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

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Tagline: https://americaoutloud.com/the-mccullough-report/
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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
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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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 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

86 SHARES

Just In...

Extremely rare orange lobster saved from grocery store

Election denialists smacked down by Idaho Secretary of State

Leveling the playing field for recycled plastics

Ocasio-Cortez blasts Texas abortion law defender: 'Sometimes it takes years' to recognize sexual assault

We are over six months into the consequences of the SARS-CoV2 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
SARS-CoV-2 Structure

- Envelope protein
- Membrane protein
- Spike protein
- Nucleocapsid protein
- Enclosing RNA
- Lipid membrane
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

EAC=events adjudication committee; DSMB=data safety monitoring board; EMA=European Medicines Agency
mRNA found in lymph nodes at 60 days
Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line

Markus Aldén, Francisko Olofsson Falla, Daowei Yang, Mohammad Barghouth, Cheng Luan, Magnus Rasmussen and Yang De Marinis.

BNT162b2 sequence (4284 bases)

5′-UTR sig S protein (mut) 3′-UTR Poly A

PCR amplicon (444 bases)

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 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*

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

Jiping Liu, Junbang Wang, Jinfang Xu, Han Xia, Yue Wang, Chunxue Zhang, Wei Chen, Huina Zhang, Qi Liu, Rong Zhu, Yiqi Shi, Zhaoshen, Zhonggang Xing, Wenxia Gao, Liqiang Zhou, Jinliang Shao, Jiayu Shi, Xuejiao Yang, Yaxuan Deng, Li Wu, Quan Lin, Changhong Zheng, Wenmin Zhu, Congrong Wang, Yi E. Sun and Zhongmin Liu

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-kB 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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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.)
Historical PreCOVID ~280M Injections/year: All ~70 vaccines average expected 16,320 VAERS total reports/yr, ~158 total deaths/yr
Epidemiology, clinical ramifications, and cellular pathogenesis of COVID-19 mRNA-vaccination-induced adverse cardiovascular outcomes: A state-of-the-heart review

Talal Almas, Sarah Rehman, Eyad Mansour, Tarek Khedro, Ali Alansari

https://doi.org/10.1016/j.biogala.2022.11.2843
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.
From 0-20 weeks post injection there were 146-187k vaccine associated deaths.
Day of Death after COVID-19 Vaccination

VAERS Registered Deaths From Day of Vaccine
June 11, 2021

Death's per day approaches normal death rate
86% of deaths had no other explanation other than the vaccine

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.


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
“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”
>1000 papers in the pre-print server and fully peer-reviewed literature on fatal and nonfatal COVID-19 vaccine injury syndromes
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.
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, PhD; Michele Carrabba, PhD; Rachel Milligan, PhD; Maia Kavanagh Williamson, PhD; Antonio P Beltrami, MD PhD; Kapil Gupta, PhD; Karen T Elvers, PhD; Monica Gamez, PhD; Rebecca Foster, PhD; Kathleen Gillespie, PhD; Fergus Hamilton, PhD; David Arnold, PhD; Imre Berger, PhD; Massimo Caputo, MD; Andrew D Davidson, PhD; Darryl Hill, PhD; Paolo Madeddu, MD
• 86% required hospitalization
• Healthy boys have considerably higher chances of hospitalization with myocarditis than with COVID-19 respiratory illness even at peak prevalence
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

