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27 Shawwaal 1442 – 9 June 2021

Vaccines are dangerous

1. Just as smoking could be and was predicted to cause lung cancer based on first principles, **all gene-based vaccines can be expected to cause blood clotting and bleeding disorders** [33], based on their molecular mechanisms of action. Consistent with this, diseases of this kind have been observed across age groups, leading to temporary vaccine suspensions around the world: The vaccines are not safe.
2. Contrary to claims that blood disorders post-vaccination are “rare”, many **common vaccine side effects** (headaches, nausea, vomiting and haematoma-like “rashes” over the body) **may indicate thrombosis and other severe abnormalities**. Moreover, vaccine-induced diffuse microthromboses in the lungs can mimic pneumonia and may be misdiagnosed as COVID-19. Clotting events currently receiving media attention are likely just the “tip of a huge iceberg” [34]: The vaccines are not safe.
3. Due to immunological priming, risks of **clotting, bleeding and other adverse events can be expected to increase with each re-vaccination** and each intervening coronavirus exposure. Over time, whether months or years [35], this renders both vaccination and coronaviruses dangerous to young and healthy age groups, for whom without vaccination COVID-19 poses no substantive risk. Since vaccine roll-out, COVID-19 incidence has risen in numerous areas with high vaccination rates [36–38]. Furthermore, multiple series of COVID-19 fatalities have occurred shortly after the onset vaccinations in senior homes [39,40]. These cases may have been due not only to antibody-dependent enhancement but also to a general immunosuppressive effect of the vaccines, which is suggested by the increased occurrence of Herpes zoster in certain patients [41]. Immunosuppression may have caused a previously asymptomatic infection to become clinically manifest. Regardless of the exact mechanism responsible for these reported deaths, we must expect that the vaccines will increase rather than decrease lethality of COVID-19 — the vaccines are not safe.

4. **The vaccines are experimental by definition.** They will remain in Phase 3 trials until 2023. Recipients are human subjects entitled to free informed consent under Nuremberg and other protections, including the Parliamentary Assembly of the Council of Europe's resolution 2361 [42] and the FDA's terms of emergency use authorisation [29]. With respect to safety data from Phase 1 and 2 trials, in spite of initially large sample sizes the journal *Vaccine* reports that, "the vaccination strategy chosen for further development may have only been given to as few as 12 participants" [32]. With such extremely small sample sizes, the journal notes that, "larger Phase 3 studies conducted over longer periods of time will be necessary" to establish safety. The risks that remain to be evaluated in Phase 3 trials into 2023, with entire populations as subjects, include not only thrombosis and bleeding abnormalities, but other autoimmune responses, allergic reactions, unknown tropisms (tissue destinations) of lipid nanoparticles [35], antibody-dependent enhancement [43–46] and the impact of rushed, questionably executed, poorly regulated [47] and reportedly inconsistent manufacturing methods, conferring risks of potentially harmful impurities such as uncontrolled DNA residues [48]. The vaccines are not safe, either for recipients or for those who administer them or authorise their use.
5. Initial experience might suggest that the adenovirus-derived vaccines (AstraZeneca/Johnson & Johnson) cause graver adverse effects than the mRNA (Pfizer/Moderna) vaccines. However, upon repeated injection, the former will soon induce antibodies against the proteins of the adenovirus vector. These antibodies will then neutralize most of the vaccine virus particles and cause their disposal before they can infect any cells, thereby limiting the intensity of tissue damage. In contrast, in the mRNA vaccines, there is no protein antigen for the antibodies to recognize. Thus, regardless of the existing degree of immunity, the vaccine mRNA is going to reach its target — the body cells. These will then express the spike protein and subsequently suffer the full onslaught of the immune system. With the mRNA vaccines, the risk of severe adverse events is virtually guaranteed to increase with every successive injection. In the long term, they are therefore even more dangerous than the vector vaccines. Their apparent preferment over the latter is concerning in the highest degree; these vaccines are not safe.

