

No more Corona mass vaccinations

Corona risk groups - the old and the previously ill. We knew from the beginning of 2020 that SARS-CoV 2 is dangerous for risk groups and relatively harmless for healthy and young people. Chinese physicians from Wuhan published in January 2020 that the infection can severely affect older people and high-risk patients with cardiovascular diseases, high blood pressure or diabetes. (1)

Majority of people naturally immune to SARS-CoV 2. This immunity stems from previous infections with coronaviruses, which represent one third of all seasonal cold viruses. (2) This explains why up to 90 % of all cases are asymptomatic or mild.

Mortality rate. John Ioannidis, among the 10 most cited epidemiologists in the world, has calculated a global mortality rate from SARS-CoV 2 of 0.15%, taking into account continental and national differences. (3) This mortality rate is in the range of a maximum moderate influenza: SARS-CoV 2 of 0.1 - 0.6 % versus seasonal influenza of 0.1 - 0.5 %.

Criminal count of the cause of death. WHO: *A death due to COVID-19 occurs if 28 days before death the patient had a positive PCR test.* Whether the death was due to cancer, accident, suicide or homicide is irrelevant. Without the PCR test, SARS-CoV 2 would not have been detected at all. In the meantime, the USA has reacted: The Corona PCR test will lose its approval on 31.12.2021. (4)

Conclusion: The dangerousness of Corona was overestimated worldwide - with fatal consequences for the individual (postponement of therapies, anxiety neuroses, suicide risk), for society (contact bans, social isolation), for the economy (lockdown, insolvencies). SARS-CoV 2 was never a killer virus!

Four reasons speak against mass vaccination with the current Corona vaccines:

1. mRNA vaccines reduce innate immunity

Our immune system is divided into two parts, the innate/nonspecific immunity and the acquired/specific immunity. 90% of the immune system belongs to the innate immunity, which emphasises the great importance of this defence system. The initial immunological attack against viruses, bacteria, fungi and parasites by innate immunity is very fast and occurs in a few minutes. In contrast, the specific immunological response occurs about 3 weeks after infection.

Interferons are part of the immunological first strike against invading viruses. The Pfizer/BioNTech mRNA vaccine significantly interferes with innate immunity and reduces the natural interferon response to viruses. (5) It is an inhibition of the innate immune response to viruses, an immune tolerance induced by the vaccine. An increase in other viral infections such as parainfluenza, rhinoviruses and Rous sarcoma virus (RSV) has been reported in the USA and also in Germany in 2021. Severe courses of RSV can occur in all age groups. RSV is far more dangerous than SARS-CoV 2. It is not the relaxations after the lockdown (6) that are to blame, but the mass vaccination against Corona.

Another consequence of the reprogramming of innate immunity by the mRNA vaccines is a reduced defence against fungal diseases. Fungal infections will increase among the vaccinated. (5)

Also significant is that mRNA vaccines elicit a humoral immune response but not a strong cellular one. Cellular immunity would give the vaccine the sterile immunity it needs and protect the patient more comprehensively. (5)

2. Mass vaccinations provoke mutations (variants)

One of the "survival strategies" of a virus is to duck away from the immune system, described as viral escape strategies. (7) Once antibodies have recognised and neutralised the spike protein (vaccine) of SARS-CoV 2, "surviving" viruses respond with mutations in the spike protein. Pressure creates counterpressure.

"This process can be compared to an incomplete antibiotic treatment, in which bacteria are not completely killed". (8) The vaccine creates a very high selection pressure. Since vaccinated people pass on the (now mutated) virus (lack of sterile immunity), the vaccine fails in new vaccinees and induces mutations again. A vicious circle.

The fault lies in the vaccine: all current Corona vaccines focus exclusively on the spike protein as the only target for the immune system. A vaccine, especially for a pandemic, MUST offer multiple antigens as multiple targets to the immune system to prevent immune evasion of the viruses. The current Corona vaccines will lead to resistance.

Due to the multiple mutations, there can be no herd immunity.

3. Low effectiveness

In February 2021, I quoted here Dr Peter Doshi (*"Pfizer and Moderna's "95% effective" vaccines-we need more details and the raw data"*) who calculated a relative effectiveness of the Pfizer/BioNTech vaccine of at most 19%.

