Essay

Comprehensive Insights Into Modrna Vaccines: persistent Pp-spike Recombinant Protein, Hyperimmune/inflammatory Reactions, Thrombotic Vasculopathy, Chronic Organ Complications, And Excess Deaths.

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Comprehensive Insights into ModRNA Vaccines: Persistent PP-Spike Recombinant Protein, Hyperimmune/Inflammatory Reactions, Thrombotic Vasculopathy, Chronic Organ Complications, and Excess Deaths.

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Abstract: A recent study revealed a persistent presence of the PP-Spike recombinant protein in 50% of individuals who received ModRNA injections, contrasting with unvaccinated controls, whether SARSCoV-2 infected or not, up to 187 days post-injection. The implications of these findings are discussed in the context of PP-Spike recombinant protein-induced hyperimmune/inflammatory reactions and thrombotic vasculitis as mechanisms to elucidate the serious side effects, long-term organ complications, and excess deaths observed after administering Covid ModRNA products. These results underscore the urgent need for a comprehensive reassessment of the risk-benefit profile of ModRNA injections, including an immediate halt in their use for any person, and a renewed emphasis on understanding and addressing their long-term effects on human health

Keywords: ModRNA vaccines ; PP-Spike recombinant protein; persistent circulation of PP-Spike protein; Spike-induced thrombotic vasculopathy

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The SARS-CoV-2 virus is responsible for the COVID-19 enduring pandemic [1,2]. SARS-CoV-2's RNA genome contains 11 coding genes. A distinctive feature is the glycosylated Spike (S) protein, which binds to the ACE2 receptor on host cells, and subsequent viral entry [3].

The spike protein is a two-fold entity, with the distal S1 subunit handling recognition and the proximal S2 subunit essential for fusion with the host cell membrane [3].

The development of the ModRNA-based vaccines, such as Pfizer-BioNTech's BNT162b2-Comirnaty and Moderna's mRNA-1273, involved a strategic substitution of all uridine nucleobases with methyl pseudouridine (m1Ψ). This alteration, was coupled with intentional mutations at positions K986P and V987P within the 4284 nucleotides comprising the Spike protein. This modification aimed to stabilize the protein in a prefusion state, to facilitate the production of spike-specific antibodies [4,5].

The Spike protein of SARS-CoV-2 , due to its pivotal role in receptor recognition, viral binding, and the initiation of host cell entry, seems a crucial target against Covid-19 [3]. Both the Pfizer and Moderna products feature a recombinant ModRNA vaccine encoding a modified Spike protein of SARS-CoV-2(PP-Spike) [4,5]. This PP-spike protein, owing to a double amino acid change at positions 986 and 987 (K986P and V987P), differs from the natural wt-Spike protein produced by the SARS-CoV-2 virus, and stabilizes the conformation of the protein in an inactive prefusion state.

The incorporation of this double amino acid variation eradicates a tryptic digestion site, affording the specific detection of recombinant PP-Spike proteins in biological fluids through tryptic digestion followed by mass spectrometry analysis as described by Brogna,et.al., [6]. Indeed , these investigators have described the specific detection of recombinant PP-Spike in various biological fluids of both human and animal organisms [6].

ModRNA vaccines, with their nimble production capabilities, emerged as potential game-changers in the vaccination landscape. However, in the pursuit of progress, scientists bear the onus

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of implementing rigorous controls.The crux lies in vigilantly monitoring the recombinant PP-Spike protein encoded by the ModRNA platform within human biological samples.

The study cohort reported by Brogna,et.al., [6], comprised 40 subjects . Of these, 20 received the complete ModRNA vaccine regimen commencing in April 2022, all of whom belonged to the health sector. Another cohort of 20 remained unvaccinated, exhibiting negative results for COVID-19 nasopharyngeal PCR tests and lacking detectable antibody titers. An additional 20 unvaccinated individuals, but with confirmed positive results for COVID-19, were also included. The specific PP-Spike fragment was detected in 50% of scrutinized biological samples. This persisted regardless of the IgG antibody titers against SARS-CoV-2, with a geometric mean settling at 629.86 BAU/mL. The minimum detection window for recombinant PP-Spike spanned 69 days post-vaccination, up to a maximum of 187 days. In contrast, all control samples from unvaccinated individuals were negative for PP-spike. Also, the control group of 20 unvaccinated individuals, who subsequently got infected with COVID-19 , did not have detectable recombinant PP-Spike [6].

Thus, Brogna and colleagues [6],have introduced a method that allows not only to demonstrate the enduring presence of the ModRNA vaccine but also to quantify the end product—the protein designed to incite antibody production.

Implications

As of today, it is evident that Pfizer and Moderna's ModRNA injections do not confer immunity against SARSCoV-2 infection, reinfection, or prevent viral transmission. Furthermore, recent efforts have yielded compelling real-world data indicating that ModRNA injections can induce a spectrum of side effects, ranging from mild to severe, and in some cases, even leading to fatalities. The severity of these reactions may be influenced by the unique genetic makeup of individuals, dictating their immune responses to foreign agents within their bodies [7,8], and references cited there).

ModRNA injections have been linked to an increase in excess deaths observed in various countries from 2020 to 2023, following the administration of these products to the general population (9,10). A crucial public health concern associated with COVID-19 and ModRNA vaccines is the emergence of chronic multi-organ complications in affected individuals [8].

The flawed design of ModRNA, particularly in Pfizer's ModRNA Covid-19 vaccine, raises concerns about increased risks of autoimmunity due to defective RNA reading frames [5,11]. This highlights a critical aspect of the ongoing debate surrounding the safety and efficacy of ModRNA vaccines.

The significance of the study by Brogna and collaborators [6], demonstrating the presence of the PP-Spike recombinant protein in the blood of 50% of ModRNA-injected individuals(r) and in tissues [12] for extended periods, becomes paramount and simultaneously disastrous for two compelling reasons:

1. Irreversible Presence of recombinant PP-Spike: Presently, there is no scientifically established method to reduce or eliminate the PP-Spike recombinant protein from the body.

2. Mechanism of Damage: ModRNA injections, and to a much lesser extent, severe infections by the virus itself, trigger thrombotic vasculopathy coupled with a substantial immuno/inflammatory response induced by the PP-recombinant Spike protein [7,8]. The research findings indicating the persistence of PP-Spike in blood circulation and various organs for prolonged durations post-ModRNA injection underscore the potential long-term exposure to this immuno/inflammatory and thrombotic vasculitis, resulting in chronic organ damage in a considerable number of individuals . This poses a significant public health challenge, demanding urgent attention and comprehensive investigation. The implications of these findings underscore the urgent need for a thorough reevaluation of the risk-benefit profile of ModRNA injections (including the immediate halt of their use in any person) and a renewed focus on understanding and addressing their long-term effects on human health.

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