References

1. Le Bert, N.; Tan, A.T.; Kunasegaran, K.; Tham, C.Y.L.; Hafezi, M.; Chia, A.; Chng, M.H.Y.; Lin, M.; Tan, N.; Linster, M.; Chia, W.N.; Chen, M.I.; Wang, L.; Ooi, E.E.; Kalimuddin, S.; Tambyah, P.A.; Low, J.G.; Tan, Y. and Bertolotti, A. (2020) SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls. *Nature* 584:457–462
2. Tarke, A.; Sidney, J.; Methot, N.; Zhang, Y.; Dan, J.M.; Goodwin, B.; Rubiro, P.; Sutherland, A.; da Silva Antunes, R.; Frazier, A. and al., e. (2021) Negligible impact of SARS-CoV-2 variants on CD4+ and CD8+ T cell reactivity in COVID-19 exposed donors and vaccinees. *bioRxiv* :x-x
3. Anonymous, (2020) Scientists uncover SARS-CoV-2-specific T cell immunity in recovered COVID-19 and SARS patients.
4. Beasley, D. (2020) Scientists focus on how immune system T cells fight coronavirus in absence of antibodies.

5. Bozkus, C.C. (2020) SARS-CoV-2-specific T cells without antibodies. *Nat. Rev. Immunol.* 20:463
6. Grifoni, A.; Weiskopf, D.; Ramirez, S.I.; Mateus, J.; Dan, J.M.; Moderbacher, C.R.; Rawlings, S.A.; Sutherland, A.; Premkumar, L.; Jadi, R.S. and al., e. (2020) Targets of T Cell Responses to SARS-CoV-2 Coronavirus in Humans with COVID-19 Disease and Unexposed Individuals. *Cell* 181:1489–1501.e15
7. Mateus, J.; Grifoni, A.; Tarke, A.; Sidney, J.; Ramirez, S.I.; Dan, J.M.; Burger, Z.C.; Rawlings, S.A.; Smith, D.M.; Phillips, E. and al., e. (2020) Selective and cross-reactive SARS-CoV-2 T cell epitopes in unexposed humans. *Science* 370:89–94
8. McCurry-Schmidt, M. (2020) Exposure to common cold coronaviruses can teach the immune system to recognize SARS-CoV-2.
9. Palmer, S.; Cunniffe, N. and Donnelly, R. (2021) COVID-19 hospitalization rates rise exponentially with age, inversely proportional to thymic T-cell production. *J. R. Soc. Interface* 18:20200982
10. Sekine, T.; Perez-Potti, A.; Rivera-Ballesteros, O.; Strålin, K.; Gorin, J.; Olsson, A.; Llewellyn-Lacey, S.; Kamal, H.; Bogdanovic, G.; Muschiol, S. and al., e. (2020) Robust T Cell Immunity in Convalescent Individuals with Asymptomatic or Mild COVID-19. *Cell* 183:158–168.e14
11. Drake, J. (2021) Now We Know: Covid-19 Vaccines Prevent Asymptomatic Infection, Too.
12. Bossuyt, P.M. (2020) Testing COVID-19 tests faces methodological challenges. *Journal of clinical epidemiology* 126:172–176
13. Jefferson, T.; Spencer, E.; Brassey, J. and Heneghan, C. (2020) Viral cultures for COVID-19 infectivity assessment. Systematic review. *Clin. Infect. Dis. ciaa1764:x-x*
