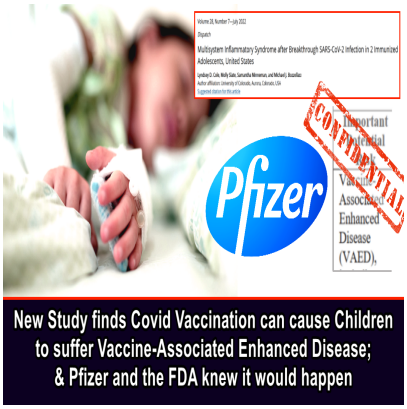

New Study finds Covid Vaccination can cause Children to suffer Vaccine-Associated Enhanced Disease; & Pfizer and the FDA knew it would happen

Description

USA: A new study conducted by several doctors on behalf of the University of Colorado has found that Covid-19 vaccination can cause children to suffer Vaccine-Associated Enhanced Disease (V-AED), and further analysis of the confidential Pfizer documents forcibly published by court order reveals both Pfizer and the U.S. Food & Drug Administration (FDA) knew it would happen.

The study, published 31st May 2022, aimed to prove that Covid-19 vaccination effectively protects children against multisystem inflammatory syndrome. But unfortunately, they discovered the study authors discovered the complete opposite.

Multisystem inflammatory syndrome (MIS) is a condition that mainly affects children, and causes dangerous inflammation throughout the body, including in the:

- Heart
- Lungs
- Kidneys
- Brain
- Skin
- Eyes
- Digestive organs

The condition can be both severe and life-threatening. Unfortunately, experts have no idea what causes it, but this hasn't stopped the U.S. Centers for Disease Control from attributing the condition to complications of the alleged Covid-19 disease.

Researchers from the University of Colorado carried out a detailed study of two otherwise healthy, fully vaccinated children in the USA who were diagnosed with multisystem inflammatory syndrome.

Child 1

In the first case, headache and myalgia developed in a healthy 14-year-old boy, but by day 7 of suffering illness, fever, abdominal pain, diarrhoea, emesis, bloodshot eyes, red cracked lips, and rash had also developed. On day 10, he was brought for treatment to the emergency department and admitted to a quaternary-care pediatric hospital.

Three months earlier, he had completed the Pfizer-BioNTech 2-dose COVID-19 vaccine series. One month later, he experienced three days of coughing and congestion and tested positive by PCR for SARS-CoV-2 infection, from which he allegedly recovered.

At hospital admission, an examination by doctors noted a sickly appearance, fever (39.1°C), tachycardia, rash, conjunctivitis, cracked lips, and abdominal tenderness.

Laboratory testing revealed hyponatremia; thrombocytopenia; lymphopenia; and elevated C-reactive protein (CRP), N-terminal pro-brain natriuretic peptide (NT-proBNP), and liver function test levels (Table 1).

Case-patient 1, hospitalization for MIS-C

Result†	HD1	HD2	HD3	HD4	HD5	HD6
Leukocytes, × 10^9 cells/L	↓3.6	↓4.1	↓2.3	↓2.6	↓3.1	↓2.7
Hemoglobin, g/dL	12.5	13.1	12.4	12.2	12.4	↓10.5
Platelets, 10^9/L	↓98	↓109	188	237	321	362
Absolute neutrophil count, × 10^9 cells/L	2.4	3.3	↓1	↓0.9	↓1	↓0.6
Absolute lymphocyte count, × 10^9 cells/L	1	↓0.6	1.1	1.3	1.7	1.8
ESR, mm/h	NA	6	7	↑23	↑24	↑25
Sodium, mmol/L	↓130	↓136	↓134	↓133	↓132	137
Creatinine, mg/dL	↑1.2	↑1.0	↑0.9	0.7	↑0.8	0.6
AST, U/L	↑165	↑207	↑131	↑114	↑200	↑164
ALT, U/L	↑221	↑243	↑196	↑167	↑195	↑162
GGT, U/L	↑126	↑137	↑129	↑128	↑136	NA
LDH, U/L	↑1,484	NA	↑1,155	↑928	↑863	NA
C-reactive protein, mg/L	↑135	↑86	↑64	↑36	↑19	↑11
Ferritin, ng/mL	↑750	NA	↑576	↑626	↑754	↑578
Albumin, g/dL	NA	↓2.9	↓2.8	↓2.8	↓3.1	↓3.1
aPTT, s	↑42.9	36.5	↑38.9	↑39.4	NA	NA
PT, s	14	12.6	13.5	13.7	14.1	13.5
Fibrinogen, mg/dL	328	354	302	269	317	NA
D-dimer, µg/mL	NA	↑>4	↑>4	↑>4	↑3.1	NA
Troponin-I, ng/mL	0.03	↑0.04	↑0.05	0.03	0.02	NA
NT-proBNP, pg/mL	↑365	↑477	↑601	↑1,020	↑212	NA

Liver function lab Results for Child 1
Source

An echocardiogram revealed trivial pericardial effusion. While abdominal ultrasound and chest radiograph results were unremarkable. Tests for SARS-CoV-2 spike and nucleocapsid IgG returned a positive. Other infectious condition test results were negative (Table 2).

Laboratory test	Case-patient 1
SARS-CoV-2 spike IgG	Positive
SARS-CoV-2 nucleocapsid IgG	Positive
SARS-CoV-2 PCR	Negative
Other respiratory pathogen panel PCR	Negative
Blood culture, peripheral, 2 sets	Negative
Urine culture	Negative
Epstein Barr virus ab panel	Consistent with prior infection
Gastrointestinal pathogen panel PCR	Negative
Group A *Streptococcus* throat PCR	Negative
Quantiferon tuberculosis gold	Negative
HIV Ag/Ab, 4th-generation	NA
Rapid plasma regain	NA
Parvovirus IgM and IgG	NA
Anti-streptolysin-O	NA
Anti-deoxyribonuclease B	NA

Infectious lab results for Child 1
Source

On the patient's first day of hospitalization, the infectious diseases section was consulted, and it was determined that the patient's illness met the Centers for Disease Control and Prevention multisystem inflammatory syndrome criteria.

