COVID-19 Vaccine Safety Update and Pivot to Early Treatment

Peter A. McCullough, MD, MPH, FACC, FACP, FAHA, FASN, FNKF, FNLA, FCRSA
Chief Medical Advisor, Truth for Health Foundation
President, Cardiorenal Society of America
Editor-in-Chief, *Cardiorenal Medicine*
Editor-in-Chief, *Reviews in Cardiovascular Medicine*
Senior Associate Editor, *American Journal of Cardiology*
Tagline: https://americaoutloud.com/the-mccullough-report/

Dr. McCullough is an internist, cardiologist, epidemiologist, and Professor of Medicine, Texas Christian University and the University of North Texas Health Sciences Center School of Medicine. 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 46 peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in *TheHill and on FOX NEWS Channel*. 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, and New Hampshire Senate concerning many aspects of the pandemic response. Dr. McCullough has had one full-year of dedicated 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.

June 6, 2021

News Highlights

We Are Becoming a Colony of China

by Michael McCarthy

No, Joe, Electric Cars Will Never Power America!

by Dr. Jay Lehr and Tom Harris

For New Biologic Products, Demand Safety, Safety, Safety

by Dr. Peter McCullough | Jun 5, 2021 | Healthcare, World

More Deaths Reported After Shots But No Link to Flu Vaccine Is Found

By HAROLD M. SCHMECK Jr.

Special to The New York Times

WASHINGTON, Oct. 13—Fourteen persons in nine states have died within 48 hours of receiving flu vaccine since the nationwide immunization program against swine flu began a little less than two weeks ago, according to the Federal Center for Disease Control in Atlanta. But the center said there was no evidence that any of the deaths had been caused by the vaccine.

The first three of the deaths to be reported caused nationwide concern yesterday because the victims had all received their shots at the same clinic in Pittsburgh and had died within hours of vaccination.

In the immediate aftermath of the reports from Pittsburgh, about 11 states or major parts of states suspended their vaccination efforts as a safety measure. The Center for Disease Control said that there was no evidence indicating any need for such suspensions, and today Louisiana and Vermont were reported to have decided to resume their programs.

In what is presumed to be an effort to reassert the worthiness of the effort, the White House announced today that President Ford would receive a shot of the vaccine tomorrow.

In Pittsburgh, a local health official said that the deaths there appeared to be unrelated to the vaccine. In New York City there was a sharp fall-off in the lines outside vaccination centers. [Page 42.]

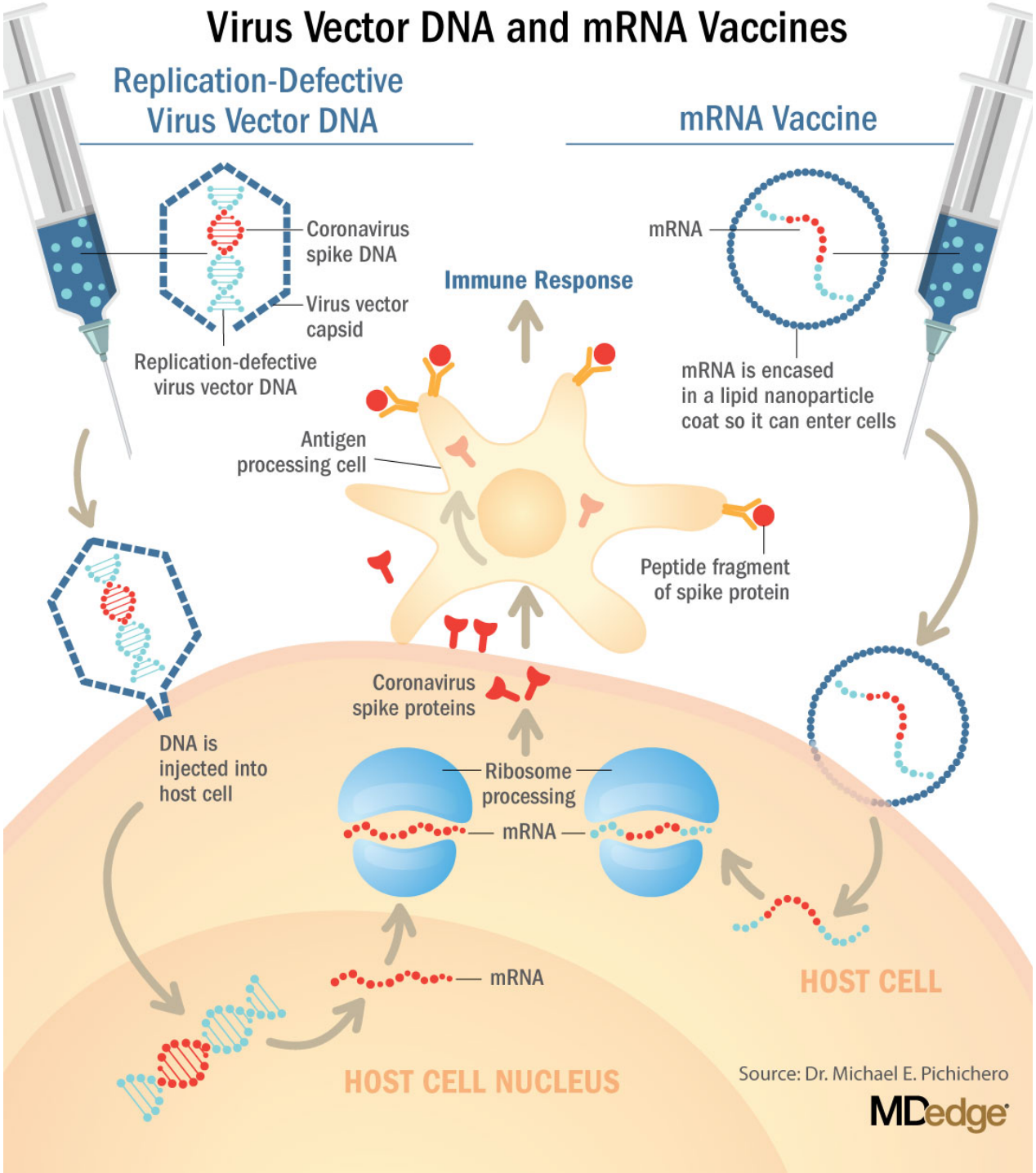
Of the deaths reported in the surveillance by the Center for Disease Control, five occurred in Pennsylvania, two in Tennessee, and one each in Massachusetts, Florida, Colorado, Georgia, Louisiana, Texas and Ohio. Two of the Pennsylvania deaths occurred outside the Pittsburgh area.

While the center said it had received

Continued on Page 42. Column 3

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.

Virus Vector DNA and mRNA Vaccines



Source: Dr. Michael E. Pichichero

MDedge

BAYLOR SCOTT & WHITE HEALTH
CONSENT AND IMMUNIZATION RECORD FOR CORONAVIRUS DISEASE 2019 (COVID-19) VACCINE

Last Name _____ **First Name** _____ **M. Initial** _____

Date of Birth _____ **Phone No.** _____ **Gender: M F**

Mailing Address _____ **City** _____ **State** ____ **Zip** _____

For Baylor Scott & White Health Employees Only:

Employee ID _____ **Social Security** X X X – X X - ____ ____ ____ ____

Job Title _____ **Dept.** _____ **Campus** _____

Work Email _____ **Work Phone No.** _____

This vaccine is an investigational medicine to vaccinate individuals against COVID-19. This vaccine is investigational because it is still being studied. There is limited information known about the safety and effectiveness of using this vaccine.

There may be risks and side-effects involved with taking this vaccine, both known and unknown. These may be a minor inconvenience such as fever or may be so severe as to cause death. Receiving this vaccine is voluntary and you can refuse to receive this vaccine now or at any point. It is unknown how effective this vaccine is if you have previously been infected with COVID-19.

