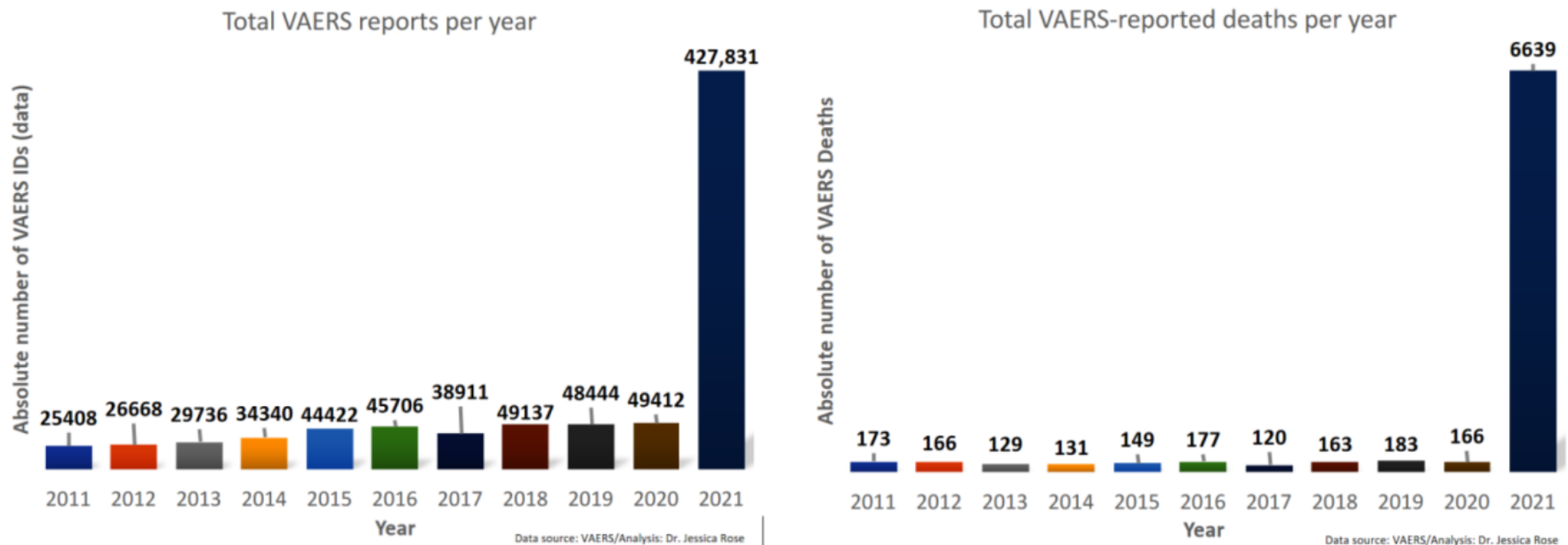




Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?

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.)



VAERS COVID Vaccine Adverse Event Reports

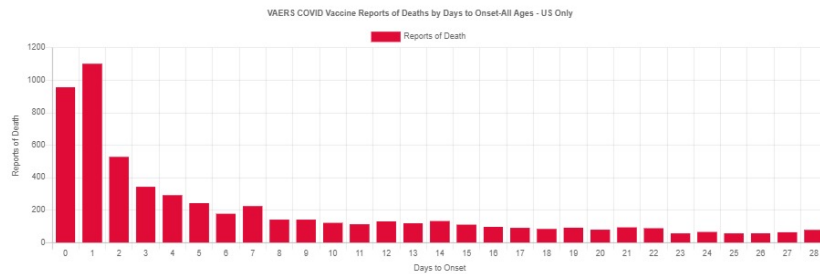
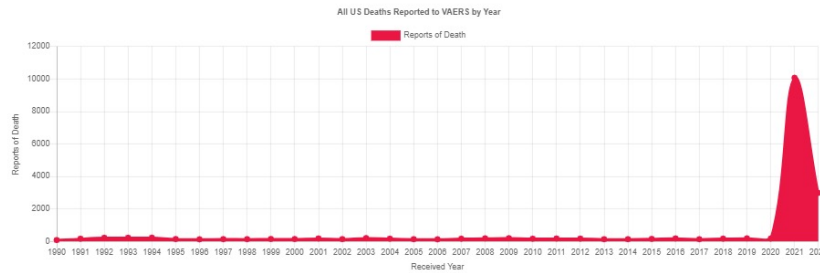
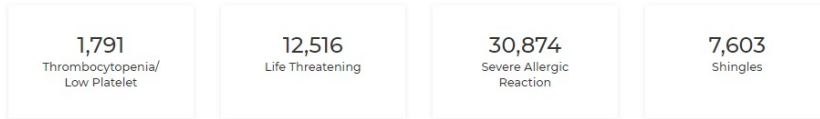
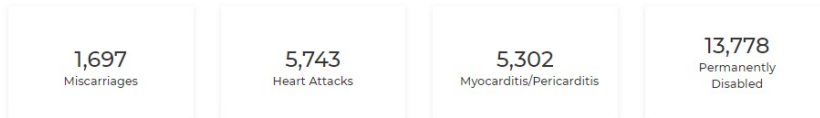
Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.



All VAERS COVID Reports US/Territories/Unknown

US Domestic Reports

810,170 (US) Reports Through April 22, 2022



Historical PreCOVID ~280M Injections/year:
All ~70 vaccines average expected 16,320 VAERS total reports/yr, ~158 total deaths/yr

Post Covid Vaccine Syndrome

Tinnitus and Vertigo

Headaches and Vision Problems

Internal Burning, Tingling, and Vibrating

Petechiae and Rashes

OVERVIEW

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

- 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
www.c19VaxReactions.com
www.NoMoreSilence.world



Epidemiology, clinical ramifications, and cellular pathogenesis of COVID-19 mRNA-vaccination-induced adverse cardiovascular outcomes: A state-of-the-heart review

Talal Almas^{a,*}, Sarah Rehman^b, Eyad Mansour^a, Tarek Khedro^a, Ali Alansari^c,

<https://doi.org/10.1016/j.biopha.2022.112843>

Received 8 February 2022; Received in revised form 10 March 2022; Accepted 17 March 2022

Available online 21 March 2022



Cardiovascular side-effects of COVID-19 mRNA vaccines

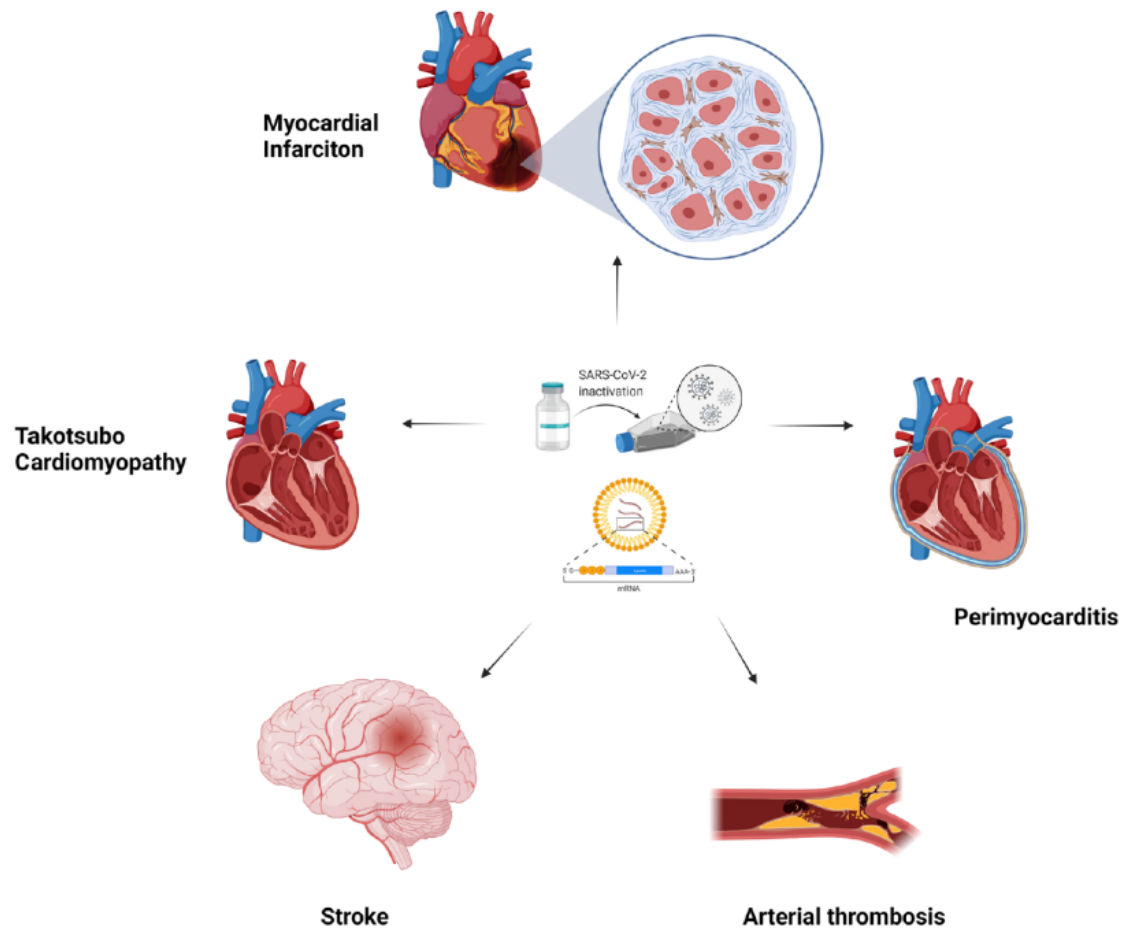


Fig. 1. The various cardiovascular complications that have been reported post-COVID-19 mRNA vaccination if.

Spiro P. Pantazatos^{1,*} and Hervé Seligmann²

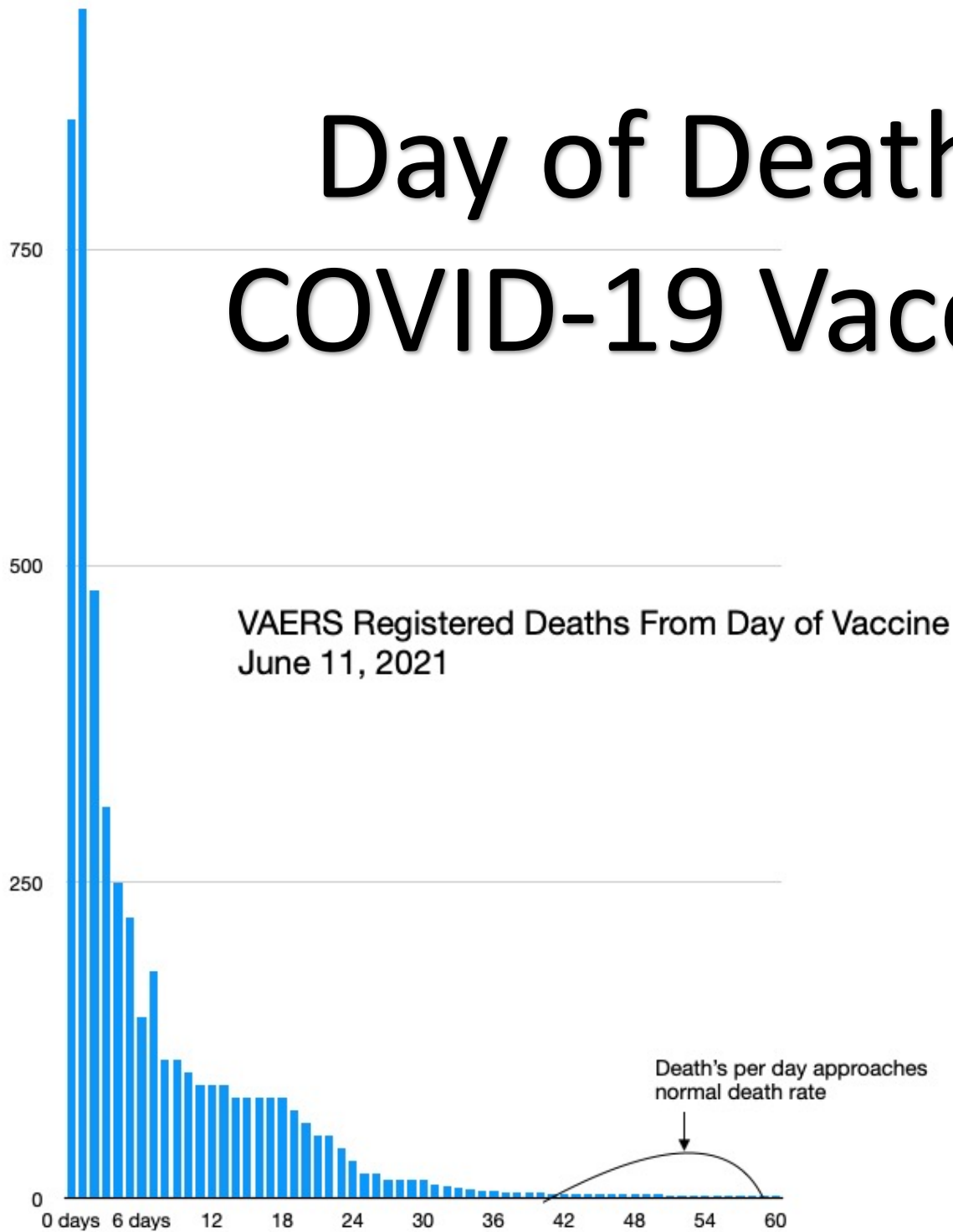
From 0-20 weeks post
injection there were
146-187k vaccine
associated deaths

...n, young adults, and older adults with low occupational risk or previous

...virus exposure. Our findings raise important questions about current COVID mass

vaccination strategies and warrant further investigation and review.

Day of Death after COVID-19 Vaccination



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.

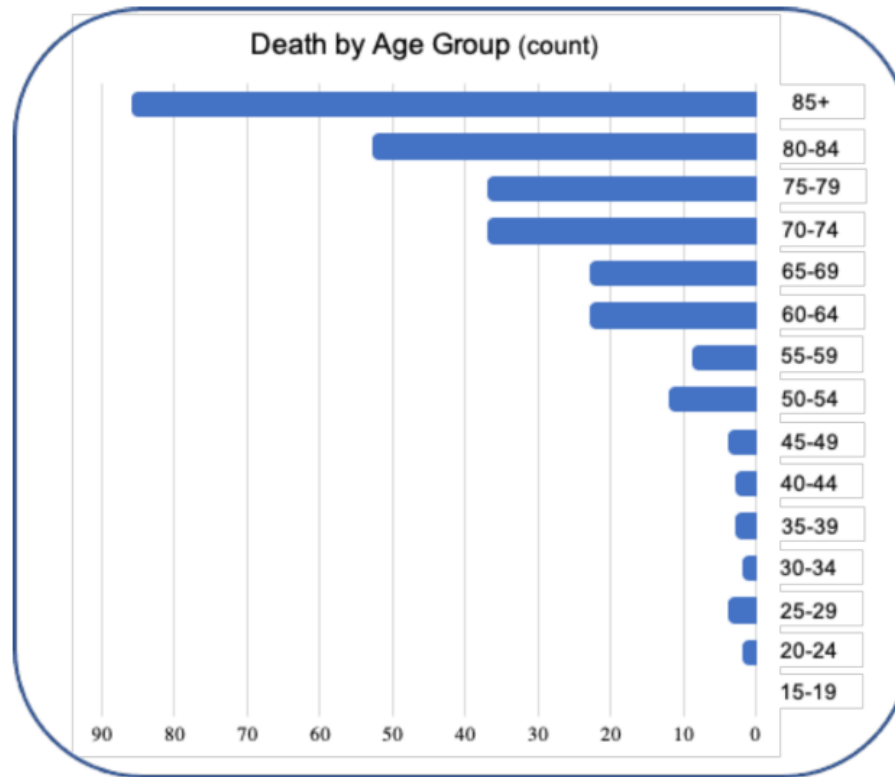


Figure 3: Death by Age Group

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.

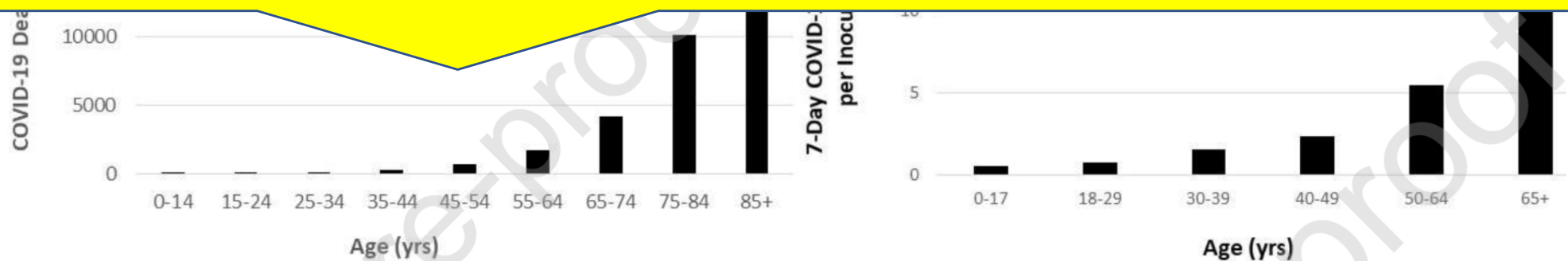
https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis

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



“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”



February 14, 2022

The Global Covid Vaccination Campaign Is Courting Catastrophe

By Vasko Kohlmayer

From the closing weeks of 2020 through February 1, 2022, [more than sixty percent](#) of the world's population was injected with Covid-19 vaccines.