Meanwhile, reports are accumulating worldwide that vaccinated people have become newly infected with Corona, which is referred to as "vaccine breakthroughs". "To date, almost 4,000 people in Germany have contracted COVID-19 despite being fully vaccinated." (9) The British government speaks of 40% vaccination breakthroughs. In Israel it is said to be 50%. The US reports 10,262 cases of vaccine breakthroughs between January and April 2021 (10). The number of unreported cases will be much higher. The official explanations are always that no vaccine offers 100% protection. This is true. In human medicine, 75 % protection is considered a success, in veterinary medicine one is already satisfied with 50 % protection.

The background to these vaccine breakthroughs in Corona is generally the lack of efficacy of all mRNA vaccines. CureVac recently demonstrated this lack of efficacy to the world with its mRNA vaccine, which differs only slightly from the Pfizer/BioNTech vaccine: only 48% efficacy (if that).

The lack of efficacy of mRNA vaccines (whether from BioNTech, Moderna or CureVac) against various indications can be seen in the clinical trials (11): to date, NO mRNA vaccine has ever emerged successfully from a normal clinical trial. Corona has worked a miracle. Thanks to an emergency approval, efficacy is suddenly available.

4. Side effects and deaths

Vaccination side effects such as pain at the injection site, redness, headache, fatigue, fever are accompanying symptoms of most vaccinations regardless of the indication.

Corona vaccines can also cause severe side effects:

- Severe allergic reactions, including anaphylaxis
- Thrombosis with thrombocytopenia syndrome (TTS)
- Guillain-Barré syndrome (GBS)
- Myocarditis and pericarditis
- Menstrual irregularities and unexpected vaginal bleeding
- Miscarriages within the first weeks of pregnancy
(13,15,16)

If one compares the number of reported side effects (AstraZeneca, Pfizer/BioNTech, Moderna) in relation to 100,000 vaccinations, it emerges that the Corona vaccines produce a factor of 10 to 60 more side effects than classical vaccines. (12)

Another fatal side effect are

- Deaths associated with Corona vaccination.

The USA reports 6,340 deaths after Corona vaccination. (13) The Paul Ehrlich Institute (PEI) reports 1,028 deaths after Corona vaccination in Germany and 10,578 serious vaccination side effects. (14) The British MHRA reports 1,490 deaths related to Corona vaccination. (15) All figures refer to a maximum period of 8 months, from December 2020 to July 2021.

Conclusion: If a classical vaccine had such a poor record, it would immediately lose its approval and would no longer be allowed to be used in humans. All Corona vaccines have not been sufficiently tested and are experimental vaccines with emergency approval. There may be a small risk, but an incalculable one. Anyone who wants to be vaccinated should do so as part of a clinical trial.

References

1. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Huang C et al., *Lancet*. 2020;395(10223):497
2. SARS-CoV-2-reactive T cells in healthy donors and patients with COVID-19. Braun J. et al., *Nature* 587, pages270–274 (2020).
3. Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations. John P A Ioannidis. *Eur J Clin Invest*, 2021 May;51(5)
4. https://www.cdc.gov/csels/dls/locs/2021/07-21-2021-lab-alert-Changes_CDC_RT-PCR_SARS-CoV-2_Testing_1.html
5. The BNT162b2 mRNA vaccine against SARS-CoV-2 reprograms both adaptive and innate immune responses. Föhse K.F. et al., May 2021. <https://www.medrxiv.org/content/10.1101/2021.05.03.21256520v1.full.pdf>
6. <https://www.aerzteblatt.de/nachrichten/124651/USA-Nach-dem-Lockdown-vermehrt-Erkrankungen-durch-RS-Viren>
7. *Introduction to Molecular Vaccinology*. M.Giese. Springer, 2016.
8. Risk of rapid evolutionary escape from biomedical interventions targeting SARS-CoV-2 spike protein. Debra Van Egeren et al., April 2021. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0250780>
9. <https://www.aerzteblatt.de/nachrichten/125413/Knapp-4-000-Coronaerkrankungen-trotz-Impfung>
10. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e3.htm>
11. <https://clinicaltrials.gov>
12. <https://harald-walach.de/2021/04/06/corona-impfstoffe-kosten-und-nutzen-nochmals-nachdenken/>
13. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/adverse-events.html>
14. https://www.pei.de/SharedDocs/Downloads/DE/newsroom/dossiers/sicherheitsberichte/sicherheitsbericht-27-12-bis-30-06-21.pdf?__blob=publicationFile&v=5
15. <https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting>
16. <https://pubmed.ncbi.nlm.nih.gov/33882218/>