Covid-19 Vaccine AstraZeneca

Covid-19 Vaccine AstraZeneca is the name of the ‘Oxford’ Covid-19 Vaccine by AstraZeneca.

What is Covid-19?

Covid-19 stands for Coronavirus Disease 2019. Coronaviruses are a causation of colds and flu. Scientists say they have identified a new strain of coronavirus and named it after the year it was discovered, 2019, hence the abbreviated Covid-19.

Covid-19 is a respiratory virus that can cause the following symptoms:

A high temperature

A new, continuous cough (three or more coughing episodes in 24 hours or coughing continuously for more than one hour)

Loss or alteration to your sense of smell or taste.

The majority of people who contract Covid-19 will have a mild or moderate illness that requires no treatment.

Those over the age of 70 and with pre-existing conditions such as diabetes, cancer or respiratory disorders are more likely to experience severe effects from coronavirus. One in five over 80 year old's will require hospital treatment and the death rate of coronavirus in that age range is 0.66%.

The Vaccine

The Oxford AstraZeneca vaccine is a double stranded DNA vaccine. The vaccine contains DNA from a genetically engineered Chimpanzee Adenovirus which has had a gene for a coronavirus spike attached to it. Once injected, the adenovirus pushes its DNA into the nucleus of the vaccinated person's cells and the coronavirus spike instructions are read by the cell and copied into a messenger molecule called RNA. The cell's molecules read these instructions and start making coronavirus spike proteins. Antibodies are then produced against them. Instead of adding the antigen into the vaccine, the person's own body produces the antigen.

Traditional antigen vaccines often garner a poor response and may be injurious (for example, like the whole cell pertussis vaccine which was later scrapped in favour of an acellular vaccine, reported to have fewer side-effects). Another advantage of the 'Oxford' AstraZeneca vaccine over the Pfizer RNA vaccine is that DNA is more stable so the vaccine does not need to be frozen.

However, this type of vaccine technology is brand new and has never been done before so its long-term effects are unknown. It is V.A.N UK's opinion that covid vaccinations are in fact, gene therapy, rather than vaccination. Journalist George Leon wrote in the Press and Journal newspaper that genetically engineered vaccines would 'save millions of lives' and this was the reason why people should all embrace genetic engineering.

Composition of the Vaccine

One dose (0.5 ml) contains:

COVID-19 Vaccine (ChAdOx1-S* recombinant) 5 × 10^10 viral particles (vp)

*Recombinant, replication-deficient chimpanzee adenovirus vector encoding the SARS CoV 2 Spike (S) glycoprotein. Produced in genetically modified human embryonic kidney (HEK) 293 cells.

This product contains genetically modified organisms (GMOs).

The excipients are L-Histidine, L-Histidine hydrochloride monohydrate, Magnesium chloride hexahydrate, Polysorbate 80, Ethanol. Sucrose, Sodium chloride, Disodium edetate dihydrate, Water for injections.

Safety Trials

Safety trials are still being undertaken for this vaccine. Four initial trials have been started in the UK, Brazil and South Africa, involving 23,745 participants aged 18 and over. Of those, 12,021 participants received at least one dose of vaccine. 90.3% were aged between 18-64 and 9.7% were over 65. The majority were white (75.5%), while 10.1% were black and 3.5% were asian.

Efficacy rates were said to be 82.4% after two doses of the vaccine for healthy people. Trial subjects who had pre-existing conditions had an efficacy rate of between 62.7% and 73.4%. Follow up was 83 days post second dose of the vaccine, so long-term efficacy has not been assessed.

Trials did not look at efficacy rates in people over the age of 65 because the number of cases of covid 19 in that age group was so low that efficacy could not be assessed. Peter Doshi, writing in the British Medical Journal, pointed out that covid-19 vaccine trials are not designed to find out if they save lives. He wrote:

‘Because most people with symptomatic covid-19 experience only mild symptoms, even trials involving 30 000 or more patients would turn up relatively few cases of severe disease.’

He also wrote:

‘None of the trials currently underway are designed to detect a reduction in any serious outcome such as hospital admissions, use of intensive care, or deaths. Nor are the vaccines being studied to determine whether they can interrupt transmission of the virus.’