For required State of Texas reporting purposes, if you do not have a Baylor Scott & White Health electronic medical record, one will be created on your behalf.

Female Patients Only: (_____) As far as I know, I am not pregnant. I understand there is currently limited data available on the use of this vaccine in pregnant women, and therefore I acknowledge that I should avoid becoming pregnant for a period of time after the vaccine. *Please see the FDA Fact Sheet for more information.*

Clinical Concerns

-MOA mRNA or adenoviral DNA is production of the Spike protein
    -Cell, tissue, organ endothelial damage
    -Spike protein circulation (body fluids, donated blood)
-No genotoxicity studies
-No teratogenicity studies
-Concerning biodistribution study (Pfizer, Japan)
-Concerning fertility study (Moderna, EMA)
-No EAC, DSMB, Human Ethics Committee
-No restriction of properly excluded groups from RCTs
    -Pregnant women, women of childbearing potential
    -COVID survivors, previously immune
-No effort to restrict vaccination according to risk for COVID-19 hospitalization and death
-No attempts to present or mitigate risks for public

we wish to confidence in science and public health.

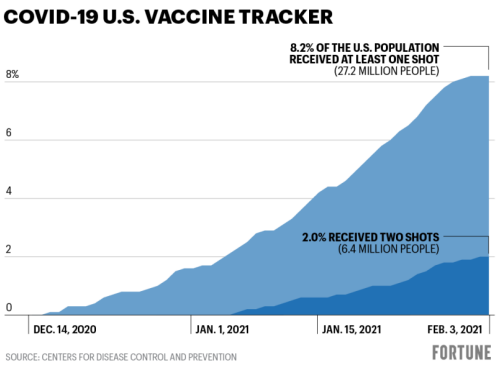
Emerging COVID-19 Vaccine Mortality Signal by Jan 22, 2021 (~27.1 M)

All vaccines before 2020
~158 total deaths/yr

VAERS COVID REPORTS

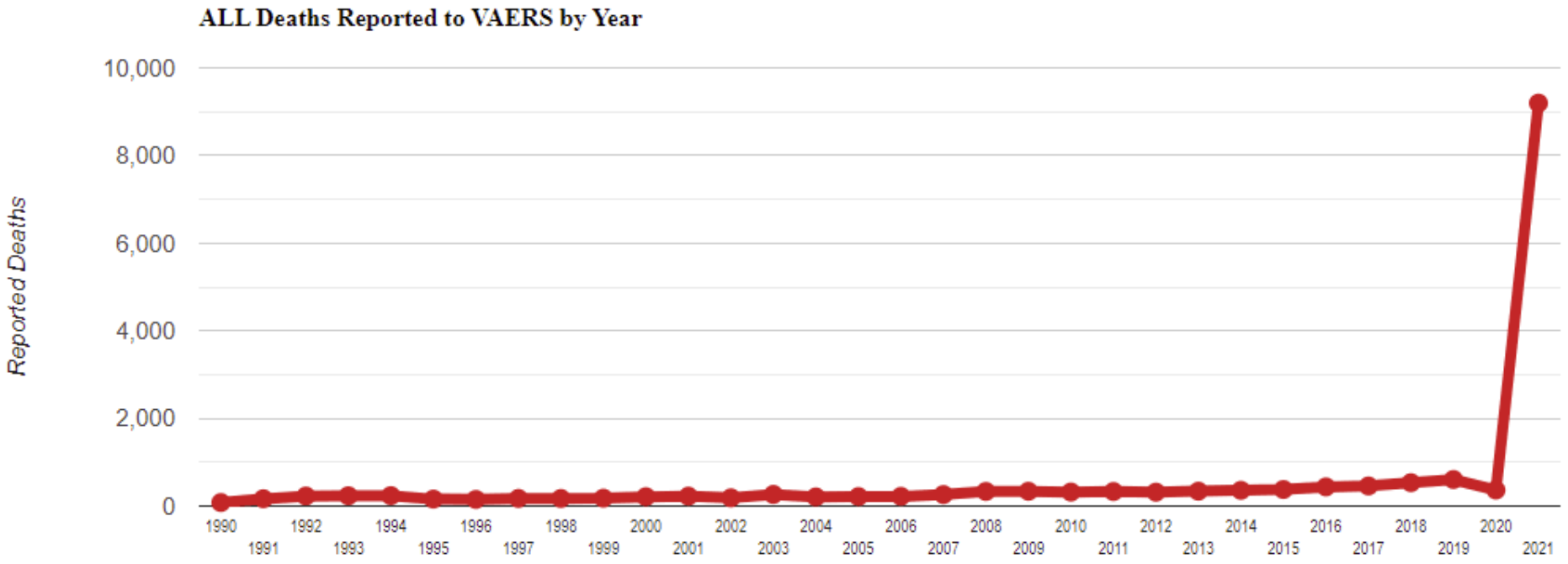
Through January 22, 2021

182 DEATHS	455 HOSPITALIZATIONS	1702 EMERGENCY ROOM OR URGENT CARE	969 OFFICE VISITS
106 ANAPHYLAXIS	78 BELL'S PALSY	37 STROKE-LIKE SYMPTOMS	