One can get a sense of just how dangerous and deadly these vaccines are from the fact that within twelve months of launching the vaccination campaign more than [1,000 articles and studies](#) appeared in peer-reviewed scientific journals describing various side effects of these pharmaceuticals. Most of the discussed side effects are serious and deadly. They include

- Fatal cerebral haemorrhage
- Venous thrombosis

>1000 papers in the pre-print server and fully peer-reviewed literature on fatal and nonfatal COVID-19 vaccine injury syndromes

Vasko Kohlmayer was born and grew up in former communist Czechoslovakia. You can follow his writings by subscribing to his Substack newsletter ['Notes from the Twilight Zone'](#). He is the author of [The West in Crisis: Civilizations and Their Death Drives](#).

25 March 2022

Table of Contents

Research Primer	1
Neuro	3
Pulmonary	11
Cardiac	12
Gastrointestinal	16
Renal	18
Rheum/Endo/Ortho	21
Oncology	29
Ophthalmology	39
Ear, Nose and Throat	42
ID	42
Autoimmune	43
MIS-V, Multisystem Inflammatory Syndrome	43
Miscellaneous	44

Covid Vaccine Research

Scientific Publications & Case Reports

Collection of peer reviewed case reports and studies citing adverse effects post Covid vaccination.



Research Primer: How to read and understand research

“Critically” reading a research paper is a vitally important skill. The primary goal when you read a research paper, is to understand the scientific contribution/s the author/s are making to a particular subject or area of medicine.

Sometimes papers are complex and may require reading it numerous times to capture all the important components. This can be especially true of more complex research based on randomized controlled trials or systematic reviews.

There are many ways to tackle reading research articles. For most in a hurry this may be simply skipping to the end to look for the “ultimate” conclusions. While certainly an expeditious approach, the reader will miss out on the entire process which led to that conclusion.

Understanding the process is vital as it can help determine the “weight” or “validity” of the conclusion drawn. Let’s take a simplistic example. A study was conducted recently, and the conclusion was drawn that those eating a single apple a day were less likely to see doctor when followed over a period of 1 year. Now based solely on reading the conclusion, some may simply accept this as fact and rush out to eat an apple a day. Doing a deeper dive into the article, we find that the population studied was only 100 people and the system to track whether indeed they ate an apple every day was based solely on self-report. Knowing this information helps us to judge the “power” of the study.

There are many different approaches to reading a paper, but in general, following 3 easy steps may assist you getting more out of your reading.

March 12, 2022

On now

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Our Father, Who Art in I
Host Daniel Baranowski
The Frankly Daniel Show

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Saturday Morning Talk

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The Frankly Daniel Show
Our Father, Who Art in Heaven,
Deliver Us From Evil w/ Daniel
Baranowski

10 am ET

Truth For Health
Sadistic Persecution of Our

Podcast

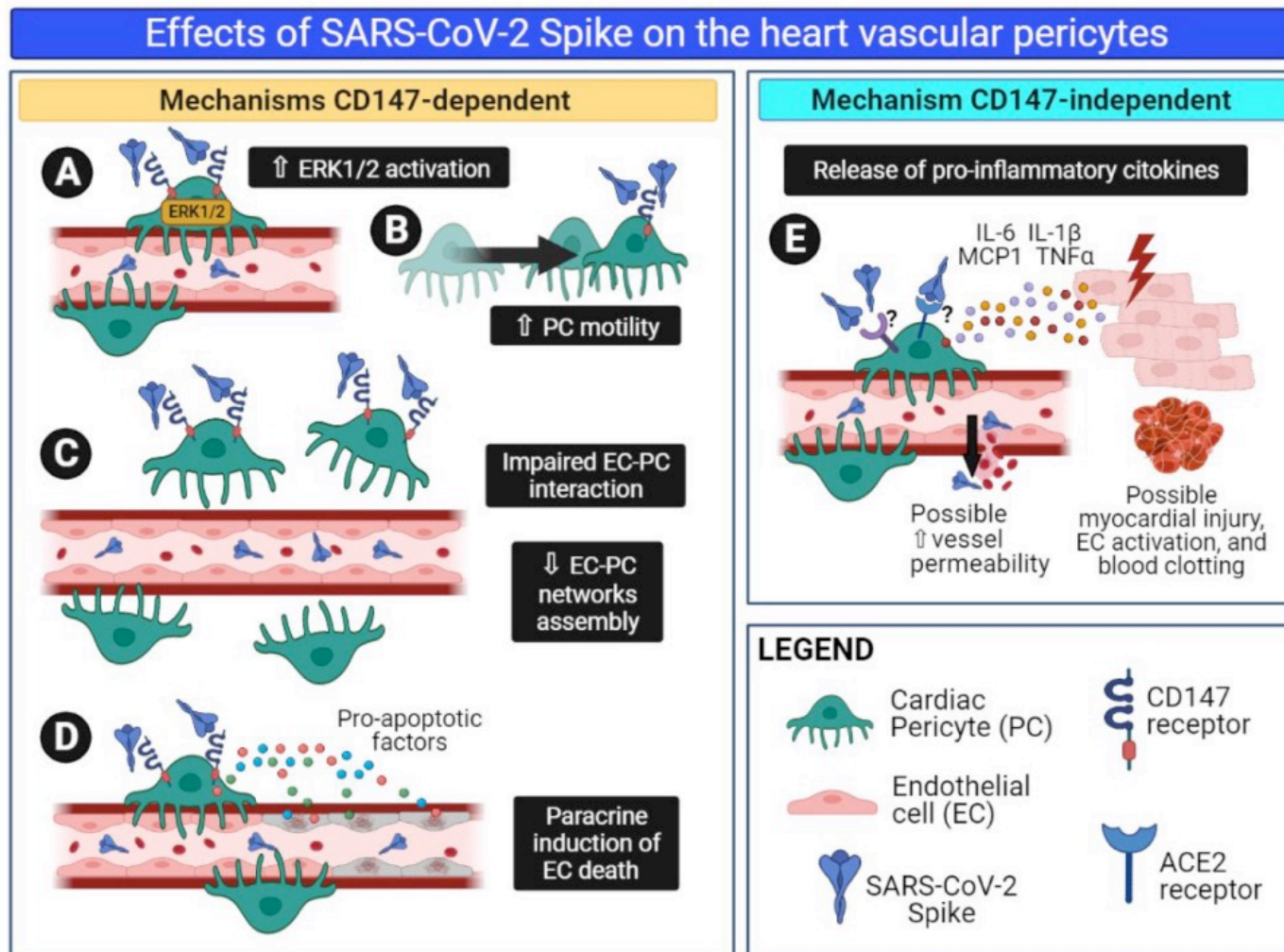
Hearts on Fire Fueled by mRNA

by [Dr. Peter McCullough](#) | Dec 13, 2021 | [Healthcare](#), [Politics](#),




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, PhD¹; Michele Carrabba, PhD¹; Rachel Milligan, PhD²; Maia Kavanagh Williamson, PhD²; Antonio P Beltrami, MD PhD³; Kapil Gupta, PhD⁴; Karen T Elvers, PhD⁵; Monica Gamez, PhD¹; Rebecca Foster, PhD¹; Kathleen Gillespie, PhD¹; Fergus Hamilton, PhD¹; David Arnold, PhD¹; Imre Berger, PhD^{4,6}; Massimo Caputo, MD¹; Andrew D Davidson, PhD²; Darryl Hill, PhD²; Paolo Madeddu, MD¹



BNT162b2 Vaccine-Associated Myo/Pericarditis in Adolescents: A Stratified Risk-Benefit Analysis

Allison Krug¹  | Josh Stevenson² | Tracy Beth Høeg^{3,4}

- 86% required hospitalization
- Healthy boys have considerably higher chances of hospitalization with myocarditis than with COVID-19 respiratory illness even at peak prevalence

...on myo/pericarditis against COVID-19 hospitalization during delta, our risk-benefit analysis suggests that among 12–17-year-olds, two-dose vaccination was uniformly favourable only in nonimmune girls with a comorbidity. In boys with prior infection and no comorbidities, even one dose carried more risk than benefit according to international estimates. In the setting of omicron, one dose may be protective in nonimmune children, but dose two does not appear to confer additional benefit at a population level.



Risk of Myopericarditis following COVID-19 mRNA vaccination in a Large Integrated Health System: A Comparison of Completeness and Timeliness of Two Methods

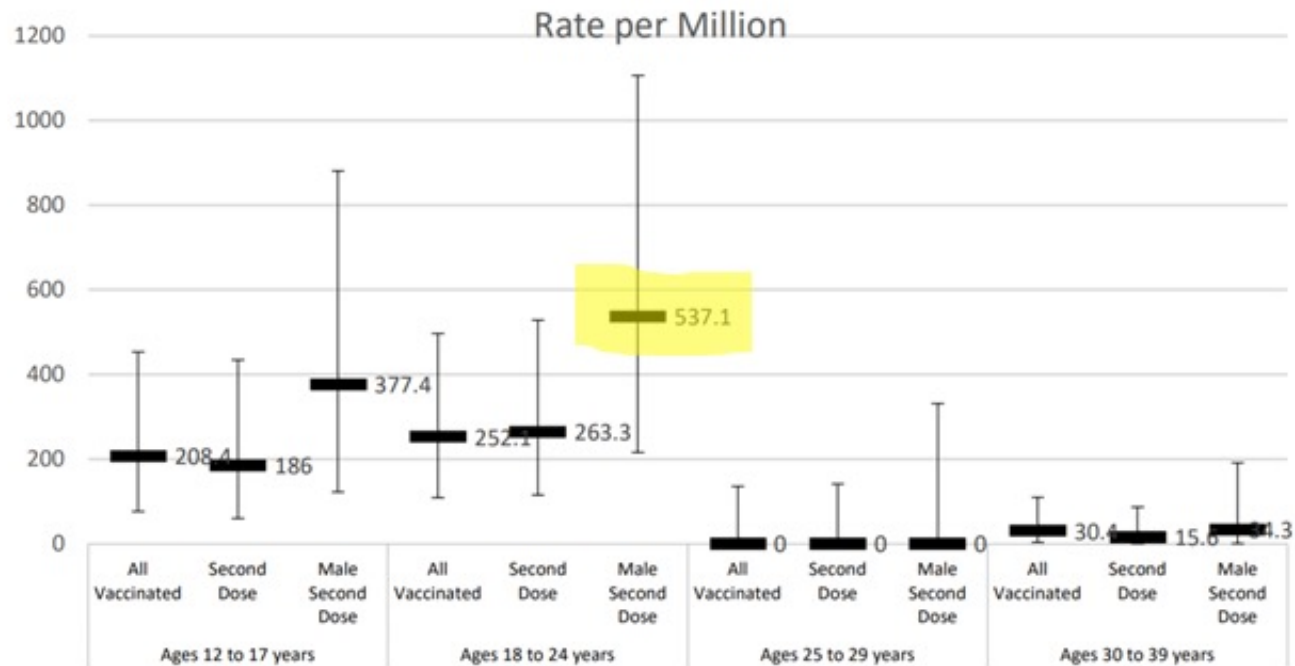
Running title: Myopericarditis after COVID-19 mRNA vaccination

Katie A Sharff MD ^a, David M Dancoes ^b, Jodi L Longueil PharmD ^c, Eric S Johnson PhD ^b, Paul F Lewis MD, MPH ^d

^a Department of Infectious Diseases, Kaiser Permanente Northwest, Portland, Oregon; ^b Department of Analytics, Kaiser Permanente Northwest, Portland, Oregon; ^c Division of Pharmacy, Kaiser Permanente Northwest, Portland, Oregon; ^d Department of Pediatrics, Kaiser Permanente Northwest, Portland Oregon

Correspondence: Katie A. Sharff, Kaiser Permanente Northwest, Portland, Oregon, katie.a.sharff@kp.org

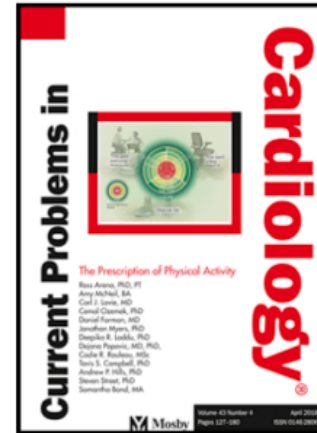
Figure 1: Rate per Million



A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products

Jessica Rose PhD, MSc, BSc , Peter A. McCullough MD, MPH

PII: S0146-2806(21)00226-7
DOI: <https://doi.org/10.1016/j.cpcardiol.2021.101011>
Reference: YMCD 101011



To appear in: *Current Problems in Cardiology*



Figure 4. Histogram showing Myocarditis cases reported in VAERS following injection with COVID-19 products according to age and gender.



Myopericarditis After the Pfizer Messenger Ribonucleic Acid Coronavirus Disease Vaccine in Adolescents

Jenna Schauer, MD, Sujatha Buddhe, MD, MS, Jessica Colyer, MD, MBA, Eyal Sagiv, MD, PhD, Yuk Law, MD, Sathish Mallenahalli Chikkabyrappa, MD, and Michael A. Portman, MD

Table I. Demographic features and clinical findings in adolescents following receipt of the Pfizer mRNA COVID-19 vaccine

Demographics				Clinical information			Laboratory tests			
Patient	Age, y	Sex	Race	Length of Time from vaccination stay, d	Time from presentation, d	Other symptoms	Peak troponin, ng/mL (normal <0.05 ng/mL)	Peak BNP, pg/mL (normal <55 pg/mL)	Peak CRP, mg/dL (normal <0.08 mg/dL)	COVID-19 immunoglobulin G nucleocapsid antibody testing
1	16	M	White non-Hispanic	1	2	Fever, chills, myalgias, headache, shortness of breath	8	15	4.3	Negative
2	16	M	Asian non-Hispanic	1	2	Fever, myalgias	11.1	28	3.5	Not tested
3	16	M	White non-Hispanic	3	3	Myalgias, headache	10.9	<10	3.6	Negative
4	17	M	American Indian/Alaska Native non-Hispanic	1	3	Fever, malaise	9.18	14	–	Negative
5	15	M	White non-Hispanic	2	2	Myalgias, shortness of breath	4.95	13	5.5	Negative
6	15	F	White non-Hispanic	1	3	Vomiting	0.65	7	1.4	Negative
7	15	M	White non-Hispanic	3	3	Fevers, shortness of breath	9.12	74	3	Negative
8	15	M	White non-Hispanic	3	3	Chills	13.2	87	6.2	Negative
9	12	M	White non-Hispanic	2	3	None	13	37	–	Negative
10	14	M	White non-Hispanic	3	3	Fever, headache	18.5	66	–	Negative
11	14	M	Asian non-Hispanic	2	4	Malaise, shortness of breath	6.08	55	3.7	Not tested
12	16	M	White non-Hispanic	2	2	Shortness of breath	16.4	38	6.5	Not tested
13	15	M	White non-Hispanic	2	3	None	7.89	86	3.4	Not tested

BNP, brain natriuretic peptide; CRP, C-reactive protein; F, female; M, male.



Figure. Short-axis CMR image with an arrow showing delayed enhancement in the inferior and inferolateral basal segments of the LV free wall.

Table II. Cardiac testing results and treatment in adolescents following receipt of the Pfizer mRNA COVID-19 vaccine

Patient	Cardiac testing									
	ECG findings	Echocardiography			CMR			Treatment		
		LV wall motion abnormalities	LVEF, % (normal ≥55%)	LVEF, % (normal ≥55%)	Edema	LGE	LV focal hypokinesis	IVIg	Corticosteroids	NSAIDs
1	Normal	No	66	50.8	Yes	Yes	No	No	No	Yes
2	ST elevation	No	59	51.1	Yes	Yes	No	No	No	Yes
3	ST elevation	No	69	56.6	Yes	Yes	No	Yes	No	Yes
4	ST elevation	No	58	49.4	Yes	Yes	No	No	No	Yes
5	Normal	No	58	52	Yes	Yes	No	No	No	Yes
6	Nonspecific T-wave changes	No	58	48	Yes	Yes	No	No	No	Yes
7	T-wave inversion	No	61	61	Yes	Yes	No	No	No	Yes
8	ST elevation	Yes	45	46	Yes	Yes	Yes	Yes	Yes	Yes
9	Normal	No	64	54	Yes	Yes	No	No	No	Yes
10	ST elevation	No	62	55	Yes	Yes	Yes	No	No	Yes
11	ST elevation	No	60	58	Yes	Yes	No	No	No	Yes
12	ST elevation	Yes	53	58	Yes	Yes	No	Yes	Yes	Yes
13	Normal	No	61	53	Yes	Yes	No	No	No	Yes

ECG, electrocardiography; IVIG, intravenous immunoglobulin; LGE, late gadolinium enhancement; NSAID, nonsteroidal anti-inflammatory drug.



Persistent Cardiac MRI Findings in a Cohort of Adolescents with post COVID-19 mRNA vaccine myopericarditis

Jenna Schauer, MD   • Sujatha Buddhé, MD, MS • Avanti Gulhane, MD, DNB, FSCMR • ...