Switzerland has rejected the vaccine for its over 65 year old’s, stating a lack of data in this age group as the reason for their decision. France made the same decision for their senior citizens but later reversed the decision. The Netherlands is also not allowing the vaccine for the aging, pending more data, as well as Germany, Italy, Sweden, Denmark and Poland. Mainstream news sources reporting this have falsely stated an efficacy rate of over 90% for the jab when official government medical information for healthcare professionals gives a lower rate. They have also reported on it as a ‘vaccine war’ or something racist or anti-British, when in fact the official information states there is no data for the over 65’s so the decision was entirely reasonable.

Trial participants are intended to be followed up for one year and this process is still ongoing.

Trial Suspensions and Vaccine Bans

The trial started was suspended twice after two of the participant’s developed a serious medical problem. One was reported to be transverse myelitis (an inflammation of the spinal cord which causes paralysis) and the other developed multiple sclerosis. The MS

was considered unrelated so the trial was re-started only to be paused again when a female participant ended up hospitalised with transverse myelitis. This disorder is a recognised side-effect of both viruses and vaccines, although AstraZeneca said they would look at rates of transverse myelitis in the general population to see if it is a random event. The trouble with this is that the majority of the general population are vaccinated (they would have to study a large population of entirely unvaccinated persons to get the true incidence rate of the disorder) and they are looking at it from the point of view of proving it was a random coincidence rather than from genuine enquiry and a wish to make their product safer.

Since compiling this information booklet, the UK's Joint Committee on Vaccination and Immunisation (JCVI) have advised that no one under the age of 40 should receive the AstraZeneca vaccine due to the risks of blood clotting in younger people not normally at risk for clotting and they have issued a warning to look out for the symptoms of blood clotting for anyone who has received the vaccine.

The AstraZeneca vaccine has been banned altogether by several countries due to a number of people experiencing blood clots after the vaccine and some deaths. Denmark has banned the vaccine for a period of two weeks (from 11th March 2021). The Danish health authority said:

'Vaccination with the COVID-19 vaccine from AstraZeneca is suspended until further notice.This happened after reports of severe cases of blood clots in people who have been vaccinated with the COVID-19 vaccine from AstraZeneca. Against this background, the European Medicines Agency has launched an investigation into the AstraZeneca vaccine. One report relates to a death in Denmark.'

Norway, Iceland, Bulgaria and Thailand have also banned the vaccine pending further investigations. Austria, Estonia, Lithuania, Luxemburg, Latvia and Italy have also banned one particular problematic batch of the vaccine, while continuing to allow other batches of the vaccine.

Austria has confirmed that a 49 year old woman has died of a severe coagulation disorder following vaccination. It is not known whether this is a separate case from the one mentioned by Denmark.

A large group of medical professionals of the newly formed Doctors for Covid Ethics, wrote to the regulatory authorities asking questions about what risks had been excluded during trial. One of these risks is the potential for the immune system to attack the cells that produce the coronavirus spike. This cell damage would then trigger blood coagulation via platelet activation at various sites in the body. Reaction to the coronavirus spike could therefore be the reason for blood clot development in vaccinated people.

The doctors wrote:

'There are serious concerns, including but not confined to those outlined above, that the approval of the COVID-19 vaccines by the EMA was premature and reckless, and that the administration of the vaccines constituted and still does constitute "human experimentation", which was and still is in violation of the Nuremberg Code.'