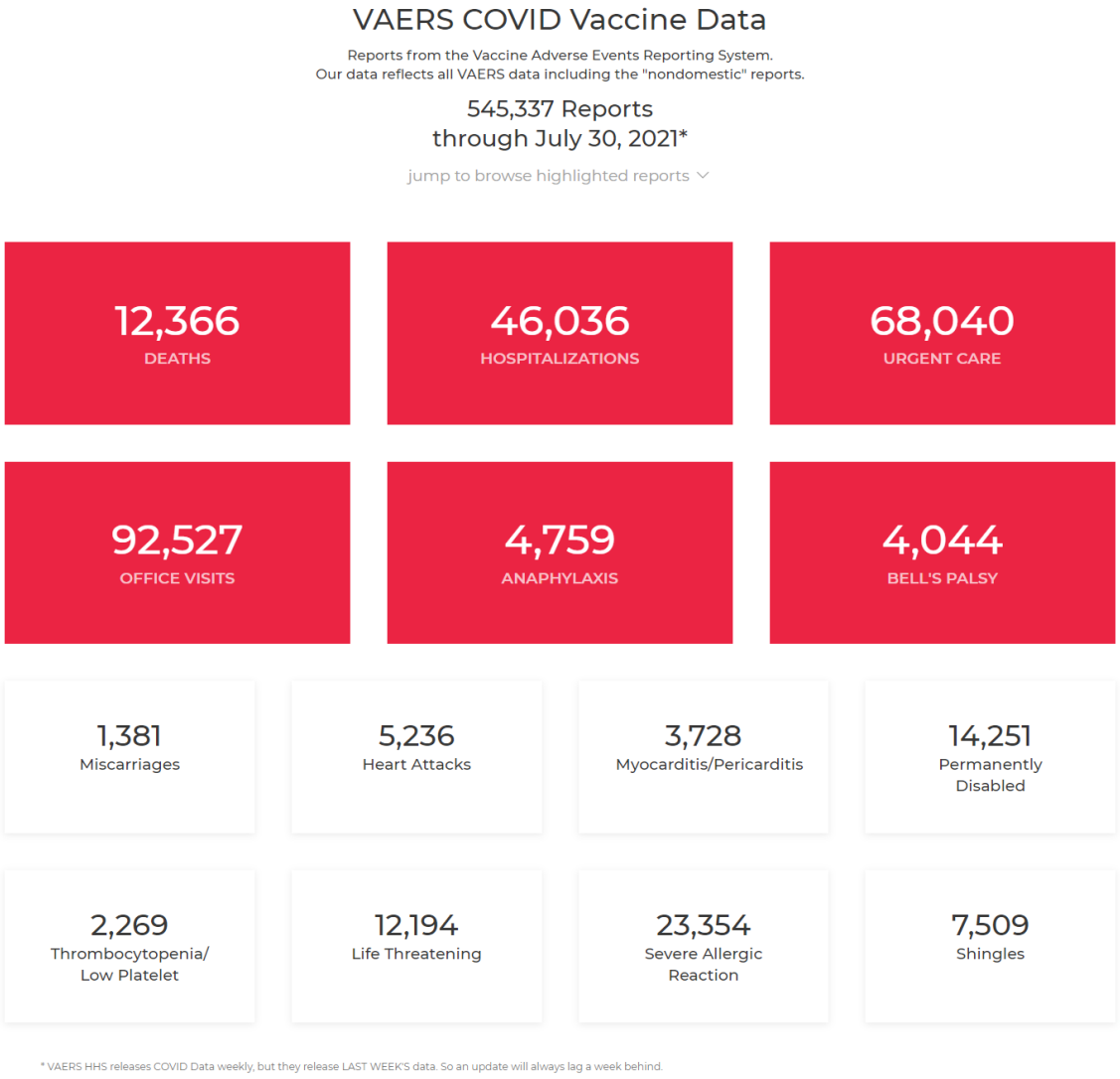


VAERS COVID Vaccine Data
(Vaccine Adverse Events Reporting System, USA)
463,456 Reports Through July 9, 2021

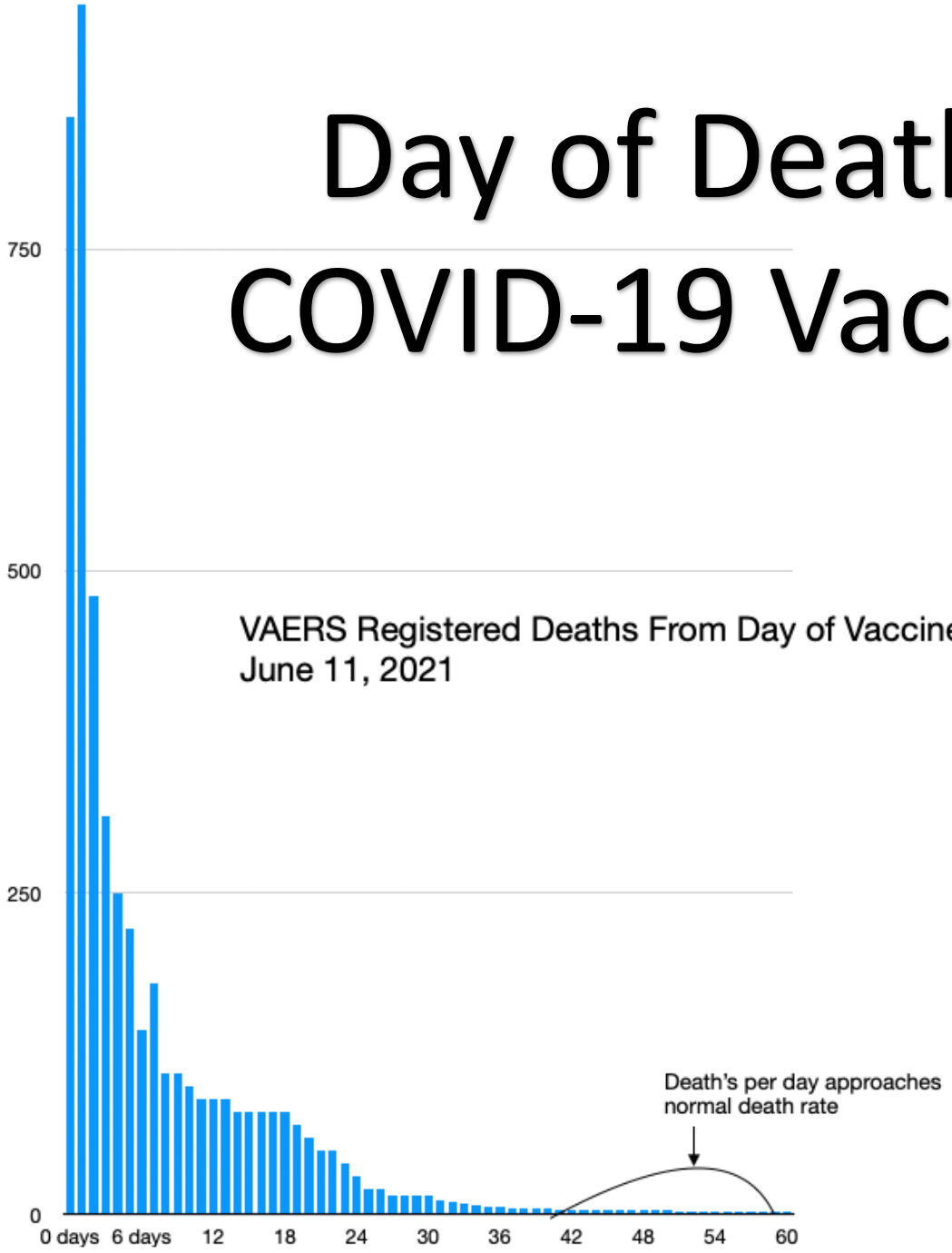
Reported Deaths post COVID Vaccine: Total 9,048



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



Day of Death after COVID-19 Vaccination



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

ResearchGate

Interim Results and Analysis

86% of deaths had no other explanation 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.

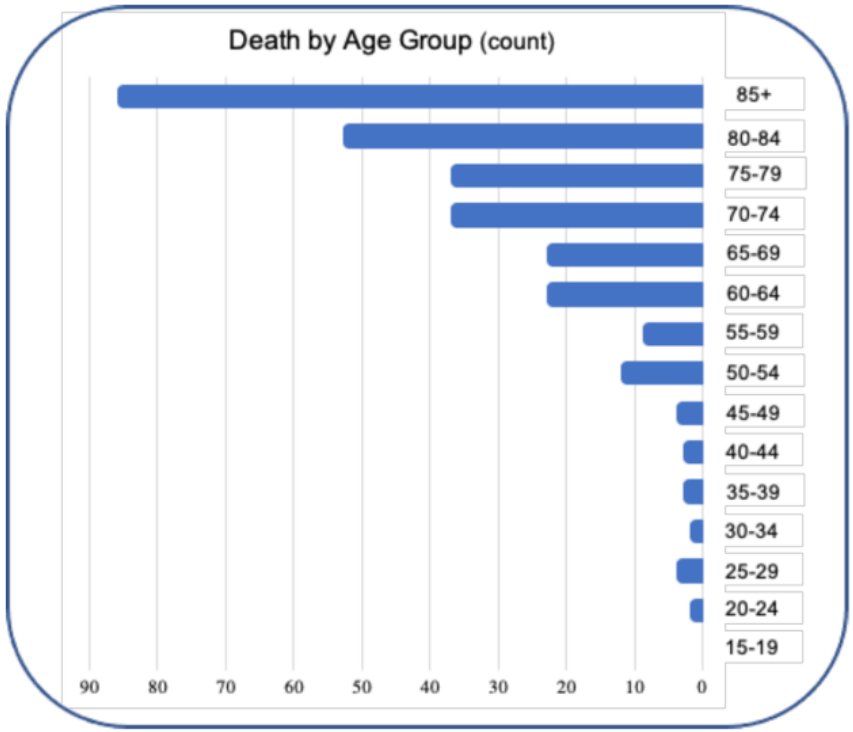


Figure 3: Death by Age Group

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

Science, Public Health Policy, and The Law
Volume 2:59–80
May, 2021
Clinical and Translational Research

An Institute for Pure and Applied Knowledge (IPAK)
Public Health Policy Initiative (PHPI)

IPAK PHPI

A Report on the U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger Ribonucleic Acid (mRNA) Biologicals