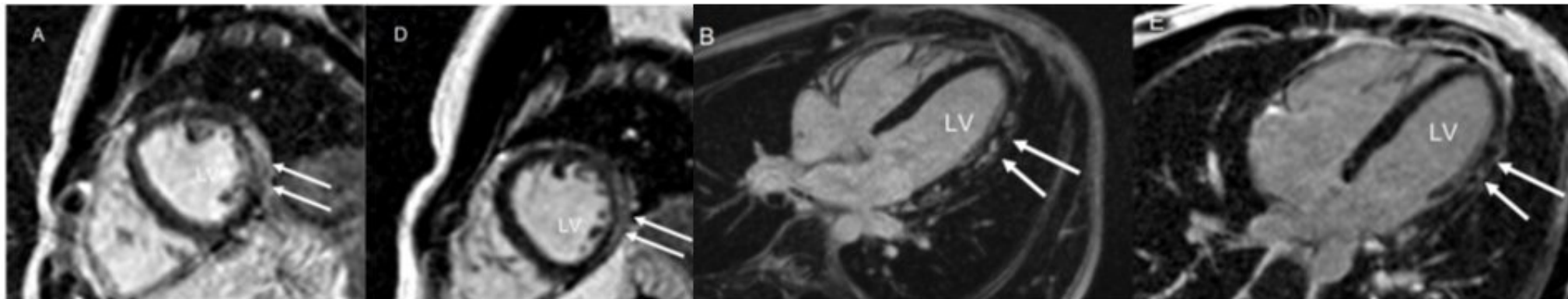
Sathish Mallenahalli Chikkabyrappa, MD • Yuk Law, MD • Michael A. Portman, MD • Show all authors

Published: March 25, 2022 • DOI: <https://doi.org/10.1016/j.jpeds.2022.03.032>

PlumX Metrics

Figure 2. CMR images from 3 days after admission of a **16-year-old male** who presented to emergency room with chest pain and elevated troponin 3 days after receiving Pfizer COVID-19 mRNA vaccine.

Initial CMR. 1a and 1b. subepicardial to midmyocardial LGE in inferior and inferolateral LV wall from base to apex (arrows). 1c shows T2 hyper-intensity in similar segments, consistent with edema. 1d, 1e and 1f. Follow up CMR **4.4 months later**. **LGE still persistent but decreased from 26% to 19.84%** (arrows), LVEF remained stable at 58%. There is improved T2 hyperintensity.



Case Report
Infectious Diseases,
Microbiology & Parasitology



Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings

Sangjoon Choi ,¹ SangHan Lee ,¹ Jeong-Wook Seo ,² Min-ju Kim ,²
Yo Han Jeon ,¹ Ji Hyun Park ,¹ Jong Kyu Lee ,¹ and Nam Seok Yeo ,¹

We present autopsy findings of a 22-year-old man who developed chest pain 5 days after the first dose of the BNT162b2 mRNA vaccine and died 7 hours later. Histological examination of

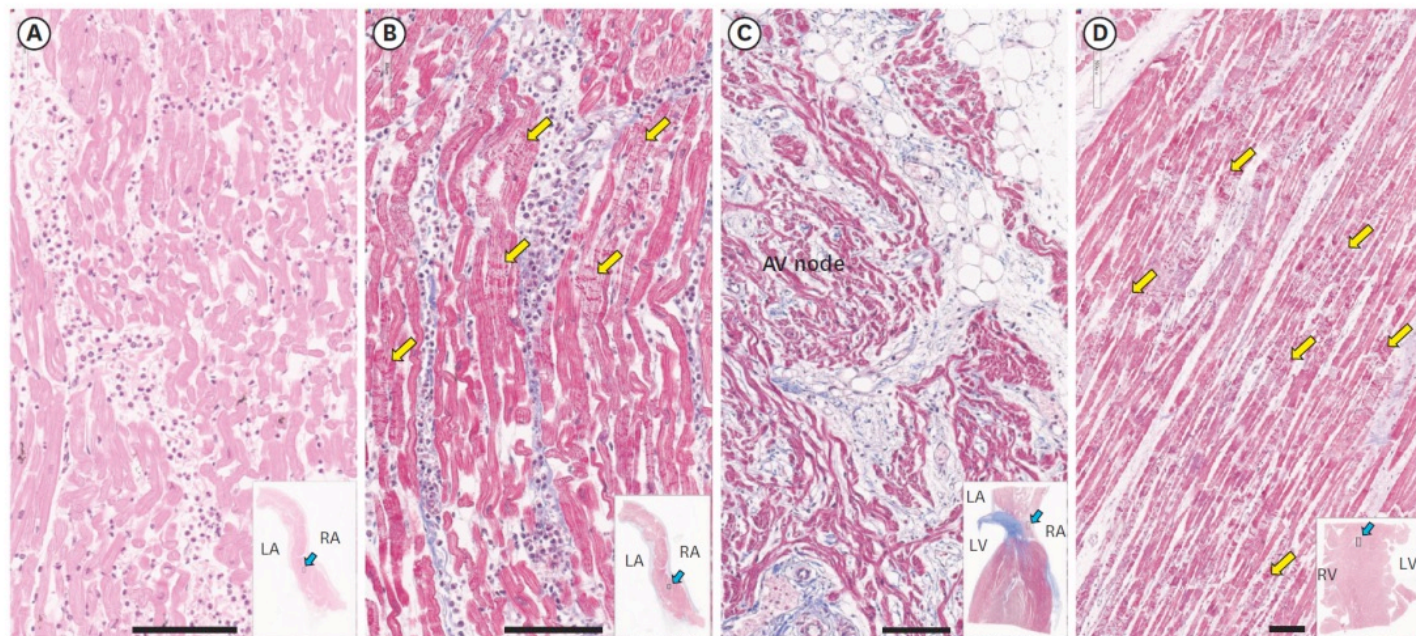


Fig. 1. Histopathology of the heart. (A) Hematoxylin and eosin stains of atrial septum shows massive inflammatory infiltration with neutrophil predominance. (B) The myocytes often show contraction band necrosis (yellow arrows), which were highlighted by Masson's trichrome staining. (C) The atrioventricular node area shows extension of atrial myocarditis to the superficial layer of the node. (D) The ventricular myocardium is free of inflammatory infiltrates, but there are multiple large foci of contraction band necrosis (yellow arrows) particularly in the left ventricular wall and the ventricular septum. The blue arrows in insets show where the section was taken from the low magnification views. Hematoxylin and eosin stain was used for the specimen shown in (A) and Masson's trichrome stain was used for the specimen shown in (B-D). RA = right atrium, LA = left atrium, RV = right ventricle, LV = left ventricle.

Autopsy Histopathologic Cardiac Findings in Two Adolescents Following the Second

COVID-19 Vaccine Dose

doi: 10.5858/arpa.2021-0435-SA

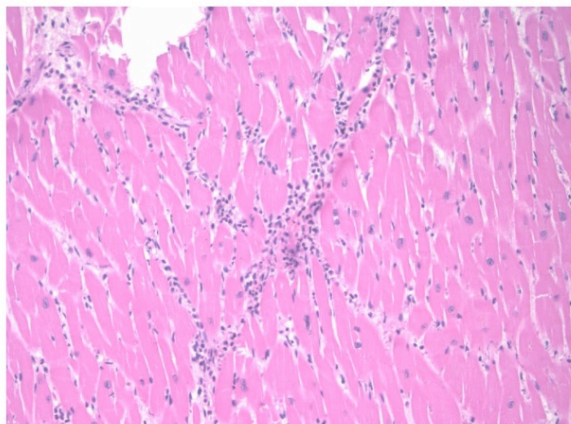
James R. Gill, MD; Randy Tashjian, MD; Emily Duncanson, MD

RESULTS

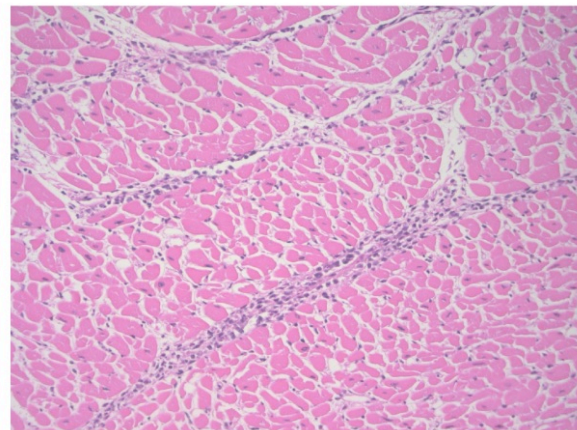
The results of autopsies for **two teenage boys** who were found **dead in bed 3 and 4 days** after receiving the **second dose of the Pfizer-BioNTech COVID-19 vaccine** are presented (Table

1). Both boys were pronounced dead at home without attempted resuscitation.

Figure 2: Case A, Heart. Interstitial inflammation adjacent to fibrosis. H&E 200X



Figures 4: Case B, Heart. Perivascular inflammation. H&E 200X



Medical and Device-Related Treatment of Heart Failure

OPEN

Management of Myocarditis-Related Cardiomyopathy in Adults

Carsten Tschöpe, Leslie T. Cooper, Guillermo Torre-Amione, Sophie Van Linthout

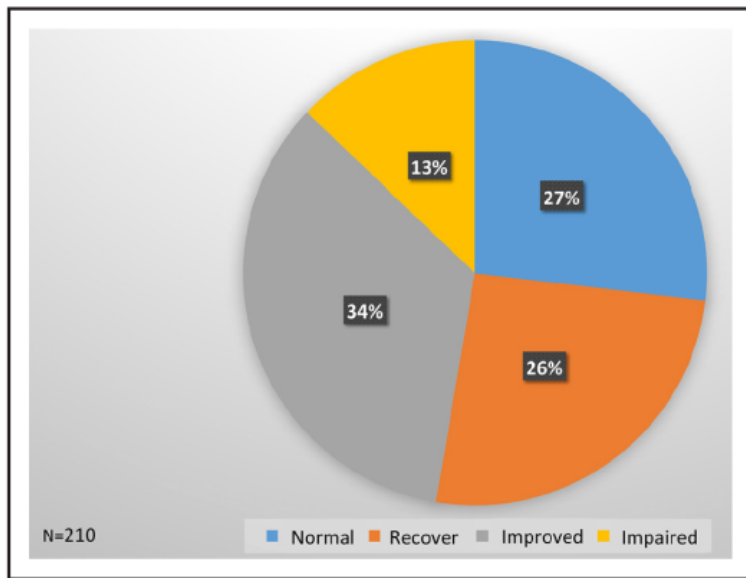


Figure 1. Spontaneous course of ejection fraction after standard heart failure medication in endomyocardial biopsy-proven myocarditis patients. Pie chart illustrates observations of our single-center registry (enrolled at Charité, Department of Cardiology, Berlin, Germany, from 2015 to 2018) illustrating the course of myocarditis in a 2-y follow-up. From 210 patients who had biopsy-proven myocarditis, and came to our hospital with ECG changes, elevated troponin levels and impaired ejection fraction (EF), we found that in 47% the cases, EF did not recover to normal (gray and yellow) after 2-y standard heart failure therapy. In 53% of the cases, EF was found to be normal: EF recovered in 26% of the cases (orange) after 2 y. In 27%, EF was initially not affected and stayed stable.

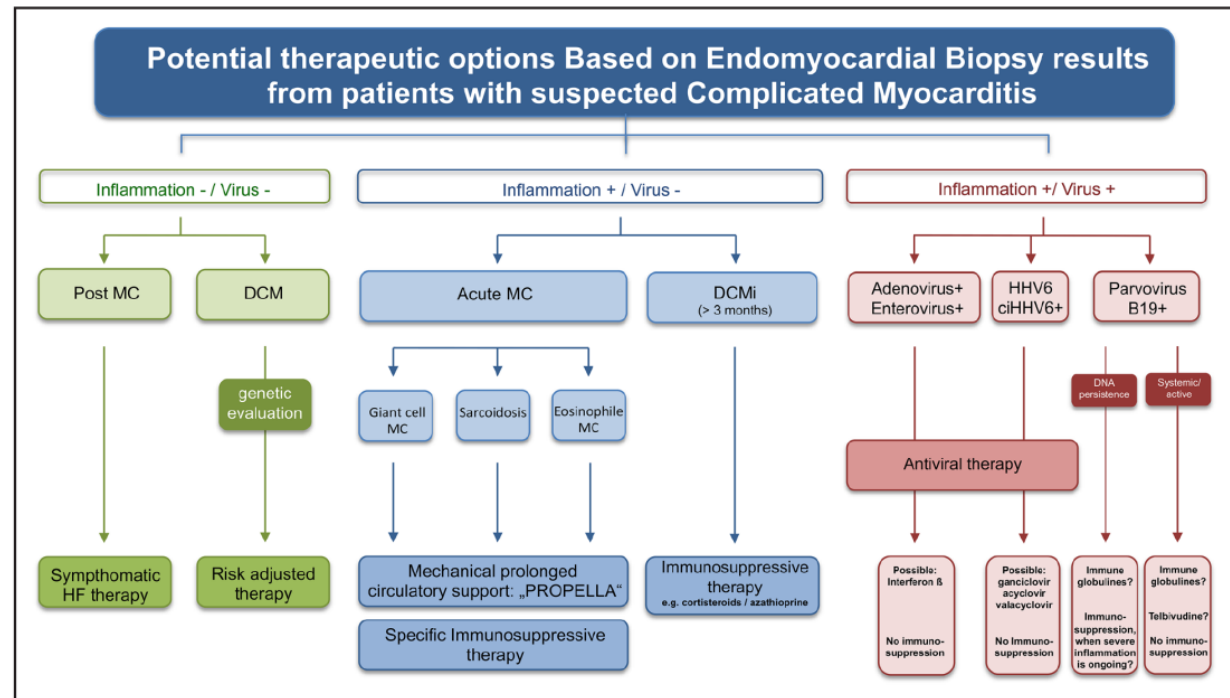


Figure 2. Proposed treatment options in complicated myocarditis according to endomyocardial biopsy results and clinical settings. Scheme represents treatment options for complicated myocarditis depending on endomyocardial biopsy results and clinical presentation, following expert-based recommendations and consensus,^{2,11-16} which still need to be proven in large randomized clinical trials. Parvovirus B19+ (B19V) active: signs of active/acute B19V systemic infection; B19V DNA persistence: no signs of systemic B19V infection; low cardiac copy numbers (B19V DNA <500 genomic equivalents/ μ g).¹¹ + indicates positive; -, negative; ciHHV-6, chromosomally integrated human herpesvirus type 6; DCM, dilated cardiomyopathy; DCMi, inflammatory dilated cardiomyopathy; HF, heart failure; LV, left ventricle; MC, myocarditis; and PROPELLA, prolonged LV Impella.

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](#),





<90 days after release Pfizer notified of 1223 deaths and 1291 adverse events of interest

... large tranche of Pfizer documents – some 10,000 pages – was ... by the FDA March 1, 2022. Included are nine pages of recorded side effects, about 158,000 different health problems in all




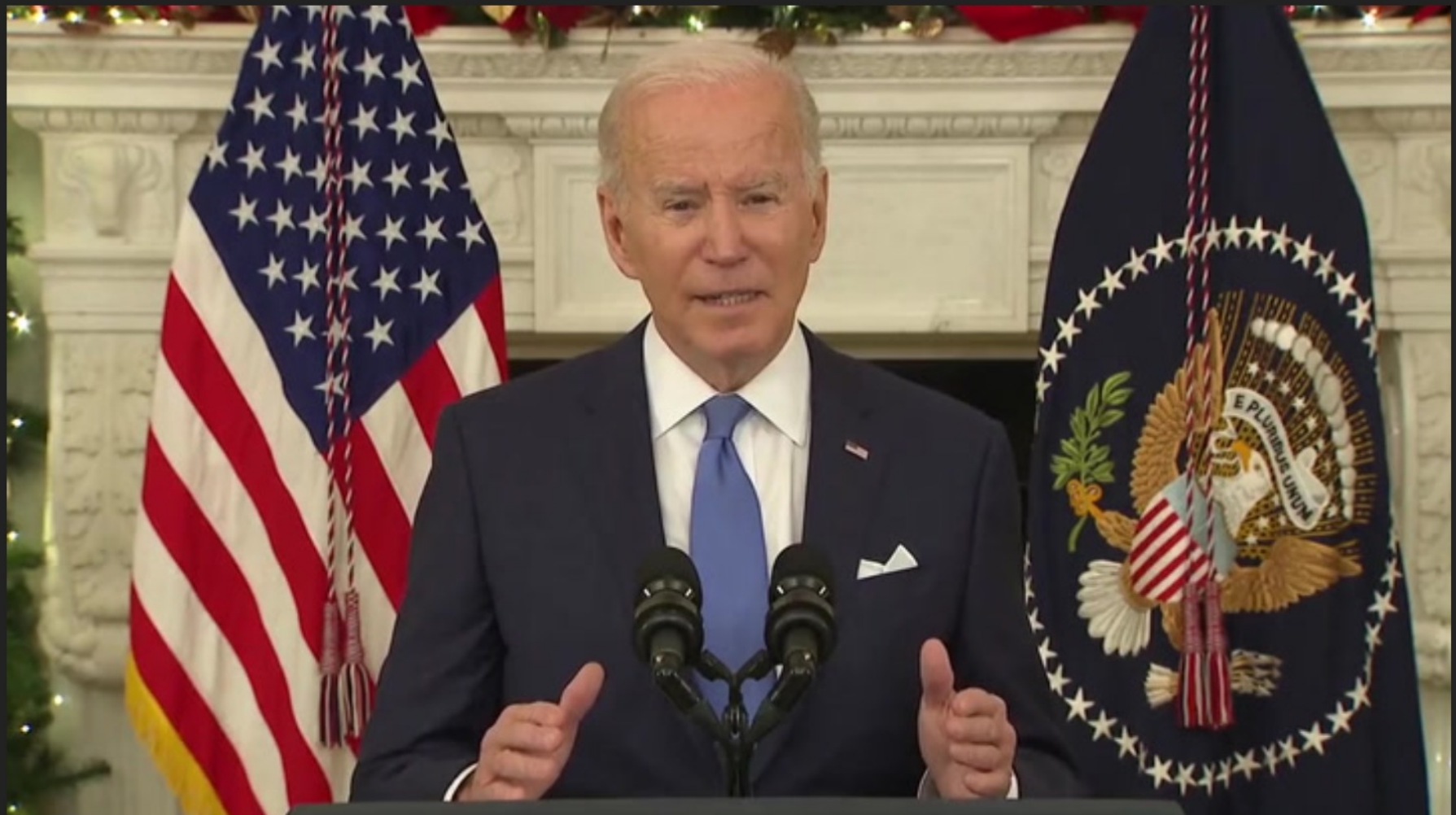
The **ABCs** of COVID Vaccines

A **CNN** / **SESAME STREET**
Town Hall for Families

Biden says Americans have 'patriotic duty' to get vaccinated as he gives nod to Trump's booster