Prior Animal Studies and Their Implications for Human Trials

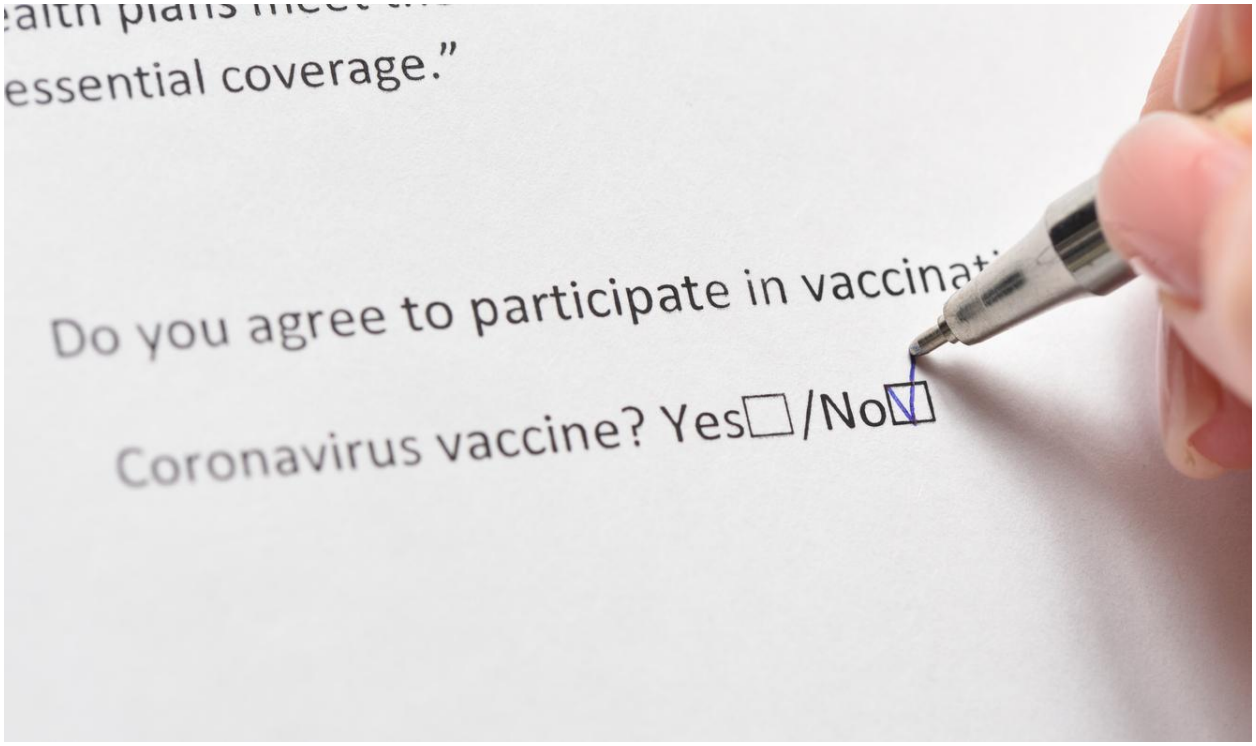
Scientists have been trying to develop coronavirus vaccines for decades but prior tests on animals meant they would be unsafe to extend to humans. When vaccines including those based on DNA were given to mice and ferrets, they developed antibodies but had auto-immune lung disease when challenged. Since the 1960's, it has been known that vaccinated animals can have antibody dependent enhancement of disease. That is, after being vaccinated they initially respond with high antibodies thought to correlate with immunity, but on being exposed to the wild virus, instead of being immune they develop a severe form of the illness. When cats were injected with a vaccine with the feline infectious peritonitis spike protein, using the same technology as the covid-19 mRNA vaccines, they died earlier than the unvaccinated animals when challenged with infectious peritonitis.

RSV is a similar respiratory virus to coronavirus. When a RSV vaccine was attempted in people without proper testing in 1965, the recipients produced antibodies and appeared

well at first, but when they later came into contact with RSV, instead of being protected they contracted an enhanced version of the disease. Of the 20 babies who received the vaccine, 16 required hospitalisation, including two who died. Only one of the 21 babies who received the placebo was hospitalised (placebos are usually other vaccines) and no one died. Research into the vaccine was halted by the FDA in America.

Now specialists have warned that participants in covid-19 vaccine trials could not have given informed consent because they were not told that vaccines could worsen disease upon natural exposure. They wrote:

'The specific and significant COVID-19 risk of ADE should have been and should be prominently disclosed to research subjects currently in vaccine trials….in order to meet the medical ethics standard of patient comprehension for informed consent.'