Jessica Rose, PhD, MSc, BSc

Figure 5.3 Distribution by VAERS ID according to age in individuals who reported immunological adverse events

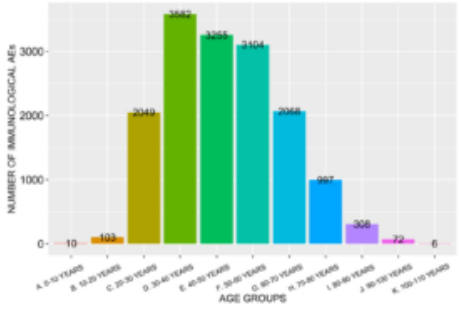


Figure 6. Distribution according to age in individuals who reported anaphylactic reactions

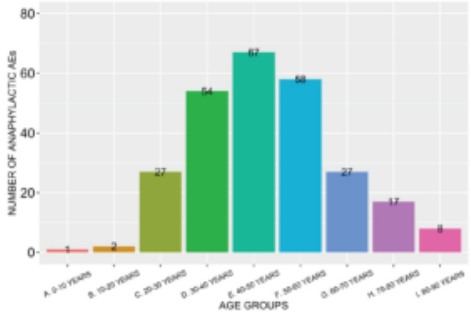


Table 3. Percentages of individuals reporting AEs following 24- and 48-hour periods

	AE within 24 hrs (% of cases)	AE within 48 hrs (% of cases)
Death	13	44
Hospital	15	47
ER	18	47

Table 4. Percentages of individuals experiencing AEs within 24- and 48-hour periods

	AE within 24 hrs (% of cases)	AE within 48 hrs (% of cases)
Cardiovascular	13	44
Neurological	15	47
Immunological	18	47

Analysis suggests that the vaccines are likely the cause of reported deaths, spontaneous abortions and anaphylactic reactions in addition to cardiovascular, neurological and immunological AEs. Based on the precautionary principle, since there is currently no precedent for predictability with regards to long-term effects from mRNA injections, extreme care should be taken when making a decision to participate in this experiment. mRNA platforms

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

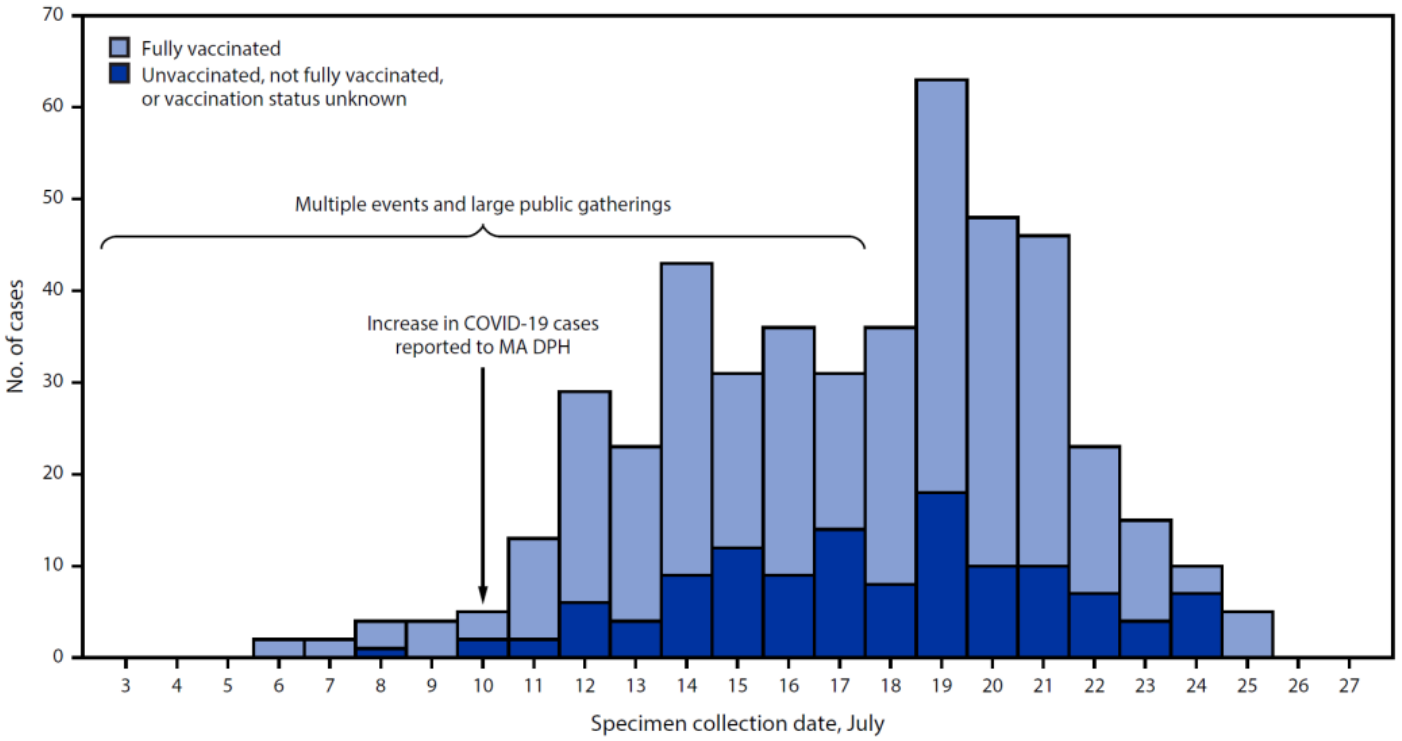
TRANSFORMATIVE HEALTH JUSTICE SUPPORTS THE CALL MADE FOR A DECLARATION, AND HUMANITARIAN EFFORTS TO SUPPORT VICTIMS

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 70
July 30, 2021

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

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

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status* — Barnstable County, Massachusetts, July 2021



Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence

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

[1] nference, Cambridge, Massachusetts 02139, USA

[2] Mayo Clinic, Rochester, Minnesota 55902, USA

which either the Alpha or Delta variant was highly prevalent. We defined cohorts of vaccinated and unvaccinated individuals from Minnesota (n = 25,589 each) matched on age, sex, race, history of prior SARS-CoV-2 PCR testing, and date of full vaccination. Both vaccines were highly effective during this study period against SARS-CoV-2 infection (mRNA-1273: 86%, 95%CI: 81-90.6%; BNT162b2: 76%, 95%CI: 69-81%) and COVID-19 associated hospitalization (mRNA-1273: 91.6%, 95% CI: 81-97%; BNT162b2: 85%, 95% CI: 73-93%). However, in July, the effectiveness against infection was considerably lower for mRNA-1273 (76%, 95% CI: 58-87%) with an even more pronounced reduction in effectiveness for BNT162b2 (42%, 95% CI: 13-62%). Notably, the Delta variant prevalence in Minnesota increased from 0.7% in May to over 70% in July whereas the Alpha variant prevalence decreased from 85% to 13% over the same time period.