'Get vaccinated now. It's free, it's convenient. I promise you it saves lives'

Eric Garcia • Tuesday 21 December 2021 21:44 •  Comments



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, DFSRH, 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



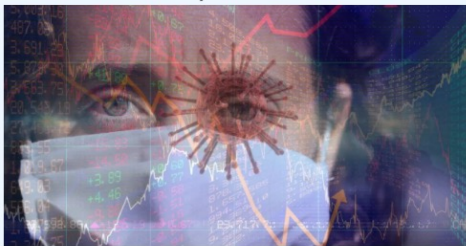
TRANSFORMATIVE HEALTH JUSTICE SUPPORTS THE CALL MADE FOR A DECLARATION, AND HUMANITARIAN EFFORTS TO SUPPORT VICTIMS

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
- **Real World Efficacy of COVID-19 Vaccines**
- Pivot to Early Therapy for High-Risk COVID-19
- Natural Immunity
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

Association Between mRNA Vaccination and COVID-19 Hospitalization and Disease Severity

Mark W. Tenforde, MD, PhD; Wesley H. Self, MD, MPH; Katherine Adams, MPH; Manjusha Gaglani, MBBS; Adit A. Ginde, MD, MPH; Tresa McNeal, MD; Shekhar Ghamande, MD; David J. Douin, MD; H. Keipp Talbot, MD, MPH; Jonathan D. Casey, MD, MSci; Nicholas M. Mohr, MD, MS; Anne Zepeski, PharmD; Nathan I. Shapiro, MD, MPH; Kevin W. Gibbs, MD; D. Clark Files, MD; David N. Hager, MD, PhD; Arber Shehu, MD; Matthew E. Prekker, MD, MPH; Heidi L. Erickson, MD; Matthew C. Exline, MD, MPH; Michelle N. Gong, MD; Amira Mohamed, MD; Daniel J. Henning, MD, MPH; Jay S. Steingrub, MD; Itthan D. Peltan, MD, MSc; Samuel M. Brown, MD, MS; Emily T. Martin, PhD; Arnold S. Monto, MD; Akram Khan, MD; Catherine L. Hough, MD; Laurence W. Busse, MD; Caitlin C. ten Lohuis, ACNP-BC; Abhijit Duggal, MD; Jennifer G. Wilson, MD; Alexandra June Gordon, MD; Nida Qadir, MD; Steven Y. Chang, MD, PhD; Christopher Mallow, MD, MHS; Carolina Rivas, BS; Hilary M. Babcock, MD, MPH; Jennie H. Kwon, DO, MSci; Natasha Halasa, MD, MPH; James D. Chappell, MD, PhD; Adam S. Luring, MD, PhD; Carlos G. Grijalva, MD, MPH; Todd W. Rice, MD, MSci; Ian D. Jones, MD; William B. Stubblefield, MD, MPH; Adrienne Baughman, BS; Kelsey N. Womack, PhD; Jillian P. Rhoads, PhD; Christopher J. Lindsell, PhD; Kimberly W. Hart, MA; Yuwei Zhu, MD, MS; Samantha M. Olson, MPH; Miwako Kobayashi, MD; Jennifer R. Verani, MD, MPH; Manish M. Patel, MD; for the Influenza and Other Viruses in the Acutely Ill (IVY) Network

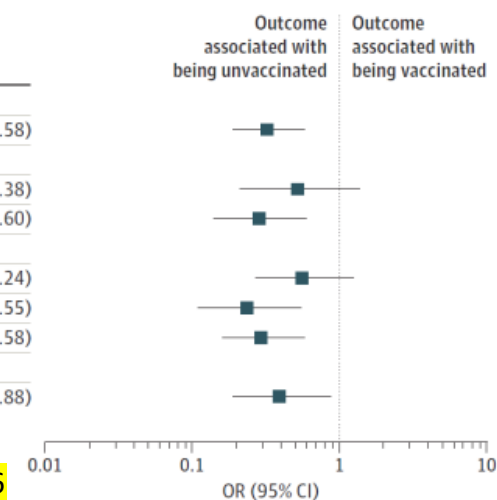
Participants

During March 11, 2021, to August 15, 2021, 5479 patients were enrolled from 21 hospitals; 966 patients were excluded from this analysis, with the most common reasons for exclusion being receipt of at least 1 mRNA vaccine but not being fully vaccinated (n = 547) and receipt of a COVID-19 vaccine other than an mRNA vaccine (n = 194) (Figure 1). The analytic population included 4513 patients (median age, 59 years [IQR, 45-69]; 2202 [48.8%] women; 23.0% non-Hispanic Black individuals, 15.9% Hispanic individuals, and 20.1% with an immunocompromising condition), including 1983 cases with COVID-19 and 2530 controls without it (1359 test-negative controls and 1171 syndrome-negative controls).

3/21 to 8/21 45% Delta

Figure 3. Association Between Progression to Severe Disease and Prior Vaccination Among Adults Hospitalized With COVID-19

Subgroup	Fully vaccinated case patients/total breakthrough cases (%)	Unvaccinated case patients/total unvaccinated (%)	Absolute difference (95% CI), %	Adjusted odds ratio (95% CI) ^a
Progression to death or invasive mechanical ventilation				
Overall	17/142 (12.0)	261/1055 (24.7)	-12.8 (-18.7 to -6.8)	0.33 (0.19 to 0.58)
By immunocompromising condition ^b				
Yes (immunocompromised)	8/61 (13.1)	31/146 (21.2)	-8.1 (-18.9 to 2.6)	0.54 (0.21 to 1.38)
No (immunocompetent)	9/81 (11.1)	230/909 (25.3)	-14.2 (-21.6 to -6.8)	0.29 (0.14 to 0.60)
By age group, y				
18-64	9/57 (15.8)	188/814 (23.1)	-7.3 (-17.2 to 2.6)	0.57 (0.27 to 1.24)
≥65	8/85 (9.4)	73/241 (30.3)	-20.9 (-29.4 to -12.4)	0.24 (0.11 to 0.55)
Hypoxemic within 24 h of admission ^c	13/96 (13.5)	227/806 (28.2)	-14.6 (-22.1 to -7.1)	0.30 (0.16 to 0.58)
Progression to death				
Overall	9/142 (6.3)	91/1055 (8.6)	-2.3 (-6.6 to 2.1)	0.41 (0.19 to 0.88)



Death occurred 9 of 142 (6.3%) vaccine break-through cases and 91 of 1055 (8.6%) unvaccinated cases, p=0.36

An adjusted odds ratio (aOR) less than 1.0 indicated that progression to death or invasive mechanical ventilation after hospital admission for COVID-19 was associated with being unvaccinated compared with being vaccinated.

^a Models were adjusted for age group (18-49, 50-64, and ≥65 years), sex, self-reported race and ethnicity, and number of chronic medical comorbidities (0, 1, 2, 3, and ≥4). Models stratified by age group were adjusted for continuous age in years.

^b Immunocompromising conditions are defined in the Table.

^c Analysis restricted to COVID-19 case patients with hypoxemia within 24 hours of admission, defined as receiving supplemental oxygen or having an oxygen saturation less than 92% as measured by pulse oximetry.

**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

Symptomatic Infection
Fully Vaccinated (VE)

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

Dr. Paul Alexander, Brownstone Institute Oct 29 2021

>180 days (N=22,755)	32	0-8	15	2-4	69 (44-83)	59 (18-79)
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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...



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.

Lancet Infect Dis 2021

Published Online

October 28, 2021

<https://doi.org/10.1016/>

39% of transmission
from fully vaccinated to fully
vaccinated

for uninfected individuals (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.

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),

January 1, 2022



I've always thought New Year's Day was an especially American tradition, full of the optimism and hope we're famous for in our daily lives -- an energy and confidence we call the American spirit. Perhaps because we know we control our own destiny, we believe deep down inside that working together we can make each new year better than the old. -

Ronald Reagan

If you don't like something, change it. If you can't change it, change your attitude. - Maya Angelou

Be at war with your vices, at peace with your neighbors, and let every new year find you a better man. -

Benjamin Franklin

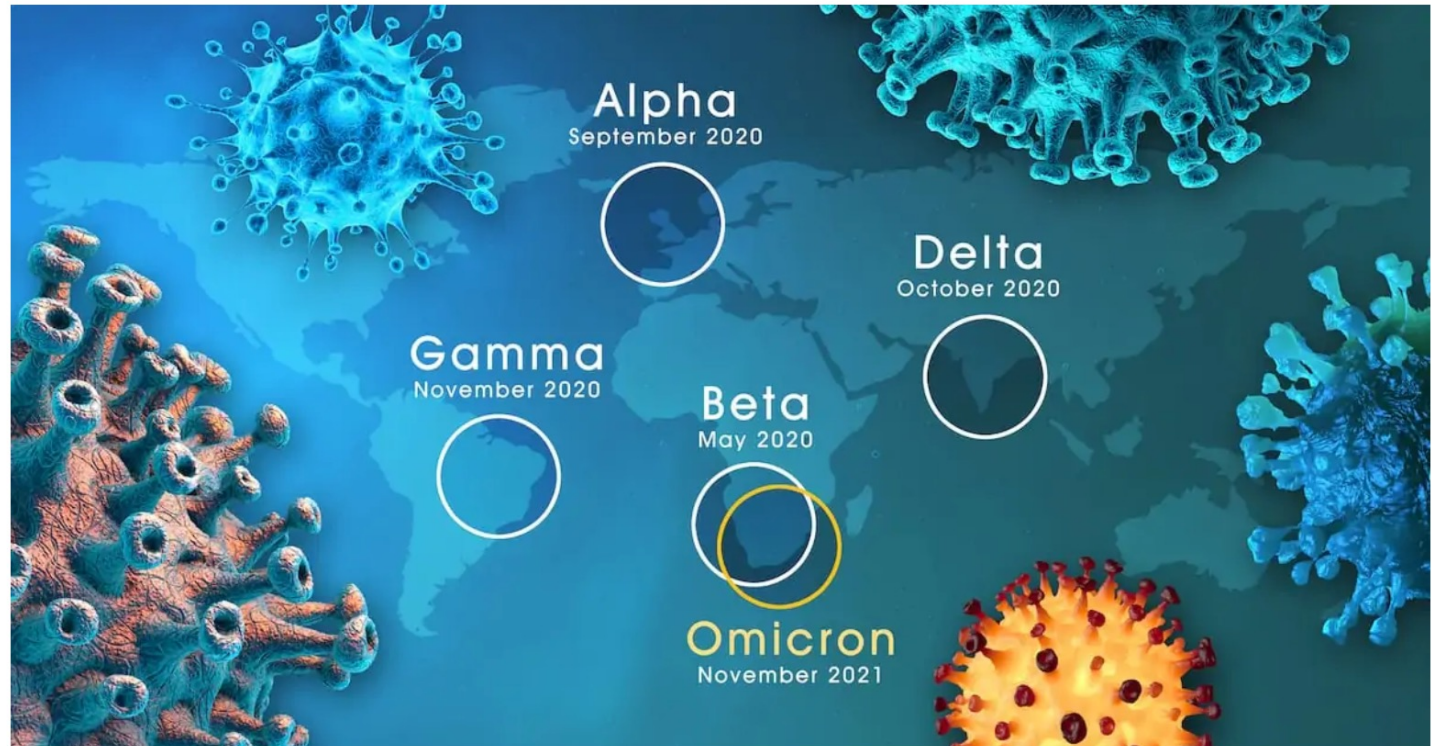
COVID Resources

Column



Omicron Breaks Through Natural and Vaccine Immunity in a Battle Against Delta

by Dr. Peter McCullough | Dec 31, 2021 | Healthcare, Politics



Omicron variant of SARS-CoV-2 harbors a unique insertion mutation of putative viral or human genomic origin

A.J. Venkatakrishnan¹, Praveen Anand², Patrick J. Lenehan¹, Rohit Suratekar²,
Bharathwaj Raghunathan³, Michiel J.M. Niesen¹, Venky Soundararajan^{1,2,3*}

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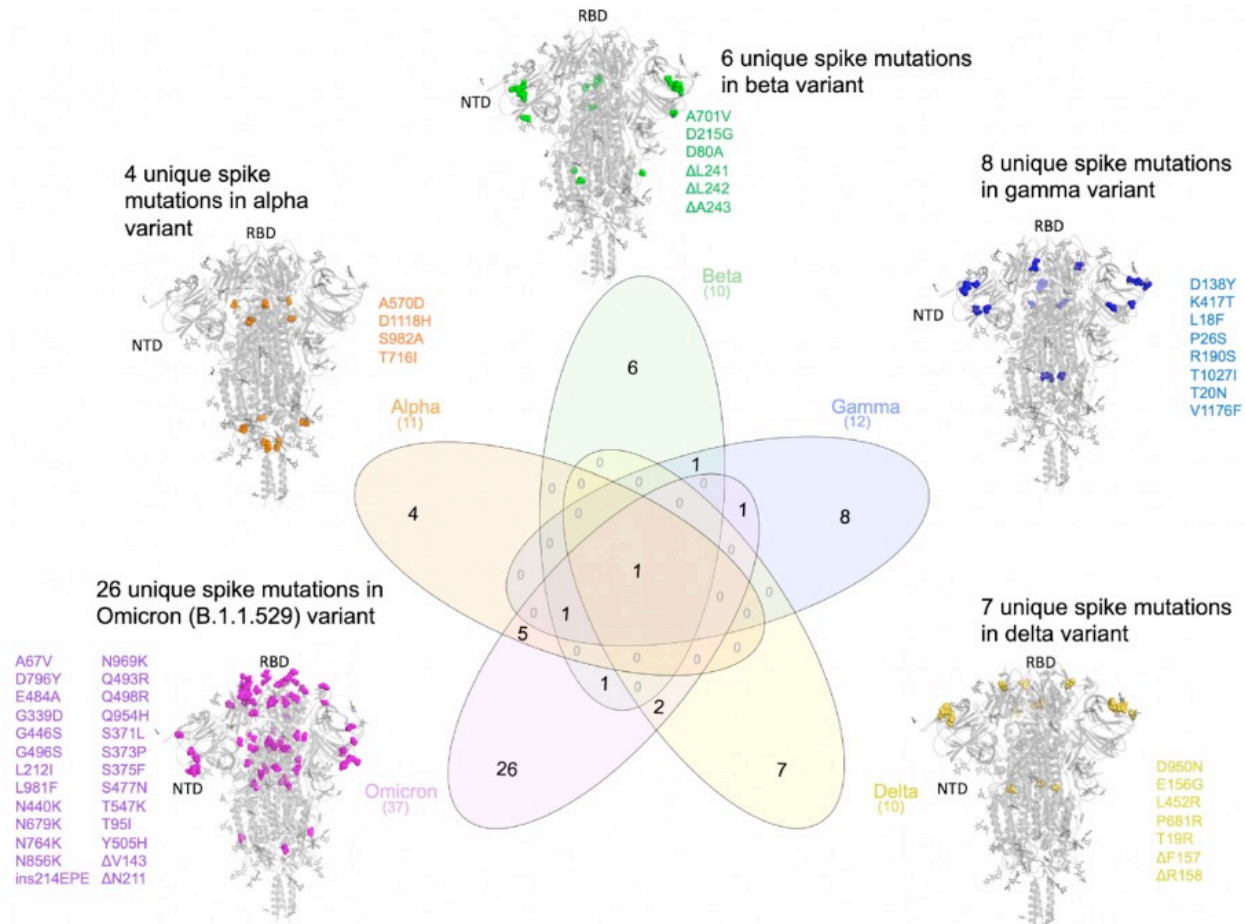


Figure 1. Venn diagram depicting the overlap of lineage specific spike mutations in the SARS-CoV-2 variants of concern. The unique key mutations observed in the spike protein for each of the variants are highlighted (spheres) on the homo-trimeric Spike protein of SARS-CoV-2. The B.1.1.529 (Omicron) variant has the highest number (26) of unique mutations in the spike protein from this perspective, making its emergence a “step function” in evolution of SARS-CoV-2 strains.