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

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age, y</th>
<th>Sex</th>
<th>Race</th>
<th>Length of Time from Vaccination</th>
<th>Other Symptoms</th>
<th>Peak troponin, ng/mL</th>
<th>Peak BNP, pg/mL</th>
<th>Peak CRP, mg/dL</th>
<th>COVID-19 Immunoglobulin G Nucleocapsid Antibody Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>16</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>1</td>
<td>Fever, chills, myalgias, headache, shortness of breath</td>
<td>8</td>
<td>15</td>
<td>4.3</td>
<td>Negative</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>M</td>
<td>Asian non-Hispanic</td>
<td>1</td>
<td>Fever, myalgias</td>
<td>11.6</td>
<td>28</td>
<td>3.5</td>
<td>Not tested</td>
</tr>
<tr>
<td>3</td>
<td>16</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>3</td>
<td>Myalgias, headache</td>
<td>10.9</td>
<td>&lt;10</td>
<td>3.0</td>
<td>Negative</td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>M</td>
<td>American Indian/Alaska</td>
<td>1</td>
<td>Fever, malaise</td>
<td>9.18</td>
<td>14</td>
<td>–</td>
<td>Negative</td>
</tr>
<tr>
<td>5</td>
<td>15</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>2</td>
<td>Myalgias, shortness of breath</td>
<td>4.95</td>
<td>13</td>
<td>5.5</td>
<td>Negative</td>
</tr>
<tr>
<td>6</td>
<td>15</td>
<td>F</td>
<td>White non-Hispanic</td>
<td>2</td>
<td>Vomiting</td>
<td>0.65</td>
<td>7</td>
<td>1.4</td>
<td>Negative</td>
</tr>
<tr>
<td>7</td>
<td>15</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>3</td>
<td>Fears, shortness of breath</td>
<td>9.12</td>
<td>74</td>
<td>3</td>
<td>Negative</td>
</tr>
<tr>
<td>8</td>
<td>15</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>3</td>
<td>Chills</td>
<td>13.2</td>
<td>87</td>
<td>6.2</td>
<td>Negative</td>
</tr>
<tr>
<td>9</td>
<td>12</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>2</td>
<td>None</td>
<td>5.6</td>
<td>37</td>
<td>–</td>
<td>Negative</td>
</tr>
<tr>
<td>10</td>
<td>12</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>2</td>
<td>Fever, headache</td>
<td>15.5</td>
<td>66</td>
<td>–</td>
<td>Negative</td>
</tr>
<tr>
<td>11</td>
<td>14</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>3</td>
<td>Malaise, shortness of breath</td>
<td>6.08</td>
<td>55</td>
<td>3.7</td>
<td>Not tested</td>
</tr>
<tr>
<td>12</td>
<td>16</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>2</td>
<td>Shortness of breath</td>
<td>20.6</td>
<td>36</td>
<td>6.5</td>
<td>Not tested</td>
</tr>
<tr>
<td>13</td>
<td>15</td>
<td>M</td>
<td>White non-Hispanic</td>
<td>2</td>
<td>None</td>
<td>7.89</td>
<td>86</td>
<td>3.4</td>
<td>Not tested</td>
</tr>
</tbody>
</table>

BNP: Brain natriuretic peptide; CRP: C-reactive protein; F: female; M: male.

Table 2. Cardiac testing results and treatment in adolescents following receipt of the Pfizer mRNA COVID-19 vaccine

<table>
<thead>
<tr>
<th>Patient</th>
<th>ECG findings</th>
<th>LV wall motion abnormalities</th>
<th>LVEF, % (normal ≥59%)</th>
<th>CMR</th>
<th>LV Focal Hypokinesis</th>
<th>IVIG</th>
<th>Corticosteroids</th>
<th>NSAIDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Normal</td>
<td>No</td>
<td>66</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>ST elevation</td>
<td>No</td>
<td>59</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>ST elevation</td>
<td>No</td>
<td>59</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>ST elevation</td>
<td>No</td>
<td>58</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>Normal</td>
<td>No</td>
<td>58</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Non-specific T-wave changes</td>
<td>No</td>
<td>58</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>T-wave inversion</td>
<td>Yes</td>
<td>45</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>ST elevation</td>
<td>Yes</td>
<td>58</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Normal</td>
<td>No</td>
<td>64</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>ST elevation</td>
<td>No</td>
<td>62</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>ST elevation</td>
<td>No</td>
<td>60</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>12</td>
<td>ST elevation</td>
<td>Yes</td>
<td>53</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>13</td>
<td>Normal</td>
<td>No</td>
<td>53</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

ECG: Electrocardiography; IVIG: Intravenous immunoglobulin; LVEF: Left ventricular ejection fraction; LVEF: % (normal <59%); CMR: Cardiac magnetic resonance imaging; LV: Left ventricle; NSAIDs: Nonsteroidal anti-inflammatory drug.
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.
Myocarditis-induced Sudden Death after BNT162b2 mRNA COVID-19 Vaccination in Korea: Case Report Focusing on Histopathological Findings

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

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. Bars represent 100 µm. 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.
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,2,11-14 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/μL); + indicates positive; −, negative; c-HIV-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.