Vaccines Fail with Loss of Efficacy and Resistant Strains of SARS-CoV-2

Israel Confirmed Cases, July 4th - July 31st				
Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20-29	2689	795	77.2%	71.9%
30-39	3176	881	78.3%	77.4%
40-49	3303	635	83.9%	80.9%
50-59	2200	359	86.0%	84.4%
60-69	2200	187	92.2%	86.9%
70-79	1384	100	93.3%	92.8%
80-89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
Total	**Total**	**Total**	**Average**	**Average**
20-90+	**15634**	**3038**	**86.0%**	**84.4%**
Source 01 :https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880				
Source 02 :https://datadashboard.health.gov.il/COVID-19/general				

Centers for Disease Control and Prevention

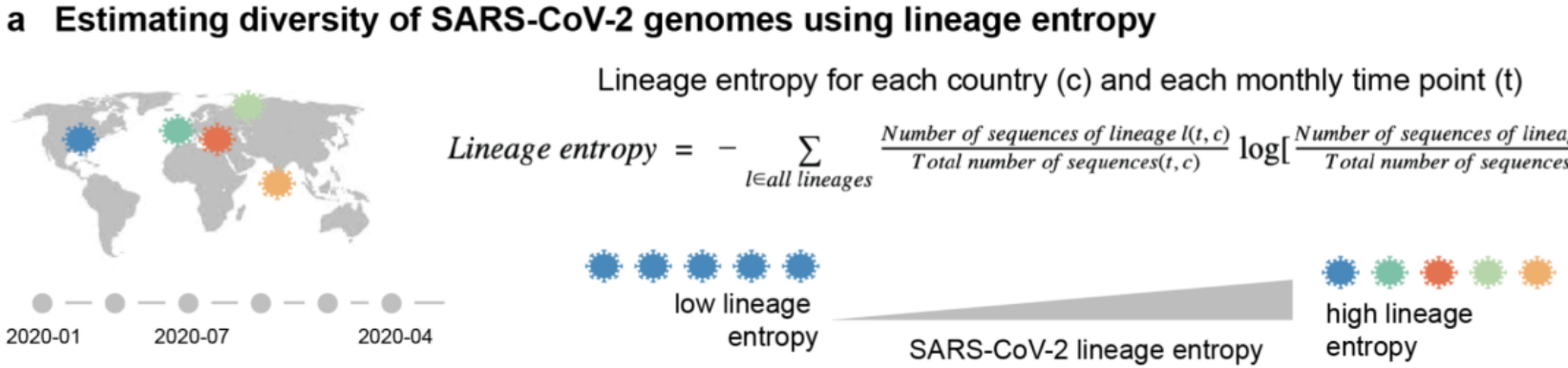
COVID-19 Vaccine Breakthrough Case Investigation and Reporting

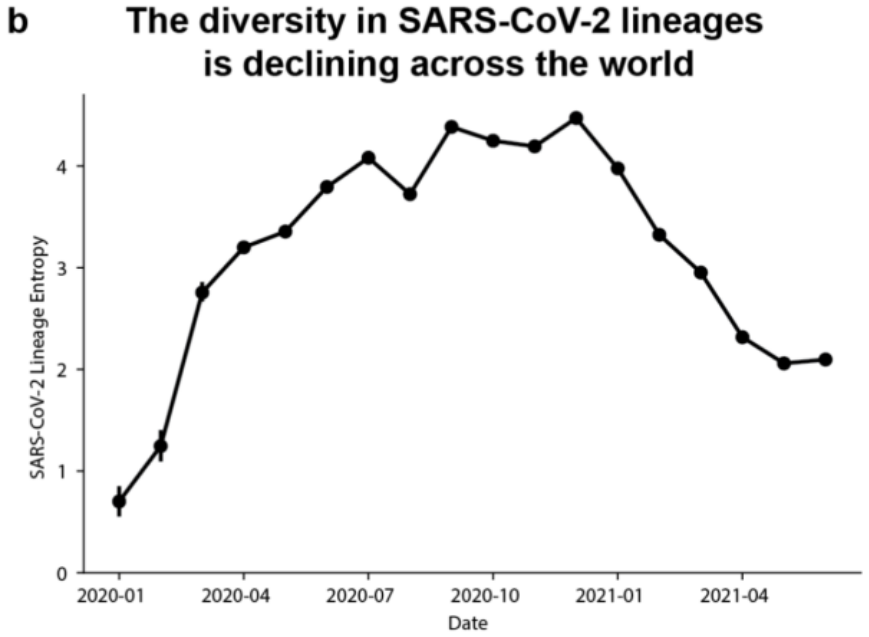
As of July 26, 2021, more than 163 million people in the United States had been fully vaccinated against COVID-19.

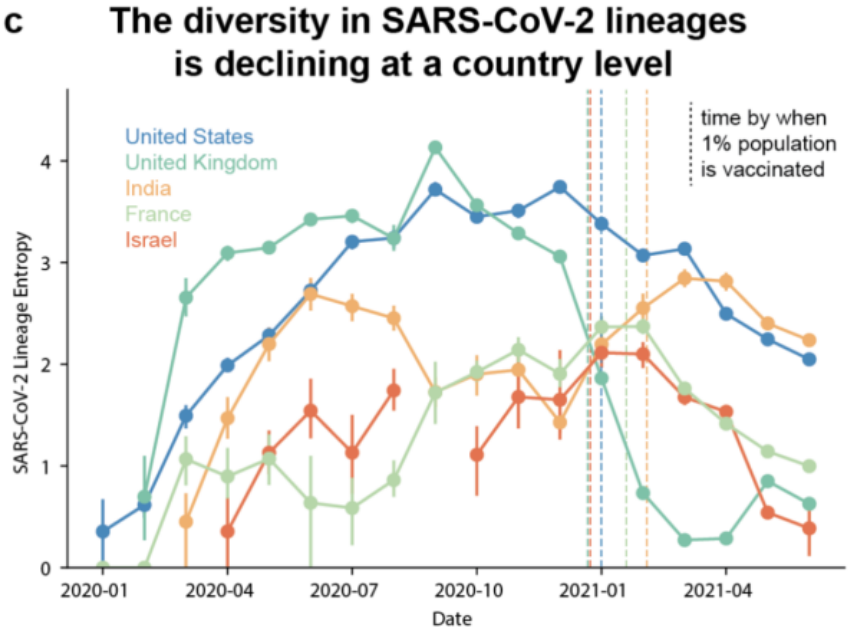
During the same time, CDC received reports from 49 U.S. states and territories of 6,587 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died.

Hospitalized or fatal vaccine breakthrough cases reported to CDC	6,587	
Female	3,193	(48%)
People aged ≥65 years	4,868	(74%)
Asymptomatic infections	1,219	(19%)
Hospitalizations*	6,239	(95%)
Deaths†	1,263	(19%)