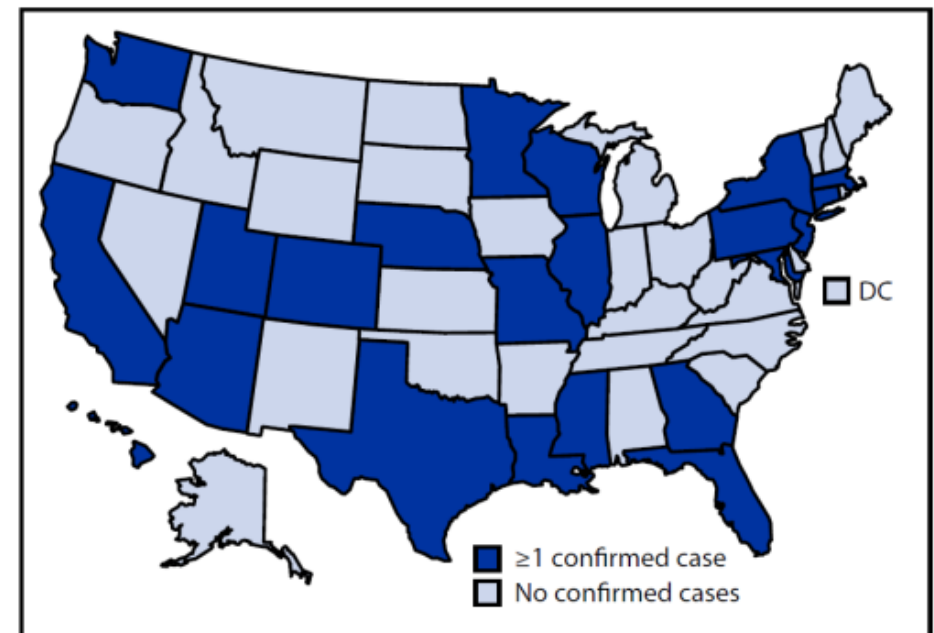
SARS-CoV-2 B.1.1.529 (Omicron) Variant — United States, December 1–8, 2021

CDC COVID-19 Response Team

Characteristics of the First Investigated U.S. COVID-19 Cases Attributed to the Omicron Variant

Details are available for 43 cases of COVID-19 attributed to the Omicron variant; 25 (58%) were in persons aged 18–39 years (Table). The earliest date of symptom onset was November 15 in a person with a history of international travel. Fourteen (33%) persons reported international travel during the 14 days preceding symptom onset or receipt of a positive test result. Among these cases of COVID-19 attributed to the Omicron variant, 34 (79%) occurred in persons who completed the primary series of an FDA-authorized or approved COVID-19 vaccine ≥ 14 days before symptom onset or receipt of a positive SARS-CoV-2 test result, including 14 who had received an additional or booster dose; five of the 14 persons had received the additional dose < 14 days before symptom onset. Six (14%) persons had a documented previous SARS-CoV-2 infection. The most commonly reported symptoms were cough, fatigue, and congestion or runny nose. One vaccinated patient was hospitalized for 2 days, and no deaths

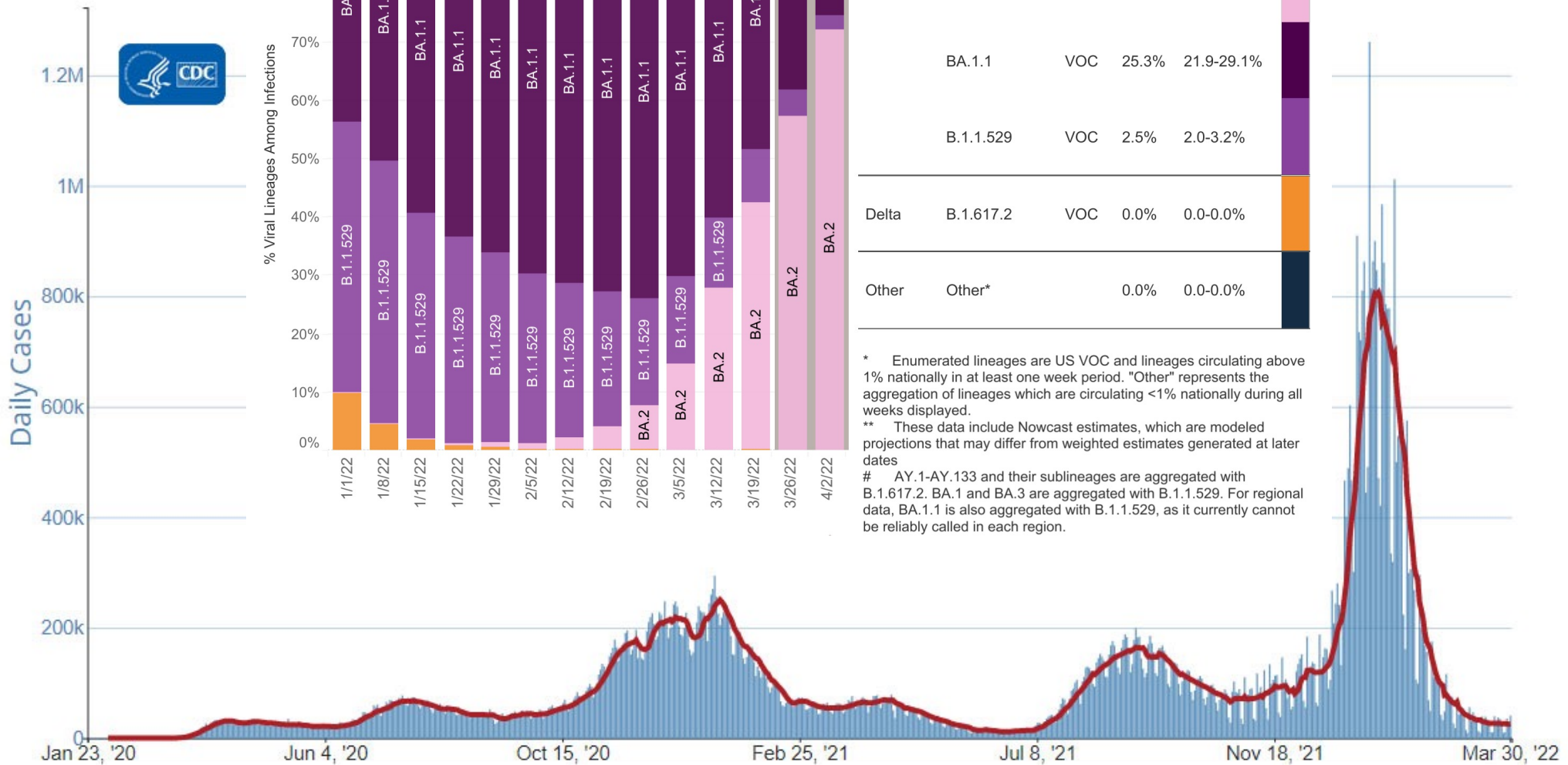
FIGURE. States reporting at least one confirmed SARS-CoV-2 B.1.1.529 (Omicron) variant COVID-19 case — United States, December 1–8, 2021



Predicted from Sequenced Data and Models

United States: 12/26/2021 – 4/2/2022

United States: 3/27/2022 – 4/2/2022 NOWCAST

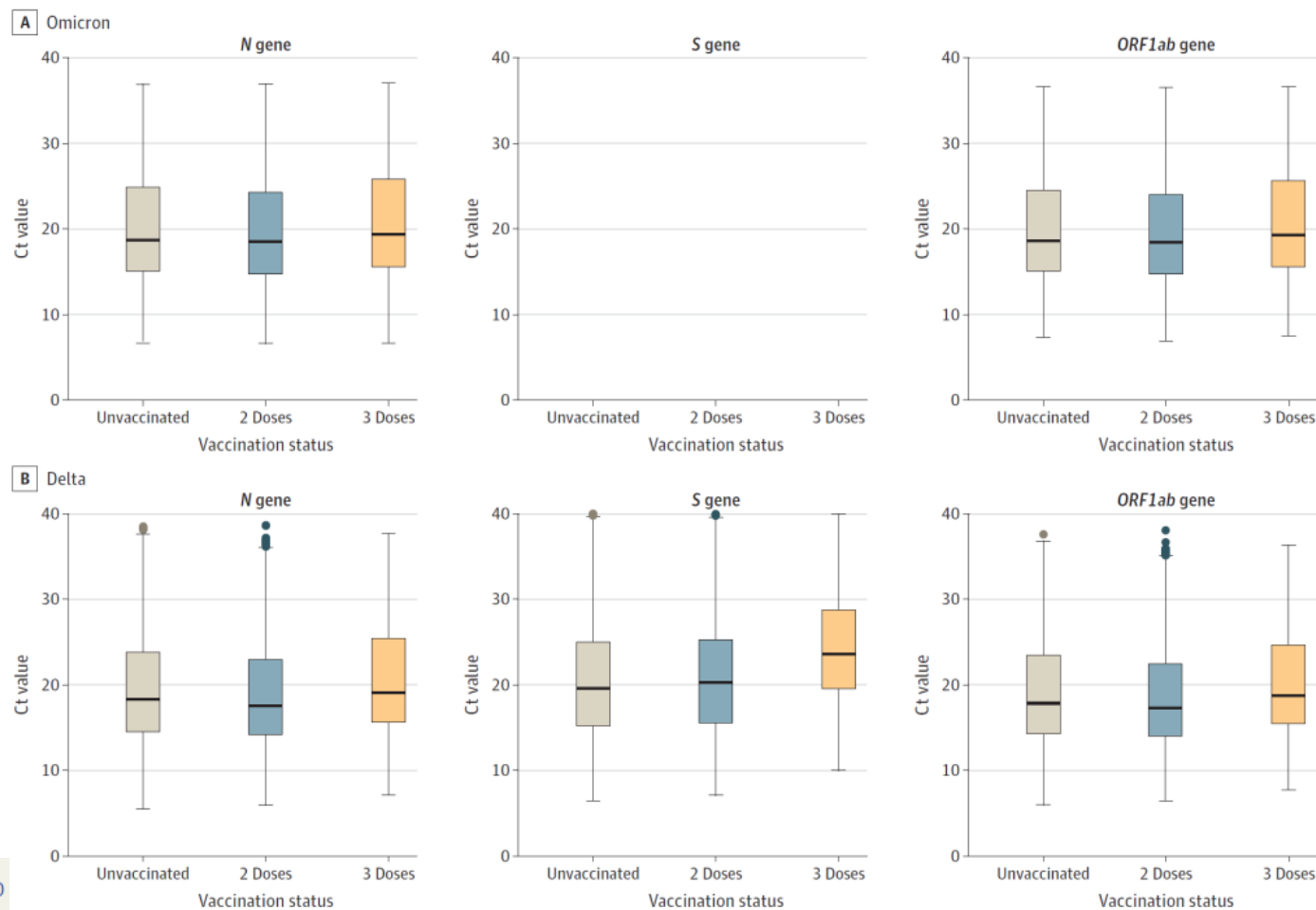


Association Between 3 Doses of mRNA COVID-19 Vaccine and Symptomatic Infection Caused by the SARS-CoV-2 Omicron and Delta Variants

Emma K. Accorsi, PhD; Amadea Britton, MD; Katherine E. Fleming-Dutra, MD; Zachary R. Smith, MA; Nong Shang, PhD; Gordana Derado, PhD; Joseph Miller, PhD; Stephanie J. Schrag, DPhil; Jennifer R. Verani, MD, MPH



Figure 3. Cycle Threshold Values for the *N*, *ORF1ab*, and *S* genes by Variant and Vaccination Status Among SARS-CoV-2-Positive Cases Tested by the TaqPath COVID-19 Combo Kit Assay in the Increasing Community Access to Testing Platform, December 10, 2021, to January 1, 2022



CORRESPONDENCE

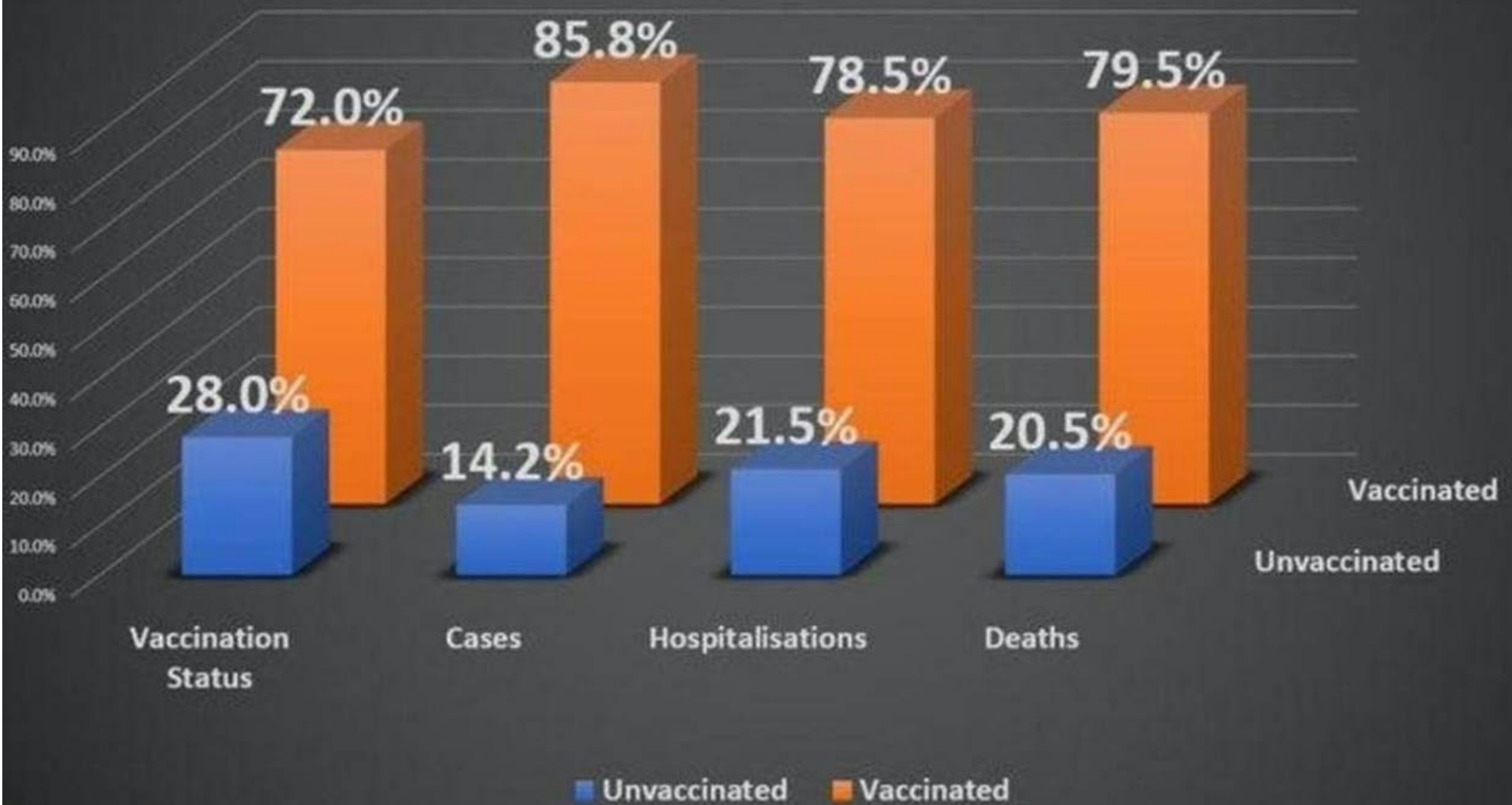
Efficacy of a Fourth Dose of Covid-19 mRNA Vaccine against Omicron

This letter was published on March 16, 2022, at NEJM.org.

Sharon Amit, M.D.
Lilac Meltzer, B.Sc.
Keren Asraf, Ph.D.
Carmit Cohen, Ph.D.
Ronen Fluss, M.Sc.
Asaf Biber, M.D.
Sheba Medical Center Tel Hashomer
Ramat Gan, Israel

	BNT162b2	Control (BNT)	mRNA1273	Control (mRNA1273)
N enrolled	154	308	120	239
N followed	153	307	116	149
Exposure days*	3808	4755	1923	2327
Study period	Dec 27, 2021-Jan 30, 2022	Dec 27, 2021-Jan 30, 2022	Jan 5, 2022-Jan 30, 2022	Jan 5, 2022-Jan 30, 2022
Infected Participants (days 1 - end of study)	29	47	28	43
Breakthrough** cases (days 8 – end of study)	28	46	24	36
Breakthrough** symptomatic disease	22	42	17	33
Cum incidence of SARS-CoV-2 infections*** (95%CI)	18.3% (11.9-24.2%)	25.3% (18.5-31.5%)	20.7% (11.3-27.8%)	25.6% (18.0-32.5%)
Cum incidence of symptomatic COVID-19 disease	14.4% (8.5-19.9%)	23.9% (17.3-30.1%)	15.6% (8.5-22.1%)	23.9% (16.4-30.7%)
Vaccine efficacy against infection	30.0% (-8.8%-55%)	Ref	10.8% (-43%-44%)	Ref
Vaccine efficacy against disease	43.1% (6.6%-65.4%)	Ref	31.4% (-18.4-60.2%)	Ref
Characteristics of breakthrough infections				
	BNT162b2	Control-B	mRNA1273	Control-M
Total breakthrough infections	28	46	24	36
Symptoms				
Asymptomatic	7 (25.0%)	3 (6.5%)	7 (29.2%)	3 (8.3%)
Mild w/o fever	18 (64.3%)	30 (65.2%)	16 (66.6%)	26 (72.2%)
Fever <48h	2 (7.1%)	4 (8.7%)	1 (4.2%)	5 (13.9%)
Fever for > 48h	0 (0%)	8 (17.4%)	0 (0%)	2 (5.5%)
Required ED / hospitalization	0 (0%)	0 (0%)	0 (0%)	0(0%)

SCOTTISH COVID-19 Statistics
As Public Health Scotland WEEKLY report 12/01/2022



Omicron could offer 'natural Covid immunity' without need for boosters, says EMA



Issued on: 12/01/2022 - 14:11



Europe's health agency says countries should start thinking about spacing out the time between boosters at longer intervals. AP - Matias Delacroix

Text by: [RFI](#) [Follow](#) ⌚ 1 min

The European Union drugs watchdog has voiced doubt over the need for a fourth Covid booster, saying the Omicron variant could help turn the coronavirus into an endemic disease that people can live with by naturally boosting their immune systems.