14. Borger, P.; Malhotra, R.K.; Yeadon, M.; Craig, C.; McKernan, K.; Steger, K.; McSheehy, P.; Angelova, L.; Franchi, F.; Binder, T.; Ullrich, H.; Ohashi, M.; Scoglio, S.; Doesburg-van Kleffens, M.; Gilbert, D.; Klement, R.J.; Schrüfer, R.; Pieksma, B.W.; Bonte, J.; Dalle Carbonare, B.H.; Corbett, K.P. and Kämmer, U. (2020) External peer review of the RT-PCR test to detect SARS-CoV-2 reveals 10 major scientific flaws at the molecular and methodological level: consequences for false positive results.
15. Mandavilli, A. (2020) Your Coronavirus Test Is Positive. Maybe It Shouldn't Be.
16. Cao, S.; Gan, Y.; Wang, C.; Bachmann, M.; Wei, S.; Gong, J.; Huang, Y.; Wang, T.; Li, L.; Lu, K.; Jiang, H.; Gong, Y.; Xu, H.; Shen, X.; Tian, Q.; Lv, C.; Song, F.; Yin, X. and Lu, Z. (2020) Post-lockdown SARS-CoV-2 nucleic acid screening in nearly ten million residents of Wuhan, China. *Nat. Commun.* 11:5917
17. Moghadas, S.M.; Fitzpatrick, M.C.; Sah, P.; Pandey, A.; Shoukat, A.; Singer, B.H. and Galvani, A.P. (2020) The implications of silent transmission for the control of COVID-19 outbreaks. *Proc. Natl. Acad. Sci. U. S. A.* 117:17513–17515
18. Johansson, M.A.; Quandelacy, T.M.; Kada, S.; Prasad, P.V.; Steele, M.; Brooks, J.T.; Slayton, R.B.; Biggerstaff, M. and Butler, J.C. (2021) SARS-CoV-2 Transmission From People Without COVID-19 Symptoms. *JAMA network open* 4:e2035057
19. Yeadon, M. (2020). What SAGE got wrong. *Lockdown Skeptics.*
20. Ioannidis, J.P.A. (2020) Global perspective of COVID-19 epidemiology for a full-cycle pandemic. *Eur. J. Clin. Invest.* 50:x-x
21. Ioannidis, J.P.A. (2021) Reconciling estimates of global spread and infection fatality rates of COVID-19: An overview of systematic evaluations. *Eur. J. Clin. Invest.* :x-x
22. CDC, (2020) Science Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2.
23. Orient, J.; McCullough, P. and Vliet, E. (2020) A Guide to Home-Based COVID Treatment.
24. McCullough, P.A.; Alexander, P.E.; Armstrong, R.; Arvinte, C.; Bain, A.F.; Bartlett, R.P.; Berkowitz, R.L.; Berry, A.C.; Borody, T.J.; Brewer, J.H.; Brufsky, A.M.; Clarke, T.; Derwand, R.; Eck, A.; Eck, J.; Eisner, R.A.; Fareed, G.C.; Farella, A.; Fonseca, S.N.S.; Geyer, C.E.; Gonnering, R.S.; Graves, K.E.; Gross, K.B.V.; Hazan, S.; Held, K.S.; Hight, H.T.; Immanuel, S.; Jacobs, M.M.; Ladapo, J.A.; Lee, L.H.; Littell, J.; Lozano, I.; Mangat, H.S.; Marble, B.; McKinnon, J.E.; Merritt, L.D.; Orient, J.M.; Oskoui, R.; Pompan, D.C.; Procter, B.C.; Prodromos, C.; Rajter, J.C.; Rajter, J.; Ram, C.V.S.; Rios, S.S.; Risch, H.A.; Robb, M.J.A.; Rutherford, M.; Scholz, M.; Singleton, M.M.; Tumlin, J.A.; Tyson, B.M.; Urso, R.G.; Victory, K.; Vliet, E.L.; Wax, C.M.; Wolkoff, A.G.; Wooll, V. and Zelenko, V. (2020) Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19). *Reviews in cardiovascular medicine* 21:517–530