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



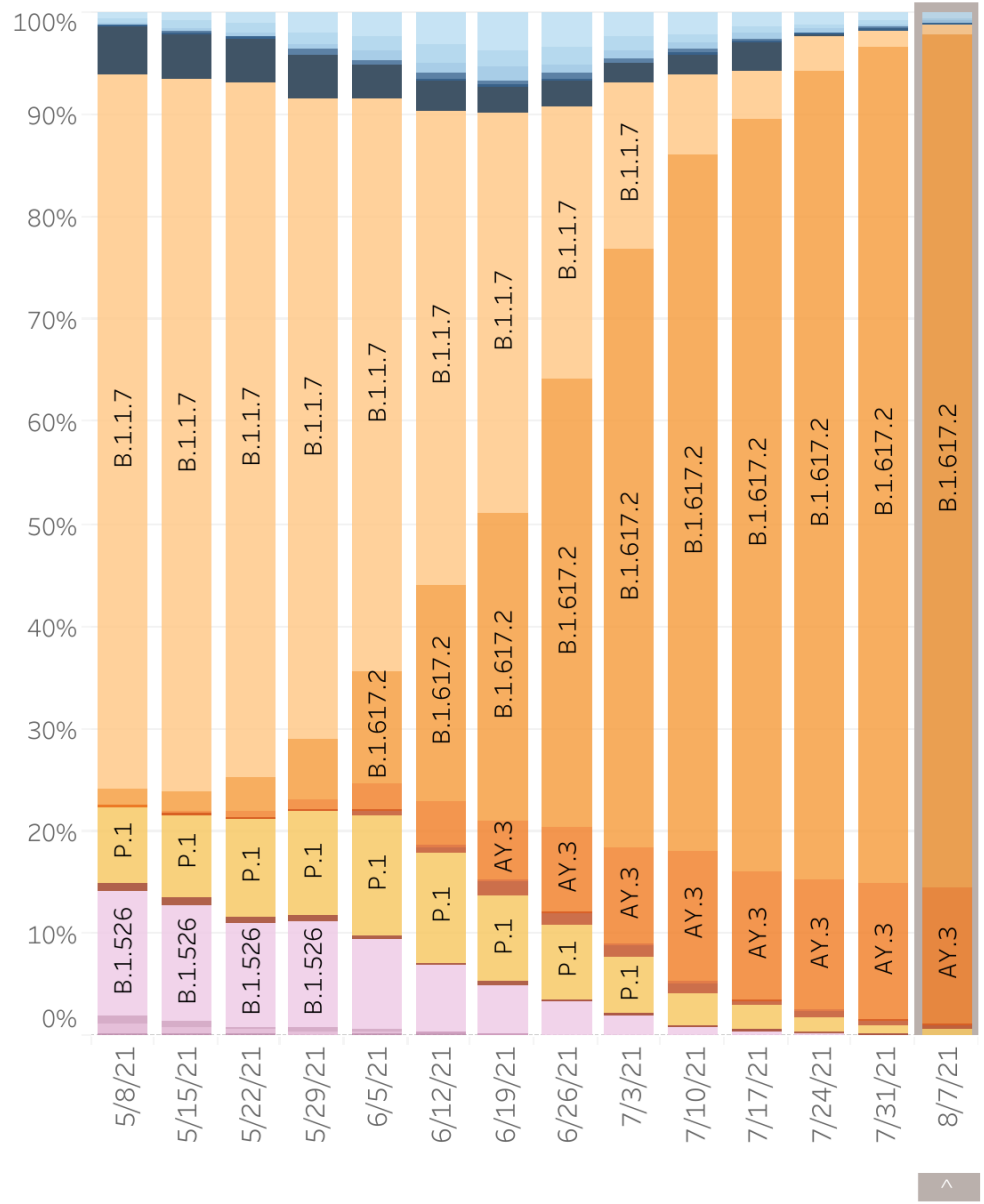




United States: 4/25/2021 – 8/7/2021

United States: 8/1/2021 – 8/7/2021 NOWCAS

** ** **



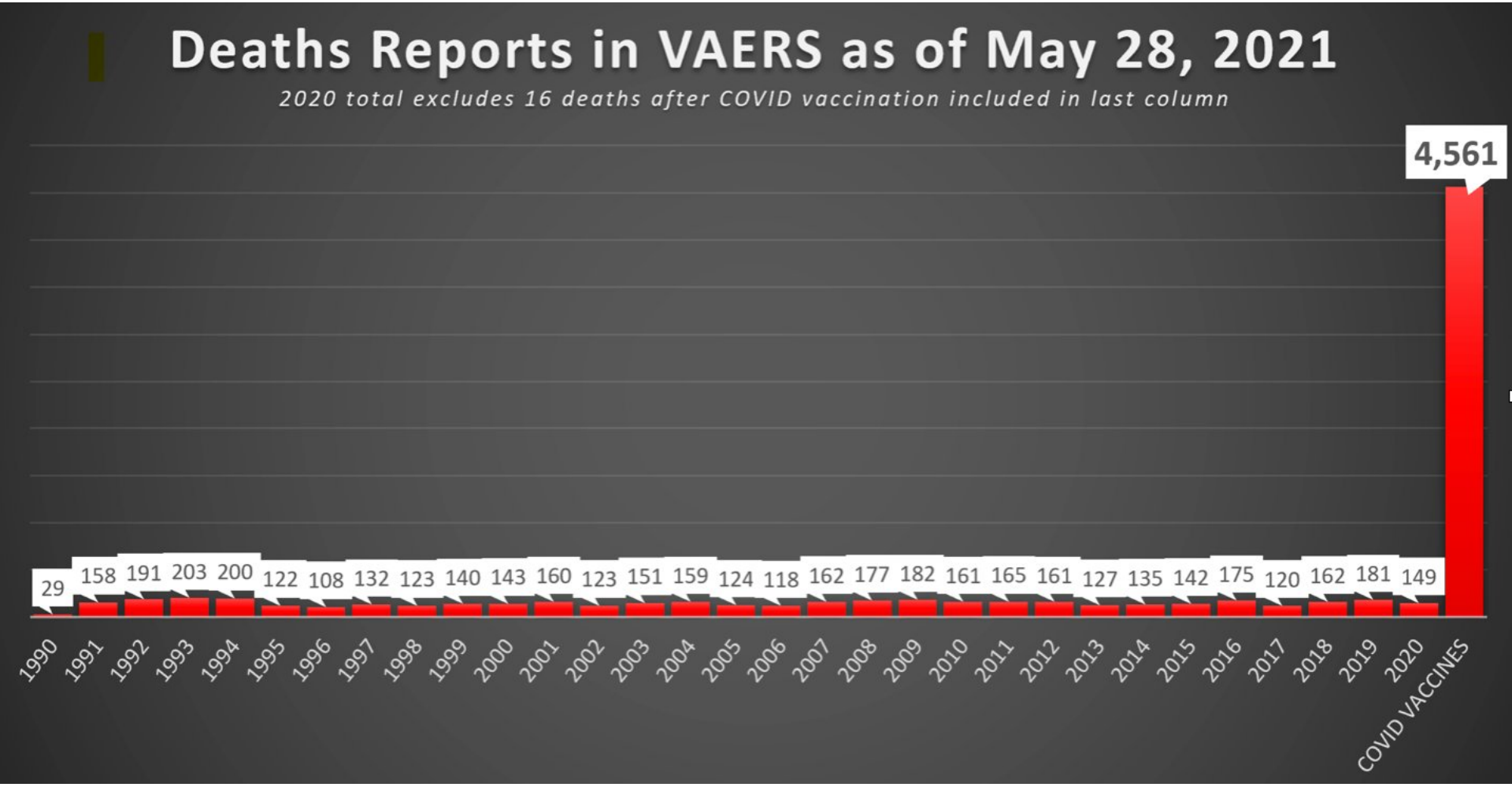
USA

WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.9%	0.2-2.0%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.5%	0.0-1.2%
Delta	B.1.617.2	VOC	83.4%	79.7-87.1%
	AY.3	VOC	13.4%	10.2-16.9%
	AY.2	VOC	0.5%	0.0-1.2%
	AY.1	VOC	0.1%	0.0-0.2%
Eta	B.1.525	VOI	0.0%	0.0-0.2%
Iota	B.1.526	VOI	0.1%	0.0-0.5%
	B.1.621		0.6%	0.0-1.5%
	B.1.621.1		0.2%	0.0-0.7%
	B.1.628		0.2%	0.0-0.7%
	Other*		0.1%	0.0-0.5%
	A.2.5		0.0%	0.0-0.2%
	B.1.626		0.0%	0.0-0.2%
	B.1.429	VOI	0.0%	0.0-0.2%
	B.1.427	VOI	0.0%	0.0-0.2%

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

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

Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion. AY.3.1 is aggregated with its parent lineage AY.3.


Deaths Reports in VAERS as of May 28, 2021
2020 total excludes 16 deaths after COVID vaccination included in last column
4,561
29 158 191 203 200 122 108 132 123 140 143 160 123 151 159 124 118 162 177 182 161 165 161 127 135 142 175 120 162 181 149
1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 COVID VACCINES

VAERS COVID Vaccine Data

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

545,337 Reports through July 30, 2021*

jump to browse highlighted reports

12,366 DEATHS	**46,036** HOSPITALIZATIONS	**68,040** URGENT CARE
92,527 OFFICE VISITS	**4,759** ANAPHYLAXIS	**4,044** BELL'S PALSY

1,381 Miscarriages	**5,236** Heart Attacks	**3,728** Myocarditis/Pericarditis	**14,251** Permanently Disabled
2,269 Thrombocytopenia/ Low Platelet	**12,194** Life Threatening	**23,354** Severe Allergic Reaction	**7,509** Shingles

* VAERS HHS releases COVID Data weekly, but they release LAST WEEK'S data. So an update will always lag a week behind.

