



MEDICAL SCIENCE WARNING: Lung transplant recipients develop respiratory distress and organ rejection after second dose of covid-19 vaccine

Description

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Lung transplant recipients who receive two doses of covid-19 mRNA may suffer organ rejection and develop respiratory distress requiring supplemental oxygen and further treatment. A study published in [The Journal of Heart and Lung Transplantation](#), shines a light on this serious medical issue caused by the covid-19 vaccines.

Three female lung transplant recipients suffer respiratory distress caused by the covid-19 vaccines

A majority of lung transplant recipients (LTR) do not respond to the first dose of covid-19 mRNA. Short term antibody responses to the spike protein mRNA are observed after the second dose. In this case series, three patients actually developed “new and significant respiratory compromise after their 2nd vaccine dose.” The respiratory distress was consistent with antibody mediated rejection (AMR). The study authors wrote, “To our knowledge, this is the first published case series of vaccine induced rejection in lung transplant recipients.”

The three fully vaccinated female patients (ages 50-70 years old) were given FDA-approved mRNA vaccines. The three females showed no previous rejection episodes. Two patients received the Moderna variety and one patient received the Pfizer-BioNTech jab. Their serious, life-threatening symptoms began between six months and two years, post-transplant. After the patients were evaluated, antibody mediated rejection was determined to be the underlying etiology of disease. Two of the patients were hospitalized and diagnosed with hypoxic respiratory failure within just two weeks of their second dose of the covid-19 mRNA. One patient exhibited similar symptoms that started out as mild. As time progressed, her symptoms worsened and she required supplemental oxygen and further hospitalization.

Their biopsies showed no cellular rejection, but the vaccine did induce new donor specific antibodies. Further imaging showed that there was no infection, but there was new lung infiltrates. All three patients had to receive treatment for AMR with plasmapheresis, IVIg, and Rituximab. Due to these meticulous treatment protocols, doctors were able to help two of the patients recover their lung function and get off the supplemental oxygen. One patient did not recover her lung function and was put back on the transplant list.

The study authors concluded: While LTR have a diminished response to SARS-CoV-2 vaccines making them more vulnerable to the disease, their immune system's response may not always be clear." The authors report the presence of new donor specific antibodies that "appear to be triggered by the covid-19 vaccine."

They wrote, "These vaccine responses should be collected in a database where each case can be investigated to help better understand the mechanism behind them and hopefully identifying LTR at risk. This can then be used to modify vaccination strategies and aid in preventing adverse outcomes in this vulnerable group of patients."

Transplant recipients coerced to take covid-19 injections, despite serious, life-threatening risks

Lung transplant recipients often suffer from higher immunosuppression and are therefore susceptible to severe symptoms following any respiratory viral infection. The covid-19 vaccines are marketed as prevention for a potential coronavirus infection and are proposed as a solution for potential respiratory distress and immunosuppression in lung transplant recipients.

The [International Society for Heart and Lung Transplantation](#) (ISHLT) and the [American Society of Transplantation](#) (AST) strongly recommend that all organ recipients be injected with covid-19 mRNA. In some cases, hospitals have inhumanely denied organ transplants because the individual or the parent of a minor would not consent to the covid-19 injection. Many people take the jabs under duress, because medical authorities hold their life hostage. Medical authorities are literally holding life-saving medical care from individuals just to maximize patients' compliance to a fraudulent, faulty, and dangerous intervention.

In this case study, the [covid-19 vaccines induced rejection of the lung transplant](#), and caused severe respiratory distress and depleted oxygen levels that required further life-saving treatment.

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Category

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