Conceding more data was needed to support the hypothesis, the European Medicines Agency (EMA) on Tuesday said repeated boosters risked overloading people's immune systems and was not a "sustainable" strategy.

"Nobody knows exactly when we will be at the end of the tunnel but we will be there," Marco Cavaleri, head of vaccine strategy at the Amsterdam-based regulator, told journalists.



HEALTH NEWS



EEU Regulators, WHO Call for End to COVID Boosters, Citing Evidence Strategy Is Failing

By Children's Health Defense

WORLDWIDE BAYESIAN CAUSAL IMPACT ANALYSIS OF
VACCINE ADMINISTRATION ON DEATHS AND CASES
ASSOCIATED WITH COVID-19: A BIGDATA ANALYSIS OF
145 COUNTRIES

A PREPRINT

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University of Alberta
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Abstract

89% of countries showed an increase in deaths per million directly due to the causal impact of mass vaccination

increase the values in either y_1 or y_2 over and above what was expected with no treatment. y_1 showed an increase/decrease ratio of $(+115/-15)$, which means 89.84% of statistically significant countries showed an increase in total deaths per million associated with COVID-19 due directly to the causal impact of treatment initiation. y_2 showed an increase/decrease ratio of $(+105/-16)$ which means 86.78% of statistically significant countries showed an increase in total cases per million of COVID-19 due directly to the causal impact of treatment initiation. Causal impacts of the treatment on y_1 ranges from -19% to +19015% with an average causal impact of +463.13%. Causal impacts of the treatment on y_2 ranges from -46% to +12240% with an average causal impact of +260.88%. Hypothesis 1 Null can be rejected for a large majority of countries.

This study subsequently performed correlational analyses on the causal impact results, whose effect variables can be represented as $y_1.E$ and $y_2.E$ respectively, with the independent numeric variables of: *days elapsed since vaccine rollout began* (n_1), *total vaccination doses per hundred* (n_2), *total vaccine brands/types in use* (n_3) and the independent

Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Real World Efficacy of COVID-19 Vaccines
- **Pivot to Early Therapy for High-Risk COVID-19**
- Natural Immunity
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

Review

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"
"↓Hospitalizations/Death"

Late-Stage
Hospitalization

Vaccination
"Herd Immunity"

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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](#),



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

Peter A. McCullough, MD, MPH,^{a,b,c} Ronan J. Kelly, MD,^a Gaetano Ruocco, MD,^d Edgar Lerma, MD,^e James Tumlin, MD,^f Kevin R. Wheelan, MD,^{a,b,c} Nevin Katz, MD,^g Norman E. Lepor, MD,^h Kris Vijay, MD,ⁱ Harvey Carter, MD,^j Bhupinder Singh, MD,^k Sean P. McCullough, BS,^l Brijesh K. Bhambhani, MD,^m Alberto Palazzuoli, MD, PhD,ⁿ Gaetano M. De Ferrari, MD, PhD,^o Gregory P. Milligan, MD, MPH,^a Taimur Safder, MD, MPH,^a Kristen M. Tecson, PhD,^b Dee Dee Wang, MD,^p John E. McKinnon, MD,^q William W. O'Neill, MD,^r Marcus Zervos, MD,^p Harvey A. Risch, MD, PhD^q

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

Peter A. McCullough^{1,*}, Paul E. Alexander², Robin Armstrong³, Cristian Arvinte⁴, Alan F. Bain⁵, Richard P. Bartlett⁶, Robert L. Berkowitz⁷, Andrew C. Berry⁸, Thomas J. Borody⁹, Joseph H. Brewer¹⁰, Adam M. Brufsky¹¹, Teryn Clarke¹², Roland Derwand¹³, Alieta Eck¹⁴, John Eck¹⁴, Richard A. Eisner¹⁵, George C. Fareed¹⁶, Angelina Farella¹⁷, Silvia N. S. Fonseca¹⁸, Charles E. Geyer, Jr.¹⁹, Russell S. Gommering²⁰, Karladine E. Graves²¹, Kenneth B. V. Gross²², Sabine Hazan²³, Kristin S. Held²⁴, H. Thomas High²⁵, Stella Immanuel²⁶, Michael M. Jacobs²⁷, Joseph A. Ladapo²⁸, Lionel H. Lee²⁹, John Littell³⁰, Ivette Lozano³¹, Harpal S. Mangat³², Ben Marble³³, John E. McKinnon³⁴, Lee D. Merritt³⁵, Jane M. Orient³⁶, Ramin Oskoui³⁷, Donald C. Pompan³⁸, Brian C. Procter³⁹, Chad Prodromos⁴⁰, Juliana Cepelowicz Rajter⁴¹, Jean-Jacques Rajter⁴¹, C. Venkata S. Ram⁴², Saleté S. Rios⁴³, Harvey A. Risch⁴⁴, Michael J. A. Robb⁴⁵, Molly Rutherford⁴⁶, Martin Scholz⁴⁷, Marilyn M. Singleton⁴⁸, James A. Tumlin⁴⁹, Brian M. Tyson⁵⁰, Richard G. Urso⁵¹, Kelly Victory⁵², Elizabeth Lee Vliet⁵³, Craig M. Wax⁵⁴, Alexandre G. Wolkoff⁵⁵, Vicki Woolf⁵⁶ and Vladimir Zelenko⁵⁷

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1. Precautionary principle—mass casualty event
2. Signal of benefit—from all evidence
3. Acceptable safety
4. Drugs in combination

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

Funding: None.

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.

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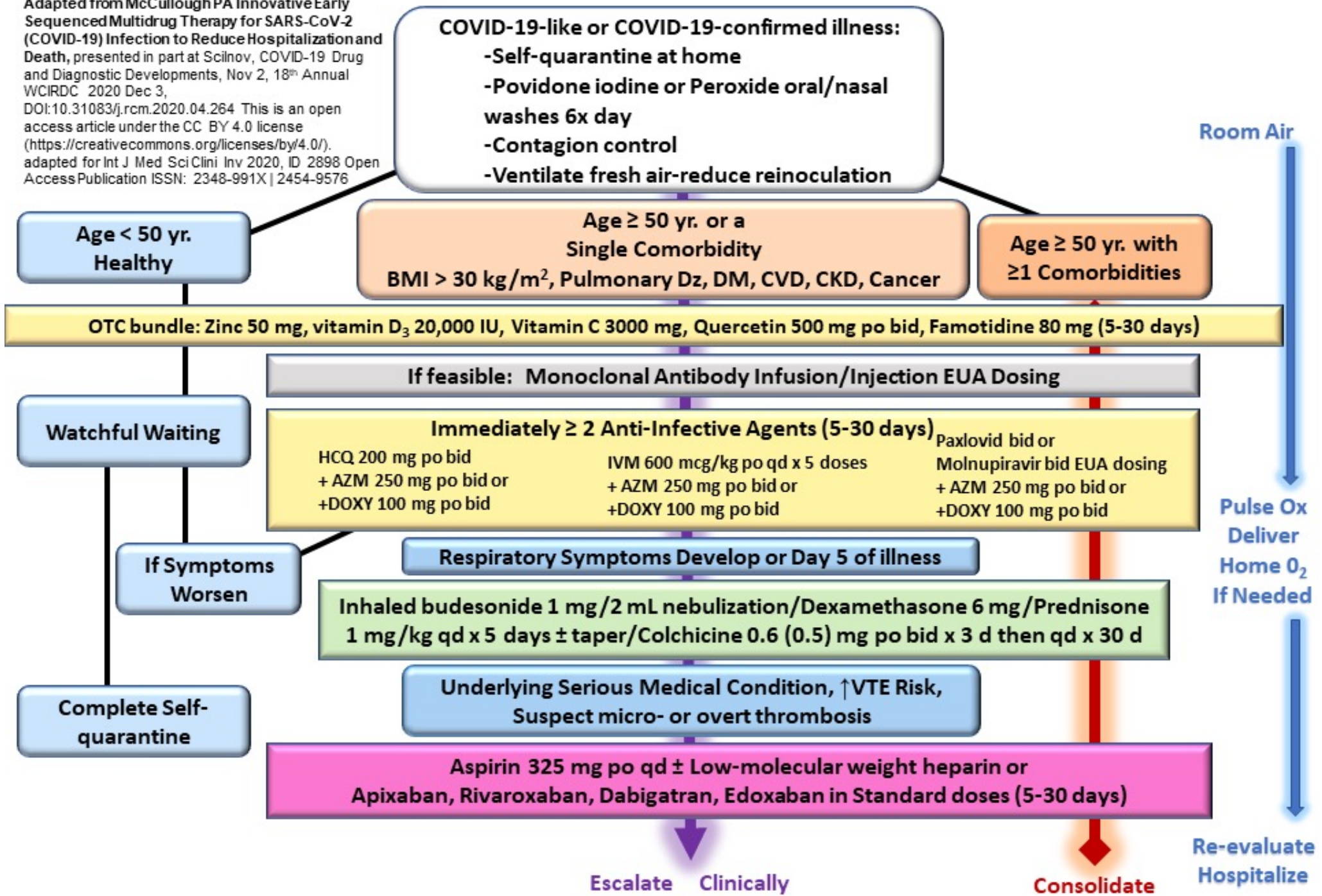
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Adapted from McCullough PA Innovative Early Sequenced Multidrug Therapy for SARS-CoV-2 (COVID-19) Infection to Reduce Hospitalization and Death, presented in part at Scilnov, COVID-19 Drug and Diagnostic Developments, Nov 2, 18th Annual WCIRDC 2020 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 Clin Inv 2020, ID 2898 Open Access Publication ISSN: 2348-991X | 2454-9576




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)

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Published: 2021.12.30

Retrospective Study of Outcomes and Hospitalization Rates of Patients in Italy with a Confirmed Diagnosis of Early COVID-19 and Treated at Home Within 3 Days or After 3 Days of Symptom Onset with Prescribed and Non-Prescribed Treatments Between November 2020 and August 2021

Authors' Contribution:
Study Design A
Data Collection B
Statistical Analysis C
Data Interpretation D
Manuscript Preparation E
Literature Search F
Funds Collection G

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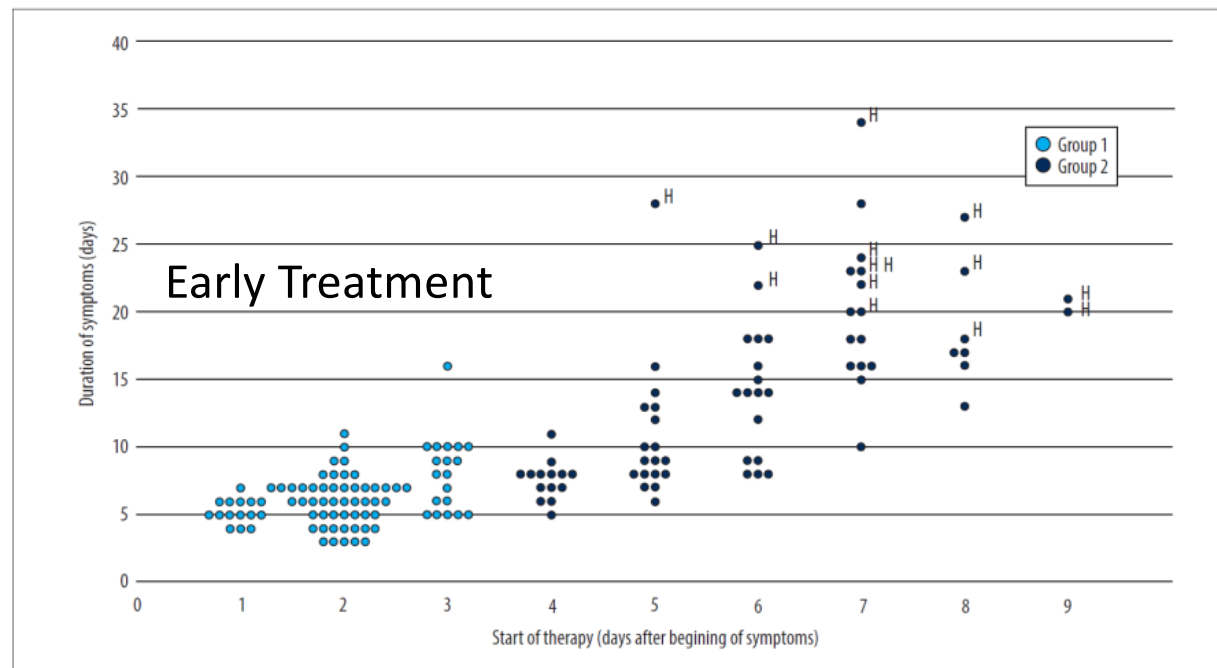


Figure 2. Duration of symptoms in relation to the delay in start of therapy. The symbol “H” specifies the patients who were hospitalized. The figure was created with Excel software and the “H” labels were added where indicated with PowerPoint software (Microsoft Office 2019).

January 8, 2022

On now
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McCullough
Report
At Home Management of
Dr. Peter A. McCullough
The McCullough Report

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At-Home Management of COVID-
19, Everyone Can Do 2 pm ET

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w/ Dr. Henry Ealy 3 pm ET

The Frankly Daniel Show
A Fractured Biden COVID-19 Fairy
Tale w/ Daniel Baranowski 4 pm ET

Dr. Henry Ealy
This Week In COVID: Vaccine
Breakthrough Increases By 78.8% In
Only 1 Month

Dr. Peter McCullough
Omicron Unleashes Mass Illness and
a New Reality on podcast

A New Year Begins

New Year Brings New Hope

by **DrLee4America**

It is a New Year, and with that comes a feeling of new potential, new hope, and optimism – if you choose to change your outlook on what role you play in how you view each day.

Column

Dilute Povidone-Iodine Nasal/Oral Washes for the Prevention and Treatment of COVID-19

by **Dr. Peter McCullough** | Dec 30, 2021 | Feature 3, Healthcare



Print PDF

The SARS-CoV-2 virus is transmitted in the air and settles in the nose, and multiplies for days before it invades the body. When sick with nasal congestion, headache, fever, and body aches, the source of symptoms is the virus in the nose.

The virus must be killed in the nasal cavity at least twice a day after coming back home for prevention and up to every four hours during active treatment. This is very important with the Omicron variant, which multiplies 70 times faster than the prior strains of the virus.

Early treatment using this approach is associated with a 71% improvement, as shown in the figure. Also shown is a quick set up at home with povidone-iodine, which costs under \$10 a bottle online.

Take 1/2 tsp mix in a shot glass 1.5 oz of water, squirt up nose, sniff back to the back of the throat and spit out. Do twice in each nostril, then gargle with the rest for 30 sec. Do not swallow. If iodine allergic or intolerant, can substitute hydrogen peroxide.

Arefin MK, Rumi SKNF, Uddin AKMN, Banu SS, Khan M, Kaiser A, Chowdhury JA, Khan MAS, Hasan MJ. Virucidal effect of povidone iodine on COVID-19 in the nasopharynx: an open-label randomized clinical trial. Indian J Otolaryngol Head Neck Surg. 2021 May 18:1-5. doi: 10.1007/s12070-021-02616-7. Epub ahead of print. PMID: 34026595; PMCID: PMC8130786.