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

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

May 20, 2021

Abstract

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

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

Weekly / May 28, 2021 / 70(21);792–793

On May 25, 2021, this report was posted online as an MMWR *Early Release.*

CDC COVID-19 Vaccine Breakthrough Case Investigations Team (View author affiliations)

View suggested citation

COVID-19 vaccines are a critical tool for controlling the ongoing global pandemic. The Food and Drug Administration (FDA) has issued Emergency Use Authorizations for three COVID-19 vaccines for use in the United States.* In large, randomized-controlled trials, each vaccine was found to be safe and efficacious in preventing symptomatic, laboratory-confirmed COVID-19 (*1–3*). Despite the high level of vaccine efficacy, a small percentage of fully vaccinated persons (i.e. received all recommended doses of an FDA-authorized COVID-19 vaccine) will develop symptomatic or asymptomatic infections with SARS-CoV-2, the virus that causes COVID-19 (*2–8*).

CDC is working with state and territorial health departments to investigate SARS-CoV-2 infections among persons who are fully vaccinated and to monitor trends in case characteristics and SARS-CoV-2 variants identified from persons with these infections. For this surveillance, a vaccine breakthrough infection is defined as the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥14 days after receipt of all recommended doses of an FDA-authorized COVID-19 vaccine. State health departments voluntarily report vaccine breakthrough infections to CDC.† When possible, genomic sequencing is performed on respiratory specimens that test positive for SARS-CoV-2 RNA (*9*).

A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021. Among these cases, 6,446 (63%) occurred in females, and the median patient age was 58 years (interquartile range = 40–74 years). Based on preliminary data, 2,725 (27%) vaccine breakthrough infections were asymptomatic, 995 (10%) patients were known to be hospitalized, and 160 (2%) patients died. Among the 995 hospitalized patients, 289 (29%) were asymptomatic or hospitalized for a reason unrelated to COVID-19. The median age of patients who died was 82 years (interquartile range = 71–89 years); 28 (18%) decedents were asymptomatic or died from a cause unrelated to COVID-19. Sequence data were available from 555 (5%) reported cases, 356 (64%) of which were identified as SARS-CoV-2 variants of concern,§ including B.1.1.7 (199; 56%), B.1.429 (88; 25%), B.1.427 (28; 8%), P.1 (28; 8%), and B.1.351 (13; 4%).

Hospitalized or fatal COVID-19 vaccine breakthrough cases reported to CDC as of July 26, 2021

As of July 26, 2021, more than 163 million people in the United States had been fully vaccinated against COVID-19.

During the same time, CDC received reports from 49 U.S. states and territories of 6,587 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died.

Hospitalized or fatal vaccine breakthrough cases reported to CDC	6,587	
Female	3,193	(48%)
People aged ≥65 years	4,868	(74%)
Asymptomatic infections	1,219	(19%)
Hospitalizations*	6,239	(95%)
Deaths†	1,263	(19%)

*1,598 (26%) of 6,239 hospitalizations reported as asymptomatic or not related to COVID-19.
†309 (24%) of 1,263 fatal cases reported as asymptomatic or not related to COVID-19.

Israel Confirmed Cases, July 4th - July 31st				
Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20-29	2689	795	77.2%	71.9%
30-39	3176	881	78.3%	77.4%
40-49	3303	635	83.9%	80.9%
50-59	2200	359	86.0%	84.4%
60-69	2200	187	92.2%	86.9%
70-79	1384	100	93.3%	92.8%
80-89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
Total	**Total**	**Total**	**Average**	**Average**
20-90+	**15634**	**3038**	**86.0%**	**84.4%**

Source 01 :https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880

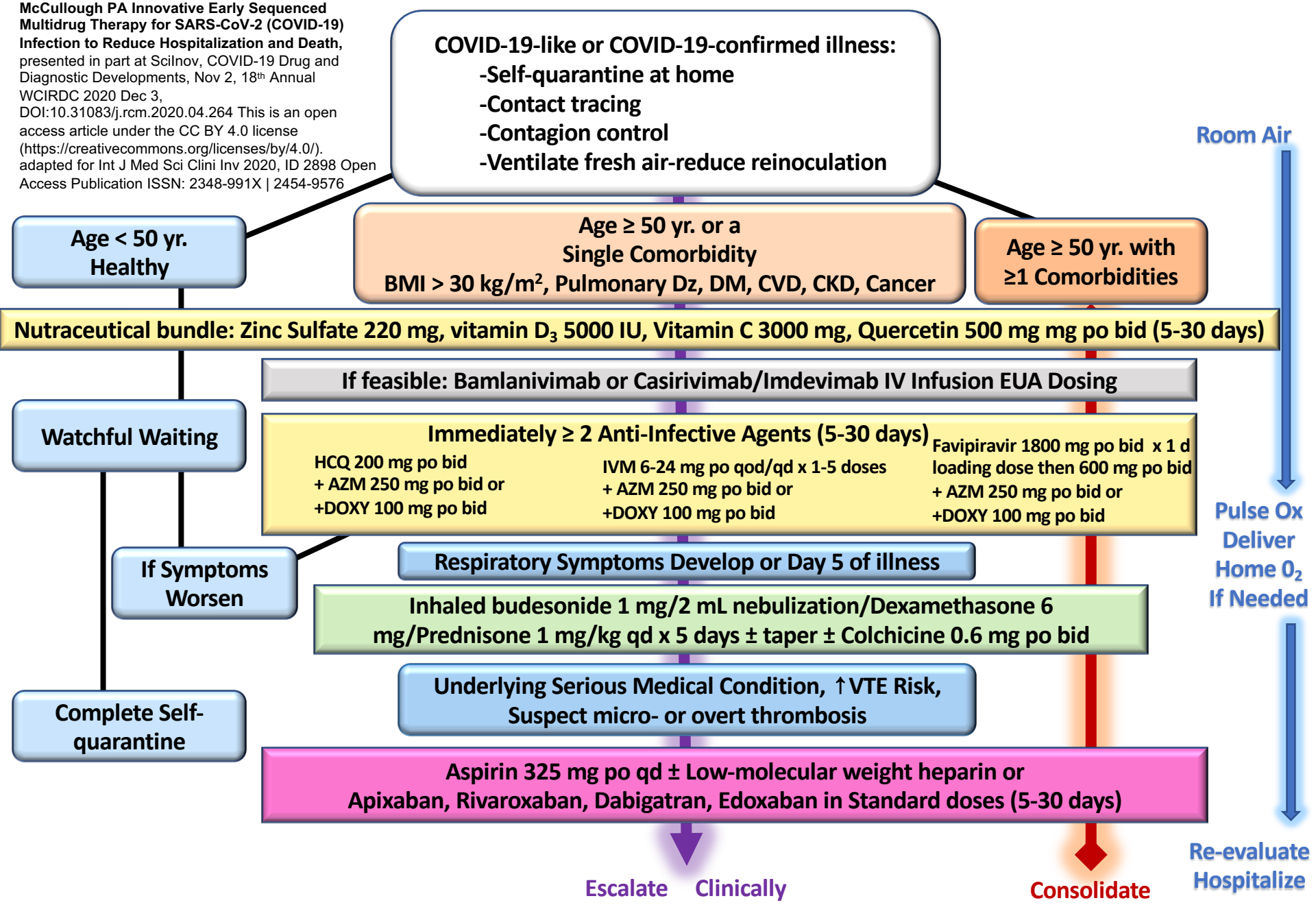
Source 02 :https://datadashboard.health.gov.il/COVID-19/general

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.