Side-Effects

Side-effects reported by trial participants were injection site tenderness (63.7%), injection site pain (54.2%), headache (52.6%), fatigue (53.1%), myalgia (44.0%), malaise (44.2%), pyrexia (33.6%), fever of more than 38 degrees (7.9%), chills (31.9%),

arthralgia (26.4%) and nausea (21.9%). Post-authorization side-effects reported include influenza-like illness, shivering (sometimes rigors), fever with sweating and migraine-like headaches starting within a day of vaccination. Very rare neuroinflammatory disorders have also been reported.

The British regulatory agency the MHRA published its safety report on AstraZeneca jabs given between 4th January and 28th February 2021 and they have had 54,801 reports of side-effects to the AstraZeneca vaccine in that time. They also had 275 reports where the brand of vaccine was not known. 11,263 reports were received in one week from 21st to the 28th February. The reporting rate is in the range of 3 to 6 reaction reports per 1000 doses.

194 reports were of anaphylactic shock, a number slightly lower than with the Pfizer jab. They received 275 reports of death shortly after the vaccination and a further four deaths where the brand was not specified. Most of these deaths were in elderly people and those with pre-existing conditions, the groups that the vaccines were designed to help as these are the groups most at risk of covid-19 complications.

The MHRA are not seriously investigating these deaths, saying that patterns of reporting doesn't suggest a link with the vaccine, despite saying **'Usage of the AstraZeneca has increased rapidly and as such, so has reporting of fatal events with a temporal association with vaccination..'**

The British Medical Journal reported on 23 deaths in elderly care home residents in Norway and their health authority that concluded reactions to the vaccine **'common adverse reactions of mRNA vaccines, such as fever, nausea, and diarrhoea, may have contributed to fatal outcomes in some of the frail patients.'**

This may be why by the end of January 2021, after the roll out of the vaccine, mainstream media outlets were reporting a 46% increase in care home deaths in just one week. They reported this as having been caused by coronavirus 'despite the jab' rather than considering that it may have been vaccine-induced death. Some estimates put the death increase post-vaccination even higher, at between 71-81%

Covid-19 Vaccines and Prion Diseases

A paper in Microbiology and Infectious Diseases has highlighted that Covid-19 vaccines may have the potential to induce prion diseases like nvCJD. The researcher wanted to know if the spike protein used in the vaccine could convert TDP-43 and FUS to their prion based disease causing states. He pointed out that the vaccine had been introduced on an emergency basis without extensive testing and that serious adverse events to vaccination may not occur for 3-4 years after the vaccine is given so it is important to look more closely at possible effects.

Contraindications and Warnings

The only absolute contraindication to the vaccine is hypersensitivity to any of the vaccine components or excipients.

The vaccine should be postponed if the recipient has an acute febrile illness and deferred or given with caution to anyone with a blood clotting disorder.

Safety and efficacy is very limited in anyone over 65.

Safety and efficacy is not known in people under the age of 18.

It is not known if immuno-compromised people will elicit the same immune response as others.

Duration of protection is not known and the vaccine may not protect all those vaccinated.

There is limited data on the vaccine's use in pregnancy. Preliminary animal studies of pregnancy do not indicate harmful effects but the data sheet states 'The full relevance of animal studies to human risk with vaccines for COVID-19 remains to be established.'

Animal studies into fertility don't indicate harmful effects. The effect on human fertility has not been studied.

Some adverse reactions may temporarily affect the ability to drive or operate machinery.

Report an Adverse Reaction

If you or a loved one has had an adverse reaction to this vaccine you can report it via the yellow card reporting system. Reporting forms and information can be found at the Coronavirus Yellow Card reporting site search for MHRA Yellow Card in the Google Play or Apple App Store.

If you have chosen to have the AstraZeneca vaccine, the JCVI recommend you look out for the symptoms of blood clotting and seek medical help if you have any of them. These symptoms are:

- A severe headache that is not relieved by painkillers or is getting worse
- A headache that feels worse when you lie down or bend over
- A headache that is unusual for you and occurs with blurred vision, feeling or being sick, problems speaking, weakness, drowsiness or seizures
- A rash that looks like small bruises or bleeding under the skin
- Shortness of breath, chest pain, leg swelling or persistent abdominal pain.

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