Effect of 1% Povidone Iodine Mouthwash/Gargle, Nasal and Eye Drop in COVID-19 patient

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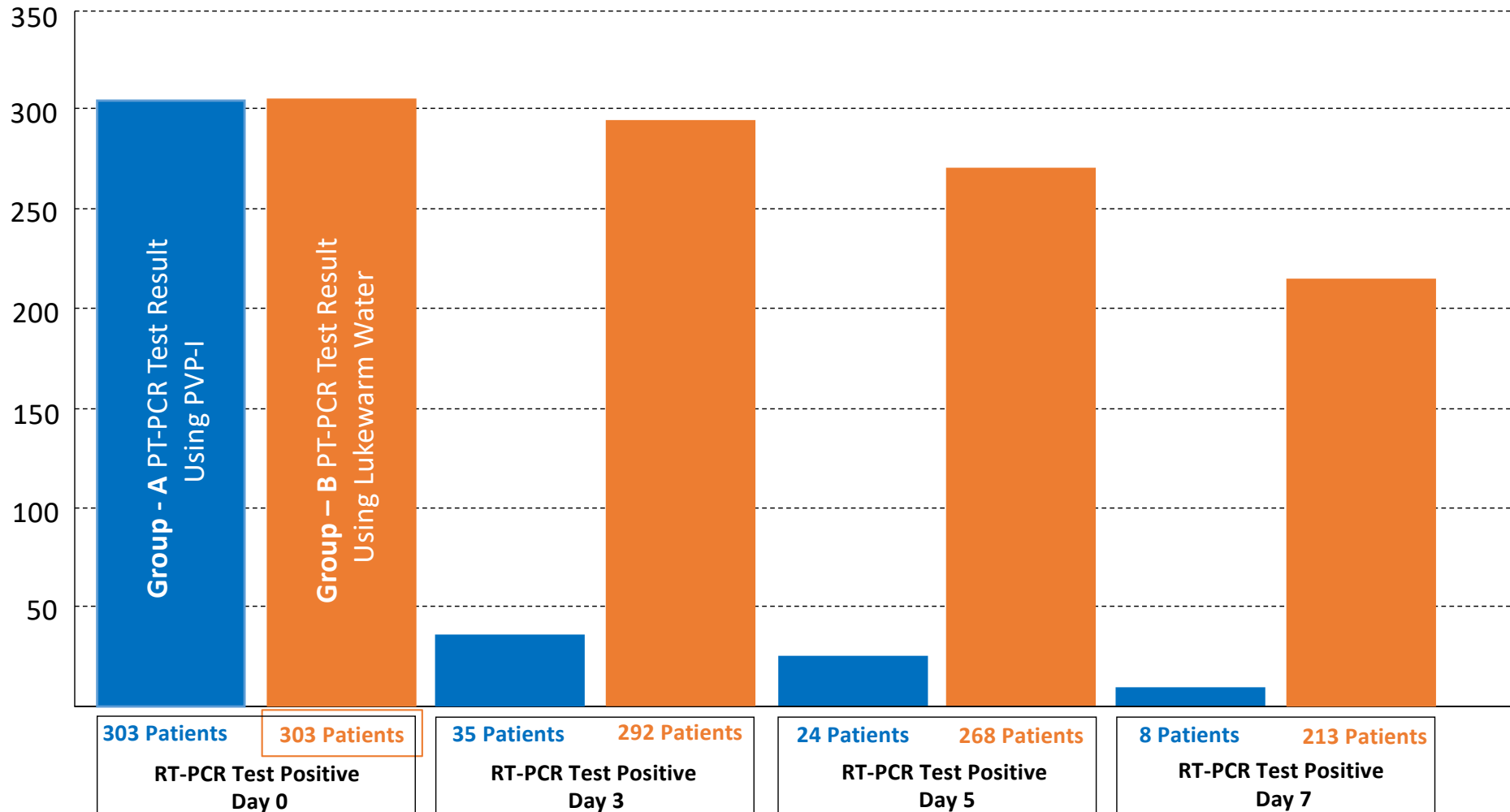
Bioresearch Communications
Volume 7, Issue 1, January 2021



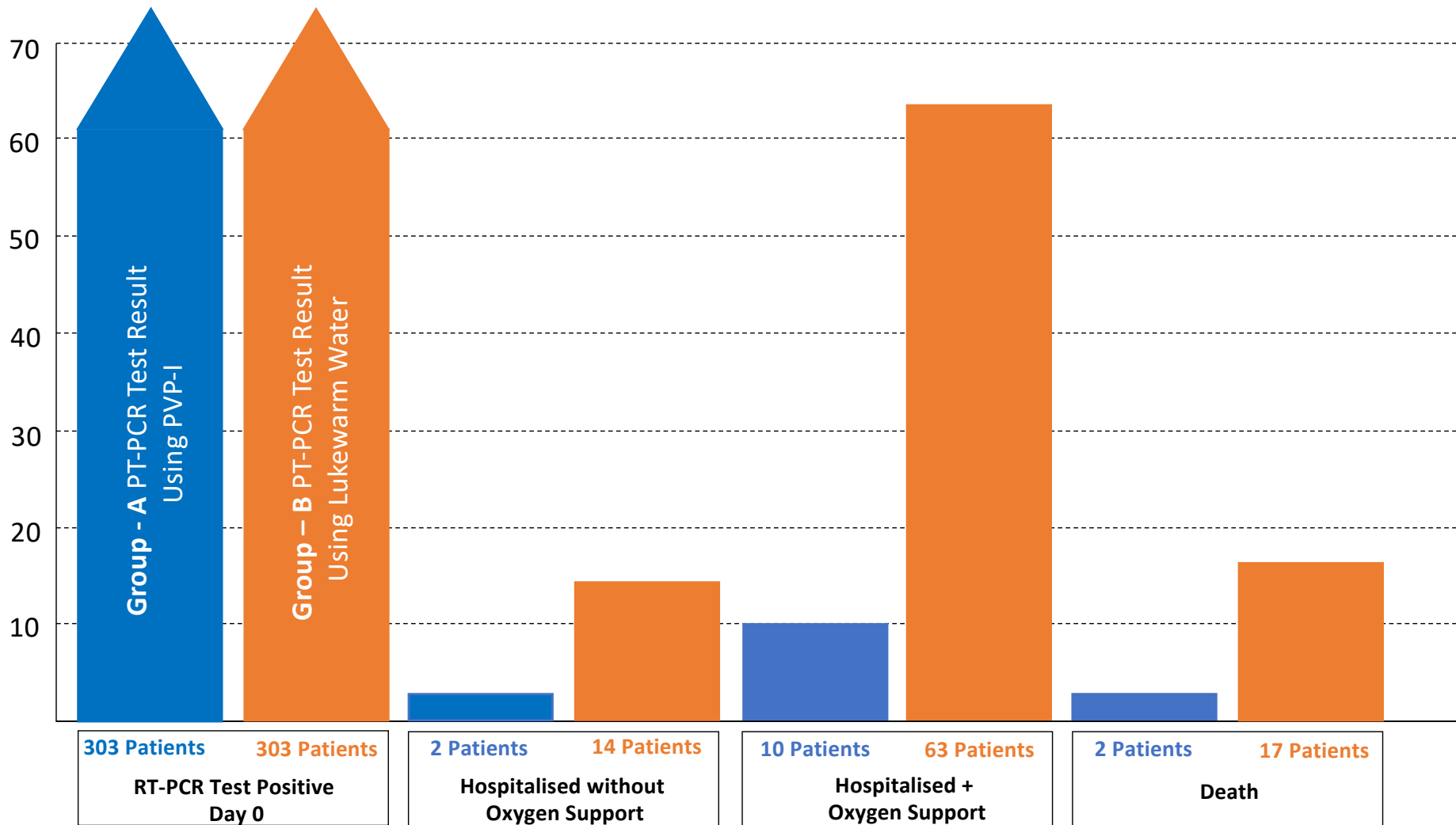
ABSTRACT: Background: The sudden onset of COVID-19 began in late 2019 caused by a novel coronavirus (SARS-COV2) and on 11th March, WHO declared it to have developed pandemic status. There is still no specific treatment and vaccine available for COVID-19; causing wide spread health problem and concern of the globe. Povidone iodine (PVP-I) is an antiseptic that has been used for over 150 years. It is already proved that different concentration of PVP-I can deactivate COVID-19 virus. **Methodology:** In this randomized controlled clinical trial, out of 1113 patients 606 patients were enrolled and divided in 2 groups by randomization after taken consents. In Gr-A, 303 patients underwent mouthwash/gargle, nasal drops and eye drops with 1% povidone iodine 4 hourly for 4 weeks as well as symptomatic treatment according to need. In Gr-B 303 patients were advised mouthwash/gargle, nasal cavity and eye wash with lukewarm water 4 hourly for 4 weeks and symptomatic treatment according to need. RT-PCR test done every 3rd, 5th and 7th day and Thyroid hormone level (TSH, T₃, T₄, FT₄) at 4th week for follow up. **Results:** The group of patients used 1% PVP-I have shown tremendously reduced mortality, morbidity and hospital as well as financial burden in this covid situation. **Conclusion:** Administration of 1% PVP-I as mouthwash/gargle, nasal or eye drop is simple, rapid and cost effective in reduction of mortality and morbidity by COVID-19.

KEYWORDS: Povidone Iodine, 1Pq.s, COVID-19.

RCT: EFFECT OF 1% POVIDONE IODINE MOUTHWASH/GARGLE, NASAL AND EYE DROP IN COVID-19 PATIENTS



RCT: EFFECT OF 1% POVIDONE IODINE MOUTHWASH/GARGLE, NASAL AND EYE DROP IN COVID-19 PATIENTS (OUTCOMES)



Safe, Effective Antimicrobial Nasal/Oral Rinses



Rep. Nancy Mace (R-S.C.) speaks with reporters in Washington, D.C. on Oct. 21, 2021. (Anna Moneymaker/Getty Images)

PREMIUM US NEWS

GOP Congresswoman Wants to Know Why Feds Have Not Promoted Nasal Spray to Treat COVID-19

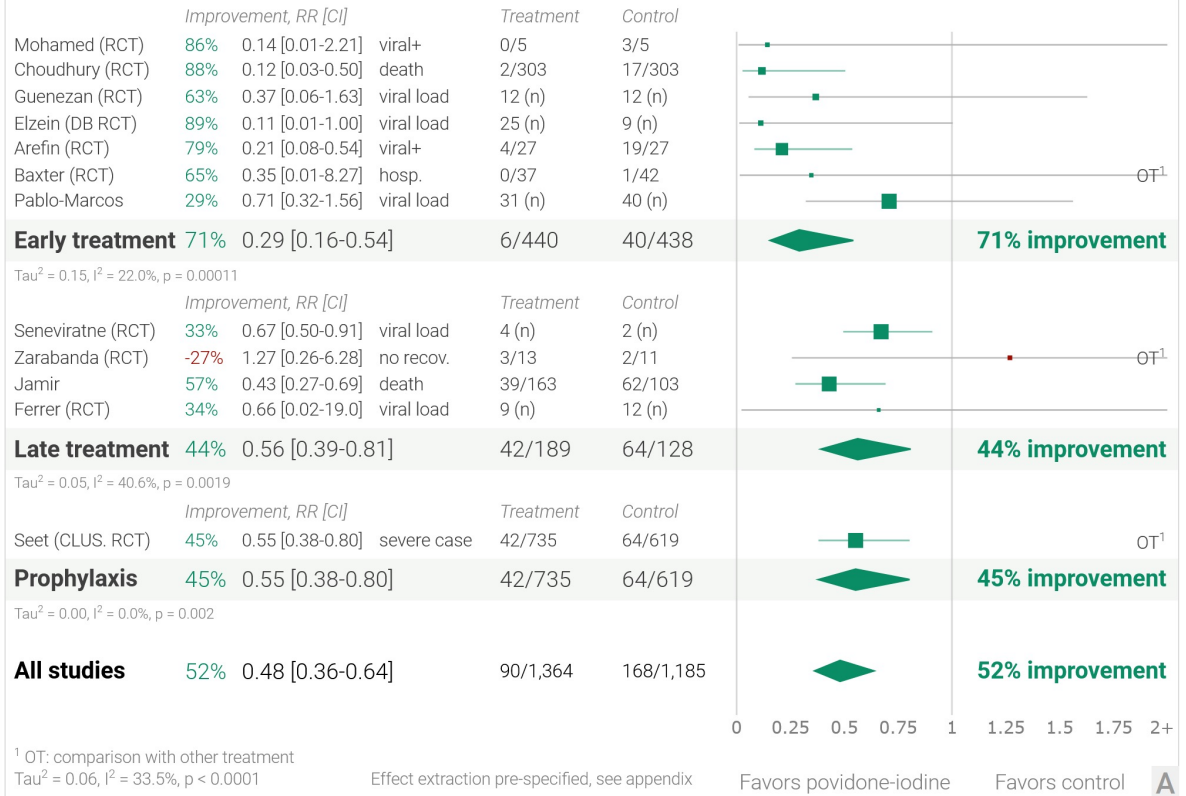
By [Alice Giordano](#) February 21, 2022 Updated: February 22, 2022

Print

Republican Congresswoman [Nancy Mace](#) is demanding answers from the Health and Human Services Department (HHS) about why the federal agency has not promoted nasal sprays as a treatment and prevention of COVID-19.

12 povidone-iodine COVID-19 studies

c19pvpi.com Dec 29, 2021



Understanding Unapproved Use of Approved Drugs "Off Label"

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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.

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 Lifblood 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...

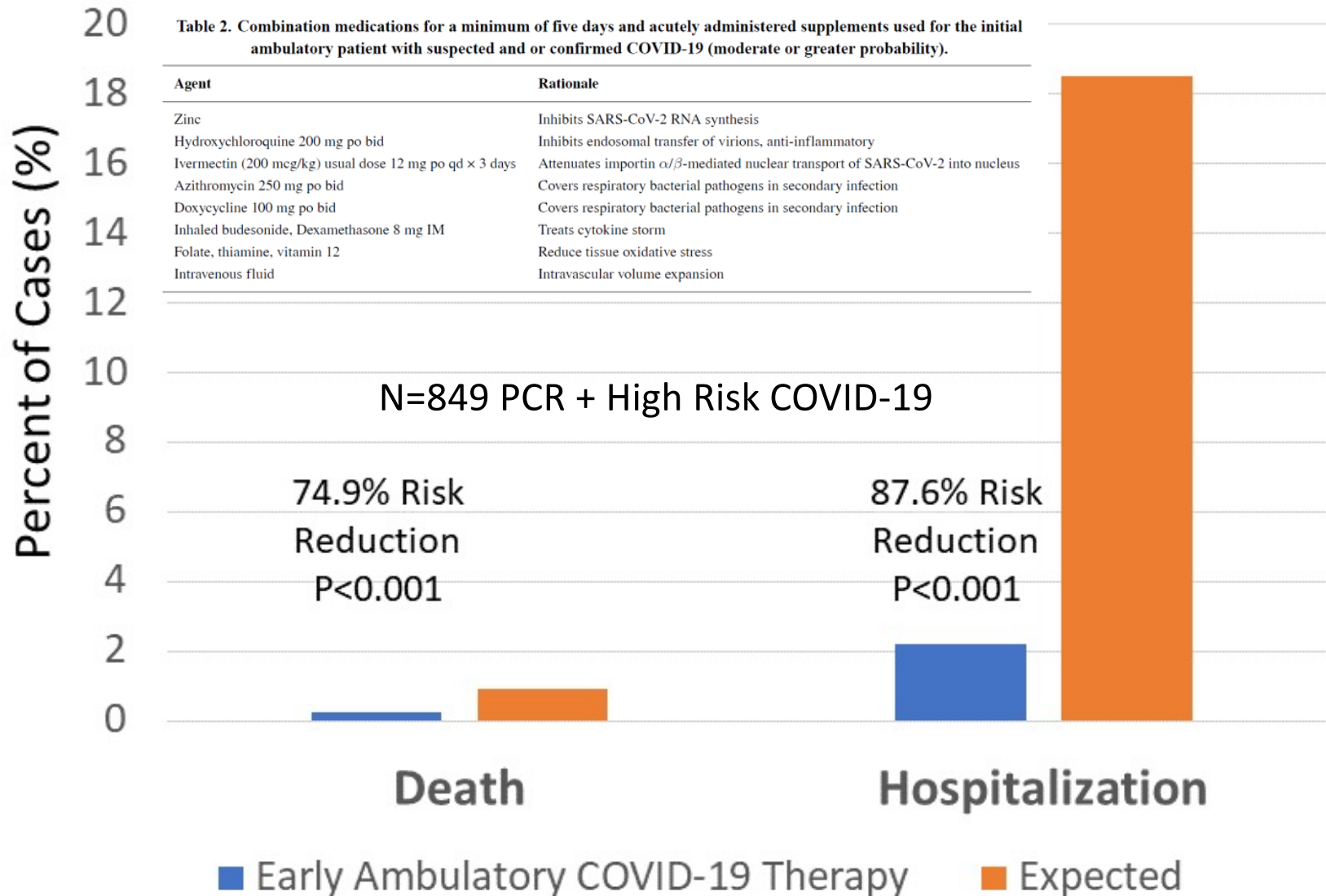


Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

Brian Procter¹, Casey Ross¹, Vaness Pickard¹, Erica Smith¹, Courtney Hanson¹, and Peter A. McCullough²

Table 2. Combination medications for a minimum of five days and acutely administered supplements used for the initial ambulatory patient with suspected and or confirmed COVID-19 (moderate or greater probability).

Agent	Rationale
Zinc	Inhibits SARS-CoV-2 RNA synthesis
Hydroxychloroquine 200 mg po bid	Inhibits endosomal transfer of virions, anti-inflammatory
Ivermectin (200 mcg/kg) usual dose 12 mg po qd x 3 days	Attenuates importin α/β -mediated nuclear transport of SARS-CoV-2 into nucleus
Azithromycin 250 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Doxycycline 100 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Inhaled budesonide, Dexamethasone 8 mg IM	Treats cytokine storm
Folate, thiamine, vitamin 12	Reduce tissue oxidative stress
Intravenous fluid	Intravascular volume expansion



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Real World Efficacy of COVID-19 Vaccines
- Pivot to Early Therapy for High-Risk COVID-19
- **Natural Immunity**
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

Estimated COVID-19 Infections, Symptomatic Illnesses, Hospitalizations, and Deaths in the United States

CDC estimates that from February 2020–September 2021:

1 in 4.0 (95% UI* 3.4 – 4.7) COVID-19 infections were reported.

1 in 3.4 (95% UI* 3.0 – 3.8) COVID-19 symptomatic illnesses were reported.

1 in 1.9 (95% UI* 1.7 – 2.1) COVID-19 hospitalizations were reported.

1 in 1.32 (95% UI* 1.29 – 1.34) COVID-19 deaths were reported.