25. Procter, {B.C.; {APRN}, {C.R.}; {PA}-C, {V.P.}; {PA}-C, {E.S.}; {PA}-C, {C.H. and McCullough, {P.A. (2021) Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19). *International journal of innovative research in medical science* 6:219–221
26. McCullough, P.A.; Kelly, R.J.; Ruocco, G.; Lerma, E.; Tumlin, J.; Wheelan, K.R.; Katz, N.; Lepor, N.E.; Vijay, K.; Carter, H.; Singh, B.; McCullough, S.P.; Bhambi, B.K.; Palazzuoli, A.; De Ferrari, G.M.; Milligan, G.P.; Safder, T.; Tecson, K.M.; Wang, D.D.; McKinnon, J.E.; O'Neill, W.W.; Zervos, M. and Risch, H.A. (2021) Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection. *Am. J. Med.* 134:16–22
27. Anonymous, (2020) Real-time database and meta analysis of 588 COVID-19 studies.
28. Hirschhorn, J.S. (2021) COVID scandal: Feds ignored 2016 law requiring use of real world evidence.
29. Anonymous, (1998) Emergency Use of an Investigational Drug or Biologic: Guidance for Institutional Review Boards and Clinical Investigators.
30. Anonymous, (2021) EMA assessment report: Comirnaty.
31. Anonymous, (2020) FDA briefing document: Pfizer-BioNTech COVID-19 Vaccine.
32. Giurgea, L.T. and Memoli, M.J. (2020) Navigating the Quagmire: Comparison and Interpretation of COVID-19 Vaccine Phase 1/2 Clinical Trials. *Vaccines* 8:746
33. Bhakdi, S.; Chiesa, M.; Frost, S.; Griesz-Brisson, M.; Haditsch, M.; Hockertz, S.; Johnson, L.; Kämmerer, U.; Palmer, M.; Reiss, K.; Sönnichsen, A.; Wodarg, W. and Yeadon, M. (2021) Urgent Open Letter from Doctors and Scientists to the European Medicines Agency regarding COVID-19 Vaccine Safety Concerns.
34. Bhakdi, S. (2021) Rebuttal letter to European Medicines Agency from Doctors for Covid Ethics, April 1, 2021.
35. Ulm, J.W. (2020) Rapid response to: Will covid-19 vaccines save lives? Current trials aren't designed to tell us.
36. Reimann, N. (2021) Covid Spiking In Over A Dozen States — Most With High Vaccination Rates.
37. Meredith, S. (2021) Chile has one of the world's best vaccination rates. Covid is surging there anyway.
38. Bhuyan, A. (2021) Covid-19: India sees new spike in cases despite vaccine rollout. *BMJ* 372:n854
39. Morrissey, K. (2021) Open letter to Dr. Karina Butler.
40. Anonymous, (2021) Open Letter from the UK Medical Freedom Alliance: Urgent warning re Covid-19 vaccine-related deaths in the elderly and Care Homes.
41. Furer, V.; Zisman, D.; Kibari, A.; Rimar, D.; Paran, Y. and Elkayam, O. (2021) Herpes zoster following BNT162b2 mRNA Covid-19 vaccination in patients with autoimmune inflammatory rheumatic diseases: a case series. *Rheumatology* -x-x
42. Anonymous, (2021) Covid-19 vaccines: ethical, legal and practical considerations.
43. Tseng, C.; Sbrana, E.; Iwata-Yoshikawa, N.; Newman, P.C.; Garron, T.; Atmar, R.L.; Peters, C.J. and Couch, R.B. (2012) Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus. *PLoS One* 7:e35421
44. Bolles, M.; Deming, D.; Long, K.; Agnihothram, S.; Whitmore, A.; Ferris, M.; Funkhouser, W.; Gralinski, L.; Totura, A.; Heise, M. and Baric, R.S. (2011) A double-inactivated severe acute respiratory syndrome coronavirus vaccine provides incomplete protection in mice and induces increased eosinophilic proinflammatory pulmonary response upon challenge. *J. Virol.* 85:12201–15
45. Weingartl, H.; Czub, M.; Czub, S.; Neufeld, J.; Marszal, P.; Gren, J.; Smith, G.; Jones, S.; Proulx, R.; Deschambault, Y.; Grudeski, E.; Andonov, A.; He, R.; Li, Y.; Copps, J.; Grolla, A.; Dick, D.; Berry, J.; Ganske, S.; Manning, L. and Cao, J. (2004) Immunization with modified vaccinia virus Ankara-based recombinant vaccine against severe acute respiratory syndrome is associated with enhanced hepatitis in ferrets. *J. Virol.* 78:12672–6
46. Czub, M.; Weingartl, H.; Czub, S.; He, R. and Cao, J. (2005) Evaluation of modified vaccinia virus Ankara based recombinant SARS vaccine in ferrets. *Vaccine* 23:2273–9
47. Tinari, S. (2021) The EMA covid-19 data leak, and what it tells us about mRNA instability. *BMJ* 372:n627
48. Anonymous, (2021) Interview with Dr. Vanessa Schmidt-Krüger.