(Circ Res. 2019;124:1568-1583. DOI: 10.1161/CIRCRESAHA.118.313578.)
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
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’
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...
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
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, MSc; Nicholas M. Mohr, MD, MS; Anne Zepeski, PharmD; Nathan I. Shapiro, MD, MPH; Kevin W. Gibbs, MD; Clark Files, MD; David N. Hagel, MD, PhD; Arber Shehu, MD; Matthew E. Prekker, MD, MPH; Heidi L. Erickson, MD, MPH; Matthew C. Exline, MD, MPH; Michelle N. Gong, MD; Amira Mohamed, MD; Daniel J. Henning, MD, MPH; Jay S. Steinigrub, MD; Ethan D. Pelant, 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 Louhis, ACNP-BC; Abhijit Duggal, MD; Jennifer G. Wilson, MD; Alexandra June Gordon, MD; Nida Qadir, MD; Steven Y. Chang, MD, PhD; Christopher Mallows, MD, MHS; Carolina Rivas, BS; Hilary M. Babcock, MD, MPH; Jennie H. Kwon, DO, MSc; Natasha Halasa, MD, MPH; James D. Chappell, MD, PhD; Adam S. Laureing, MD, PhD; Carlos G. Grijalva, MD, MPH; Todd R. Rice, MD, MSc; Ian D. Jones, MD; William B. Stubblefield, MD, MPH; Adrienne Baughman, BS; Kelsey N. Wormack, PhD; Jillian P. Rhoads, PhD; Christopher J. Lindell, 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 Acute Infection (IVY) Network.

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

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
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)

Peter Nordström, MD, PhD, Marcel Ballin, MSc., Anna Nordström, MD, PhD

Dr. Paul Alexander, Brownstone Institute Oct 29 2021

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

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
39% of transmission from fully vaccinated to fully vaccinated
Omicron Breaks Through Natural and Vaccine Immunity in a Battle Against Delta

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

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
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.
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
Predicted from Sequenced Data and Models

United States: 12/26/2021 – 4/2/2022

USA

<table>
<thead>
<tr>
<th>WHO label</th>
<th>Lineage #</th>
<th>US Class</th>
<th>%Total</th>
<th>95%PI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Omicron</td>
<td>BA.2</td>
<td>VOC</td>
<td>72.2%</td>
<td>68.1-75.9%</td>
</tr>
<tr>
<td></td>
<td>BA.1.1</td>
<td>VOC</td>
<td>25.3%</td>
<td>21.9-29.1%</td>
</tr>
<tr>
<td></td>
<td>B.1.1.529</td>
<td>VOC</td>
<td>2.5%</td>
<td>2.0-3.2%</td>
</tr>
<tr>
<td>Delta</td>
<td>B.1.617.2</td>
<td>VOC</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
<tr>
<td>Other</td>
<td>Other*</td>
<td>Other*</td>
<td>0.0%</td>
<td>0.0-0.0%</td>
</tr>
</tbody>
</table>

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.

# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.
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.
# Efficacy of a Fourth Dose of Covid-19 mRNA Vaccine against Omicron