McCullough PA Innovative Early Sequenced Multidrug Therapy for SARS-CoV-2 (COVID-19) Infection to Reduce Hospitalization and Death, presented in part at SciInov, 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 Clini 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)

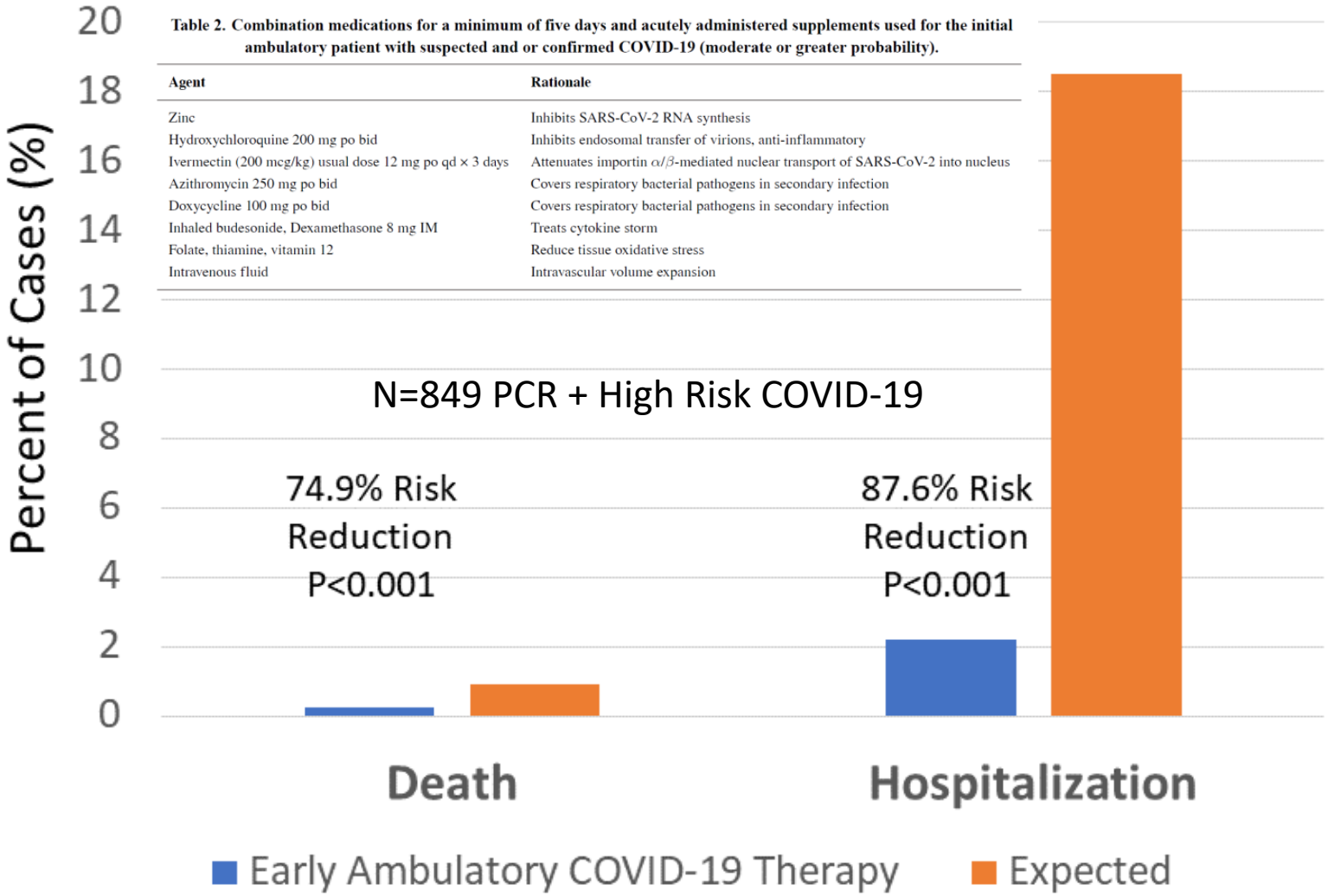
terapia domiciliare covid19

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

Brian Procter[1], Casey Ross[1], Vaness Pickard[1], Erica Smith[1], Cortney Hanson[1], and Peter A. McCullough[2]

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 × 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



Procter BC, Ross C, Pickard V, Smith E, Hanson C, McCullough PA. Clinical outcomes after early ambulatory multidrug therapy for high-risk SARS-CoV-2 (COVID-19) infection. Rev Cardiovasc Med. 2020 Dec 30;21(4):611-614. doi: 10.31083/j.rcm.2020.04.260. PMID: 33388006.

Permanent link to preprint on Authorea:
https://doi.org/10.22541/au.161000355.54720791/v1

Contents lists available at ScienceDirect

Medical Hypotheses

journal homepage: www.elsevier.com/locate/mehy

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

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

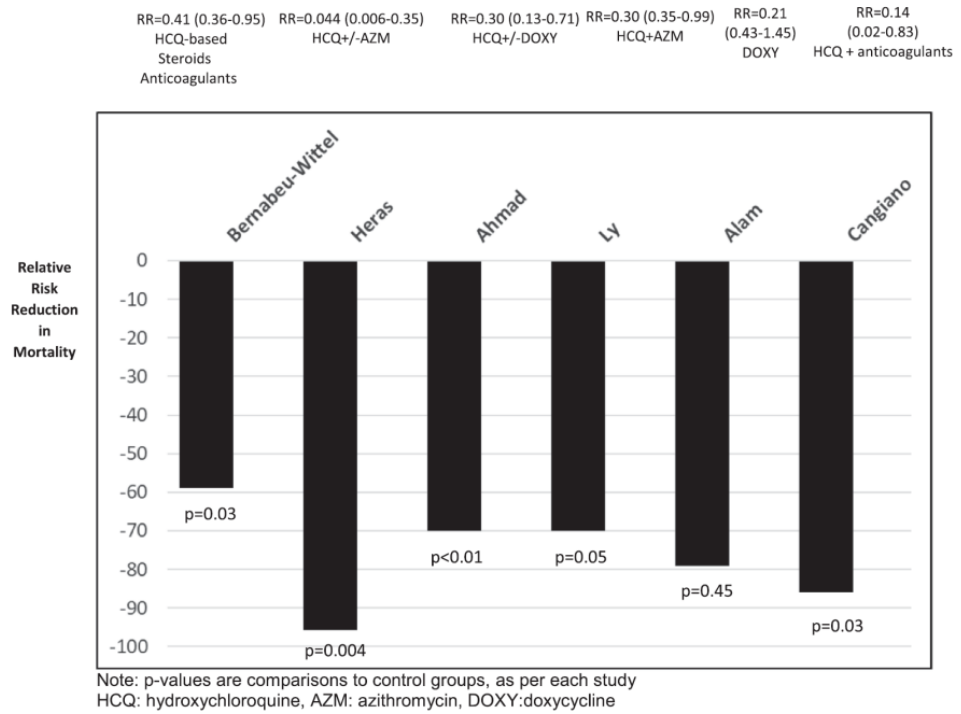


Fig. 1. Relative risk reduction in mortality risk in nursing home COVID patients using early prehospital combined and sequenced multi-drug treatment (SMDT).

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

Conclusions

- COVID-19 pandemic is a global disaster
- Pathophysiology is complex—not amenable to single drug
- Despite contagion control efforts, there have been two poor outcomes: hospitalization and death
- The prehospital phase is the time of therapeutic opportunity
- Hospitalization and late treatment form an inadequate safety net with unacceptably high mortality
- 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 vaccination and natural herd immunity
- COVID-19 genetic vaccines have an unfavorable safety profile and are not clinically effective, thus they cannot be generally supported in clinical practice at this time