These estimates suggest that during this period, there were approximately:



Last Updated: October 2, 2021

	Infections	Symptomatic Illnesses	Hospitalizations	Deaths
0-17 years	17.63%	17.77%	3.55%	0.07%
18-49 years	51.29%	51.65%	26.60%	6.55%
50-64 years	18.70%	18.86%	26.77%	17.31%
65 and older	12.29%	11.80%	43.06%	76.07%

U.S. COVID-19 Vaccination Progress

People who have received at least one dose of any vaccine:

253.1
MILLION



Percentage of people who received at least one dose:

76.2%



People fully vaccinated:

215
MILLION



Percentage of people who are fully vaccinated:

64.8%



People who received a booster dose:

93.2
MILLION



Find the latest data on
CDC's COVID Data Tracker

Data as of February 22, 2022
Source: COVID Data Tracker – Vaccinations



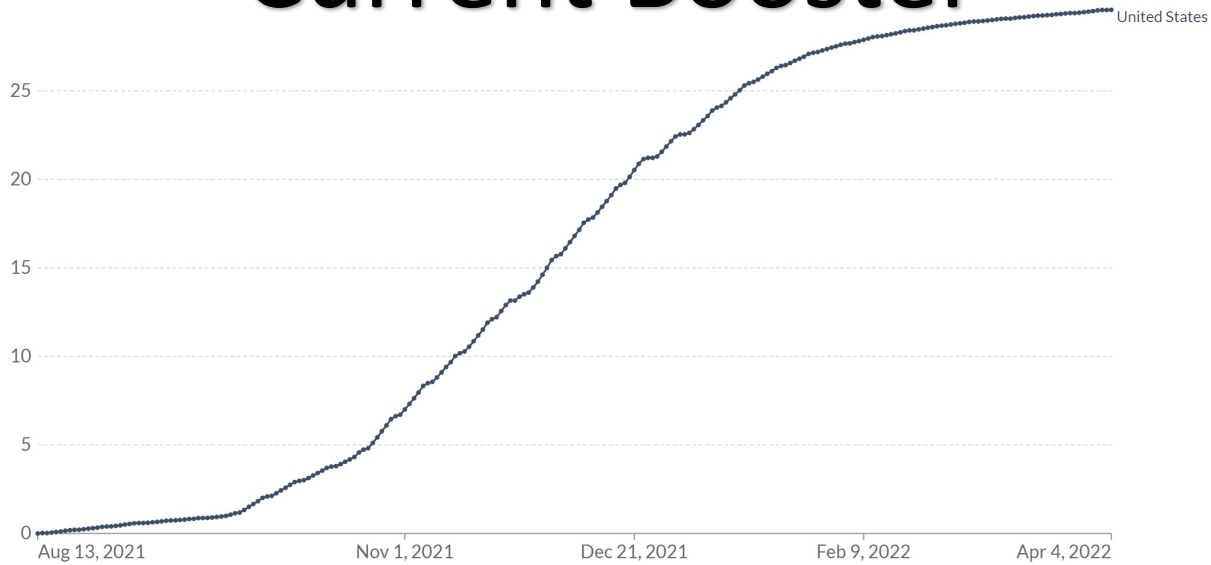
COVID-19 vaccine boosters administered per 100 people

Total number of vaccine booster doses administered, divided by the total population of the country. Booster doses are doses administered beyond those prescribed by the original vaccination protocol.

Our World
in Data

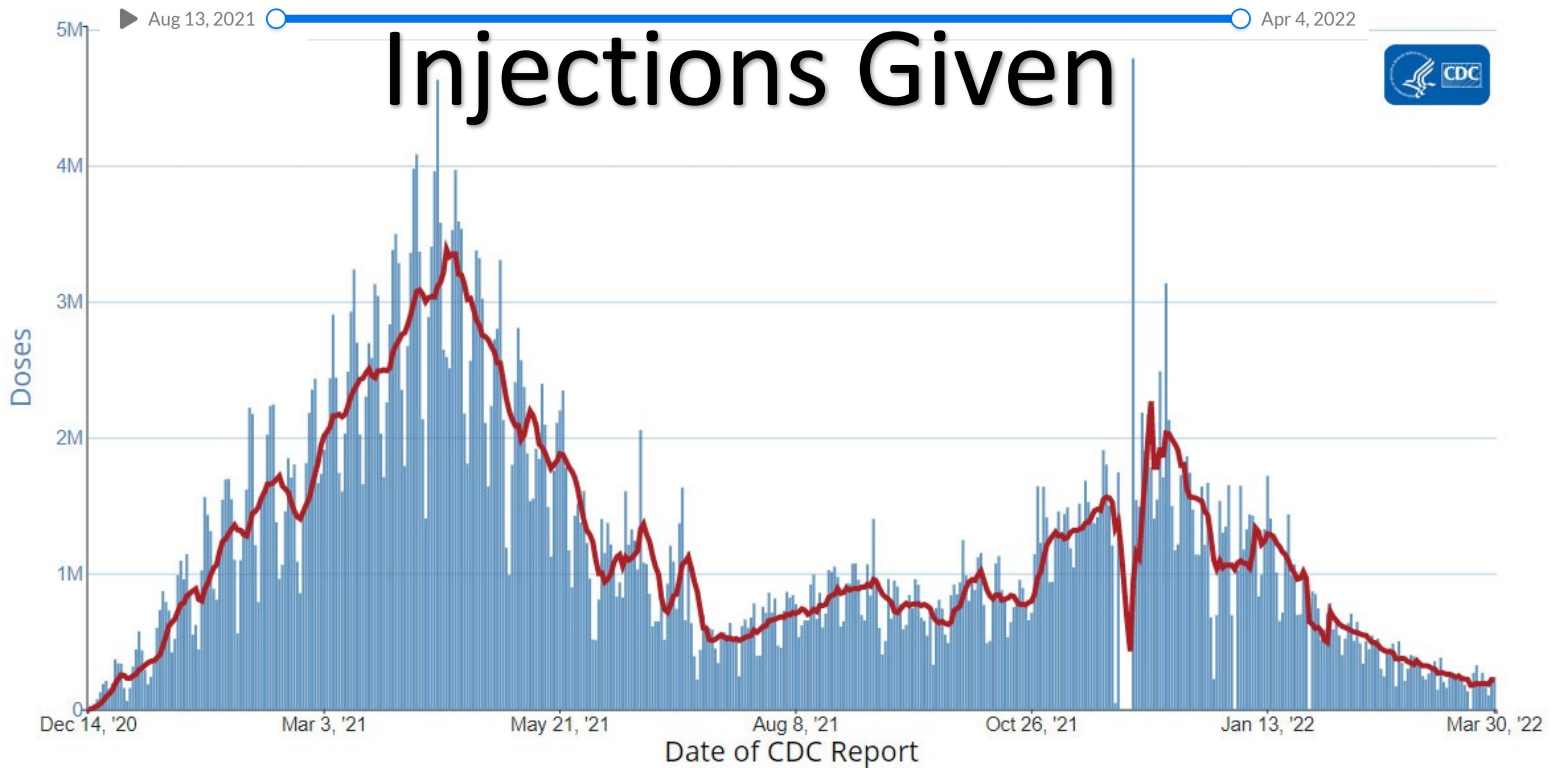
LINEAR LOG

Current Booster



Source: Official data collated by Our World in Data

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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](#)





Scott Atlas (L), senior fellow at the Hoover Institution, and White House press secretary Kayleigh McEnany arrive ahead of President Donald Trump for a news conference at the White House in Washington, on Aug. 12, 2020. (Andrew Harnik/AP Photo, File)

PREMIUM JUDICIARY

Denial of Natural Immunity in CMS Vaccine Mandate ‘Unprecedented in Modern History’: Scott Atlas

By [Allen Zhong](#) and [Jan Jekielek](#)

January 14, 2022 Updated: January 14, 2022

  Print

Denying natural immunity in the Centers for Medicare & Medicaid Service (CMS) vaccine mandates is “unprecedented in modern history,” a prominent public health expert said.

Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Real World Efficacy of COVID-19 Vaccines
- Pivot to Early Therapy for High-Risk COVID-19
- Natural Immunity
- **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

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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...



work. About those vaccines: [Sign the Grand Jury Petition](#) to formally indict the cowards killing our fellow Americans for profit. Our free APPS on [Apple](#), [Android](#)

December 12, 2021

Covid and Natural Immunity Explained

by [Blaise Vanne](#)



Attacks on the Hearts and Souls of Young People

by [Dr. Peter McCullough](#)



Free-Floating Anxiety Yields Mass Formation Psychosis

by [Dr. Peter McCullough](#) | Nov 29, 2021 | [Healthcare](#), [Politics](#),

McCullough



Report



**THE
PSYCHOLOGY
OF
TOTALITARIANISM**



MATTIAS DESMET



**UNITED STATES
OF
FEAR**

**HOW AMERICA FELL VICTIM
TO A MASS DELUSIONAL PSYCHOSIS**

Mark McDonald M.D.

Joe Rogan Interview with Dr. Peter McCullough Video [Full Episode]

By COVID-19 Information December 18, 2021 31 Comments



If you're looking for the Joe Rogan interview with Dr. Peter McCullough, YouTube has censored the video and removed it so you cannot find it there. You can watch or listen on Spotify (see links below) but this video is nearly 3 hours long. For those that don't have the time to watch/listen to the whole episode, we've transcribed the entirety below, including some links to some of the interview topic highlights. We have also included links to many of the studies referenced by Dr. McCullough.

What topics did they discuss?

What topics did they discuss?

The podcast covered many topics. Below were the most common keywords/topics discussed and the number of times each was mentioned during the interview.

Topic	Count
monoclonal antibodies	44
spike protein	35
early treatment	22
United States	19
hospitalization and death	13
respiratory infection	13
mass psychosis	10
heart failure	10
vaccine efficacy	10
randomized trials	8
public health	8
messenger RNA	8
nursing home	8
monoclonal antibody	8
vaccine safety	8

<https://covidvaccinesideeffects.com/joe-rogan-interview-with-dr-peter-mccullough-video-full-episode/>

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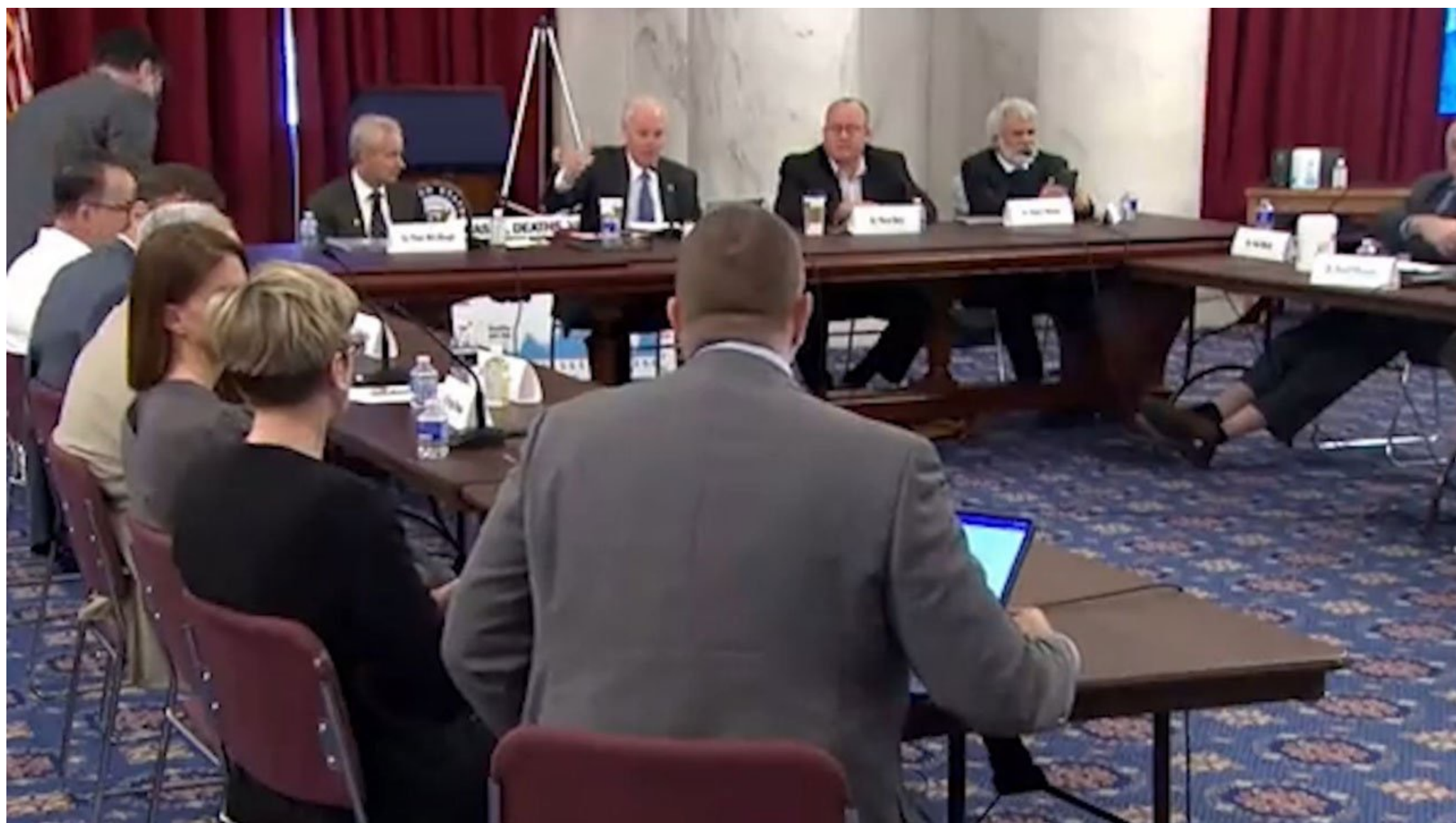


Podcast

A Second Opinion on US COVID-19 Pandemic Response

by [Dr. Peter McCullough](#) | Feb 7, 2022 | Healthcare, Politics,





Best Sellers Rank: #103 in Books

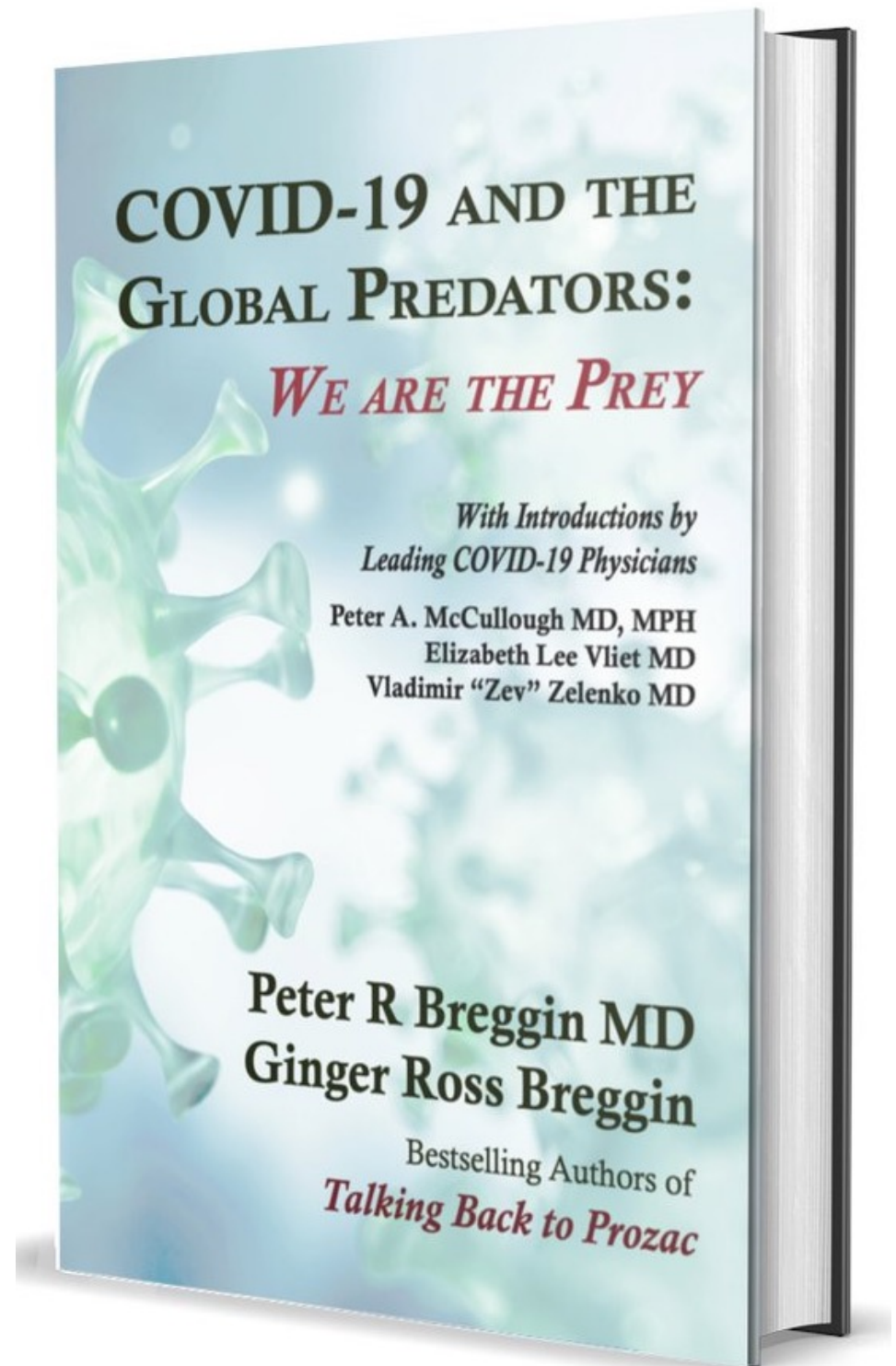
- #9 in [Medical Books](#)
- #10 in [Science & Math \(Books\)](#)

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- #1 in [Political Science \(Kindle Store\)](#)
- #3 in [Medical eBooks](#)

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- #1 in [Medical Books](#)
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- #4 in [Politics \(Books\)](#)



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- **Conclusions**

Conclusions

- COVID-19 pandemic is a global disaster
- Pathophysiology is complex—not amenable to single drug
- The prehospital phase is the therapeutic opportunity
- 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
 - Unfavorable safety profile
 - Protection not sufficiently complete or durable
- Censorship and reprisal are working to crush freedom of speech, scientific discourse, and medical progress



Courtesy of Jan Aleson, Independence, KS

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
- Pause 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

THE EPOCH TIMES
MORNING BRIEF



WORDS OF WISDOM

“Some are born great, some achieve greatness, and some have greatness thrust upon them.”

WILLIAM SHAKESPEARE

MORNING BRIEF TOP NEWS



Dr. Peter McCullough: Vaccines Failed in Stopping COVID-19 and Mandates Have to Be Dropped