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

<table>
<thead>
<tr>
<th></th>
<th>BNT162b2</th>
<th>Control (BNT)</th>
<th>mRNA1273</th>
<th>Control (mRNA1273)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N enrolled</td>
<td>154</td>
<td>308</td>
<td>120</td>
<td>239</td>
</tr>
<tr>
<td>N followed</td>
<td>153</td>
<td>307</td>
<td>116</td>
<td>149</td>
</tr>
<tr>
<td>Exposure days*</td>
<td>3808</td>
<td>4755</td>
<td>1923</td>
<td>2327</td>
</tr>
<tr>
<td>Infected Participants (days 1 - end of study)</td>
<td>29</td>
<td>47</td>
<td>28</td>
<td>43</td>
</tr>
<tr>
<td>Breakthrough** cases (days 8 – end of study)</td>
<td>28</td>
<td>46</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>Breakthrough** symptomatic disease</td>
<td>22</td>
<td>42</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>Cum incidence of SARS-CoV-2 infections*** (95%CI)</td>
<td>18.3% (11.9-24.2%)</td>
<td>25.3% (18.5-31.5%)</td>
<td>20.7% (11.3-27.8%)</td>
<td>25.6% (18.0-32.5%)</td>
</tr>
<tr>
<td>Cum incidence of symptomatic COVID-19 disease</td>
<td>14.4% (8.5-19.9%)</td>
<td>23.9% (17.3-30.1%)</td>
<td>15.6% (8.5-22.1%)</td>
<td>23.9% (16.4-30.7%)</td>
</tr>
<tr>
<td>Vaccine efficacy against infection</td>
<td>30.0% (-8.8%-55%)</td>
<td>Ref</td>
<td>10.8% (-43%-44%)</td>
<td>Ref</td>
</tr>
<tr>
<td>Vaccine efficacy against disease</td>
<td>43.1% (6.6%-65.4%)</td>
<td>Ref</td>
<td>31.4% (-18.4-60.2%)</td>
<td>Ref</td>
</tr>
</tbody>
</table>

## Characteristics of breakthrough infections

<table>
<thead>
<tr>
<th></th>
<th>BNT162b2</th>
<th>Control-B</th>
<th>mRNA1273</th>
<th>Control-M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total breakthrough infections</td>
<td>28</td>
<td>46</td>
<td>24</td>
<td>36</td>
</tr>
<tr>
<td>Symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asymptomatic</td>
<td>7 (25.0%)</td>
<td>3 (6.5%)</td>
<td>7 (29.2%)</td>
<td>3 (8.3%)</td>
</tr>
<tr>
<td>Mild w/o fever</td>
<td>18 (64.3%)</td>
<td>30 (65.2%)</td>
<td>16 (66.6%)</td>
<td>26 (72.2%)</td>
</tr>
<tr>
<td>Fever &lt;48h</td>
<td>2 (7.1%)</td>
<td>4 (8.7%)</td>
<td>1 (4.2%)</td>
<td>5 (13.9%)</td>
</tr>
<tr>
<td>Fever for &gt; 48h</td>
<td>0 (0%)</td>
<td>8 (17.4%)</td>
<td>0 (0%)</td>
<td>2 (5.5%)</td>
</tr>
<tr>
<td>Required ED / hospitalization</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
SCOTTISH COVID-19 Statistics
As Public Health Scotland WEEKLY report 12/01/2022

Vaccination Status

- Vaccinated: 72.0%
- Unvaccinated: 28.0%

Cases

- Vaccinated: 85.8%
- Unvaccinated: 14.2%

Hospitalisations

- Vaccinated: 78.5%
- Unvaccinated: 21.5%

Deaths

- Vaccinated: 79.5%
- Unvaccinated: 20.5%

https://www.publichealthscotland.scot/media/11076/22-01-12-covid19-winter_publication_report.pdf
Omicron could offer 'natural Covid immunity' without need for boosters, says EMA

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

By Children's Health Defense
89% of countries showed an increase in deaths per million directly due to the causal impact of mass vaccination.
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
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
“↓Hospitalizations/Death”

Late-Stage Hospitalization
“Safety Net for Survival”

Vaccination
“Herd Immunity”
Vaccinated or Not, Acute COVID-19 in High-Risk Patients Demands Early Treatment

by Dr. Peter McCullough | Aug 17, 2021 | Healthcare, Politics,
1. Precautionary principle—mass casualty event
2. Signal of benefit—from all evidence
3. Acceptable safety
4. Drugs in combination
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

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).

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

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 spout 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.

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

Md. Iqbal Mahmud Choudhury¹, Nilufar Shabnam², Tazin Ahsan³, Md. Saiful kabir⁴, Rashed Md. Khan⁵, S.M. Abu Ahsan⁶

¹Assistant professor, Plastic Surgery Unit, Department of Surgery, Bangabandhu Sheikh Mujib Medical University, Shahbag, Dhaka, Bangladesh. ²Assistant professor, Department of Surgery, BIRDEM Hospital & Ibrahim Medical College, Shahbag, Dhaka, Bangladesh. ³Medical officer, Upazila Health Complex, Chowgacha, Jessore, Bangladesh. ⁴Professor and Head, Department of Dermatology and Venereology, National Medical College, Dhaka, Bangladesh. ⁵Professor and Head, Department of Dermatology and Venereology, Dhaka Medical College, Dhaka, Bangladesh. ⁶Associate Professor and Head, Ad-din Sakina Medical college, Jessore, Bangladesh.

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

Group - A: PT-PCR Test Result Using PVP-I
Group - B: PT-PCR Test Result Using Lukewarm Water

- RT-PCR Test Positive, Day 0: 303 Patients
- RT-PCR Test Positive, Day 3: 35 Patients
- RT-PCR Test Positive, Day 5: 24 Patients
- RT-PCR Test Positive, Day 7: 8 Patients

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

- **Group A** - Use of PVP-I
  - RT-PCR Test Positive Day 0: 303 Patients
  - Hospitalised without Oxygen Support: 2 Patients
  - Hospitalised with Oxygen Support: 10 Patients
  - Death: 2 Patients

- **Group B** - Use of Lukewarm Water
  - RT-PCR Test Positive Day 0: 303 Patients
  - Hospitalised without Oxygen Support: 14 Patients
  - Hospitalised with Oxygen Support: 63 Patients
  - Death: 17 Patients
Safe, Effective Antimicrobial Nasal/Oral Rinses

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

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.
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.

https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label
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 Viet, M.D.
Crushing the Lifeblood 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...

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, Vanessa Pickard¹, Erica Smith¹, Cortney 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).

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

N=849 PCR + High Risk COVID-19

74.9% Risk Reduction

P<0.001

87.6% Risk Reduction

P<0.001

Death

Hospitalization

Blue: Early Ambulatory COVID-19 Therapy

Orange: Expected

Outline

• New biological products
• COVID-19 Vaccine Safety Review
• Real World Efficacy of COVID-19 Vaccines
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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:

<table>
<thead>
<tr>
<th>Estimated Total Infections</th>
<th>Estimated Symptomatic Illnesses</th>
<th>Estimated Hospitalizations</th>
<th>Estimated Total Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>146.6 Million</td>
<td>124.0 Million</td>
<td>7.5 Million</td>
<td>921,000</td>
</tr>
</tbody>
</table>

Last Updated: October 2, 2021

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Infections</th>
<th>Symptomatic Illnesses</th>
<th>Hospitalizations</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17 years</td>
<td>17.63%</td>
<td>17.77%</td>
<td>3.55%</td>
<td>0.07%</td>
</tr>
<tr>
<td>18-49 years</td>
<td>51.29%</td>
<td>51.65%</td>
<td>26.60%</td>
<td>6.55%</td>
</tr>
<tr>
<td>50-64 years</td>
<td>18.70%</td>
<td>18.86%</td>
<td>26.77%</td>
<td>17.31%</td>
</tr>
<tr>
<td>65 and older</td>
<td>12.29%</td>
<td>11.80%</td>
<td>43.06%</td>
<td>76.07%</td>
</tr>
</tbody>
</table>
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
Current Booster Injections Given
Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

by Dr. Peter McCullough | Sep 12, 2021 | Healthcare, Politics

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, 
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

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
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...

COVID and Your Health

COVID Investigation: CDC Profits Off of the Chaos They...
Outline

• New biological products
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• Conclusions
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...
Free-Floating Anxiety Yields Mass Formation Psychosis

by Dr. Peter McCullough | Nov 29, 2021 | Healthcare, Politics

McCullough

Report
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.

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

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.
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)

Kindle
• #1 in Political Science (Kindle Store)
• #3 in Medical eBooks

Amazon Canada
• #1 in Medical Books
• #2 in Politics (Kindle Store)
• #4 in Politics (Books)
Outline

• New biological products
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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
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