Treatment improved the rash, headache, and conjunctivitis but fever, malaise, and nausea persisted, and cardiac markers rose. After further treatment, the child was eventually discharged on day 5 of hospitalisation.

Cardiology follow-up 6 weeks after hospital discharge, unfortunately, revealed ongoing fatigue and a new mild left main coronary artery enlargement.

Child 2

In the second case, fever and fatigue, followed by congestion, cough, myalgias, headache, nausea, and vomiting, developed in an otherwise healthy 14-year-old girl.

On day 3 of illness, rapid SARS-CoV-2 and influenza test results were negative, then on day 12, she was brought to the emergency department due to suffering persistent fever, headache, cough, and vomiting. This time she tested positive for Covid-19.

Three months before her illness, she had completed the 2-dose Pfizer-BioNTech COVID-19 vaccine series.

The child was prescribed amoxicillin for possible sinusitis and discharged. But then on day 14, she returned to the hospital for dyspnea and required low-flow oxygen for hypoxemia. Electrocardiogram, troponin, and NT-proBNP test results were normal.

She was admitted and criminally received 1 dose of remdesivir, which was discontinued because of elevated liver function test results (Table 1).

*(If you want to know why it's considered criminal to administer Remdesivir to children then you can read an article all about it **here**. The UK equivalent is a drug called Midazolam, and you can read another article all about that **here**.)*

Results following administration of Remdesivir

Result†	Pre–MIS-C hospitalization	
	HD1	HD4
Leukocytes, × 10^9 cells/L	11.9	NA
Hemoglobin, g/dL	13.5	NA
Platelets, 10^9/L	290	NA
Absolute neutrophil count, × 10^9 cells/L	NA	NA
Absolute lymphocyte count, × 10^9 cells/L	NA	NA
ESR, mm/h	↑18	NA
Sodium, mmol/L	↓135	NA
Creatinine, mg/dL	0.7	NA
AST, U/L	↑297	↑164
ALT, U/L	↑249	↑269
GGT, U/L	NA	NA
LDH, U/L	↑1,313	NA
C-reactive protein, mg/L	↑23	NA
Ferritin, ng/mL	↑593	NA
Albumin, g/dL	↓3.1	↓3.2
aPTT, s	↓20.5	NA
PT, s	13.4	NA
Fibrinogen, mg/dL	258	NA
D-dimer, µg/mL	NA	NA
Troponin-I, ng/mL	<0.02	NA
NT-proBNP, pg/mL	66	NA

Liver function lab Results for Child 2
Source

The child improved and was discharged on day 18. However, she returned the next day with a recrudescent fever, emesis, and a new diffuse rash, including on her palms and soles.

Laboratory testing demonstrated elevated CRP, D-dimer, liver function, NT-proBNP, and creatinine levels (Table 1). Abdominal ultrasound and computed tomography showed incidentally enlarged kidneys.

	Hospitalization for MIS-C				
Result†	HD1	HD3	HD5	HD7	HD9
Leukocytes, × 10^9 cells/L	7.8	5.8	↓2.9	5.4	9.0
Hemoglobin, g/dL	13.8	↓10.8	↓10.4	↓10.3	↓10.5
Platelets, 10^9/L	373	265	NA	305	331
Absolute neutrophil count, × 10^9 cells/L	↓1.4	1.8	2.0	3.6	4.7
Absolute lymphocyte count, × 10^9 cells/L	5.8	2.3	↓0.6	1.2	2.8
ESR, mm/h	↑22	↑96	NA	NA	NA
Sodium, mmol/L	↓136	137	↓127	↓136	139
Creatinine, mg/dL	↑1.0	↑2.2	↑3.9	↑2.3	↑1.3
AST, U/L	↑102	↑169	↑53	28	33
ALT, U/L	↑188	↑177	↑123	↑57	45
GGT, U/L	↑342	↑209	NA	NA	NA
LDH, U/L	↑982	NA	NA	NA	NA
C-reactive protein, mg/L	↑17	↑47	↑56	↑19	10
Ferritin, ng/mL	191	284	NA	NA	NA
Albumin, g/dL	3.6	↓2.6	3.0	↓3.1	↓3.1
aPTT, s	28.9	31.3	NA	NA	NA
PT, s	13.5	14.7	NA	NA	NA
Fibrinogen, mg/dL	413	NA	NA	NA	NA
D-dimer, µg/mL	↑2.8	NA	NA	NA	NA
Troponin-I, ng/mL	<0.02	NA	NA	NA	NA
NT-proBNP, pg/mL	85	↑3,190	↑3,360	↑1,300	↑1,590

Liver function lab Results for Child 2 after being readmitted
Source

At readmission on day 19, differential diagnoses included multisystem inflammatory syndrome, acute COVID-19 with hyper inflammation, sepsis, toxic shock syndrome, drug reaction, and vasculitis or another autoimmune disease.

A SARS-CoV-2 nucleocapsid IgG test was positive. Additional infectious and rheumatologic test results were negative (Table 2). After discussion among multidisciplinary specialists, doctors considered multisystem inflammatory syndrome most likely.

Eventually, the child was discharged on day 9 of readmittance to the hospital.

What does the Study tell us?

First, let's take a look at some of the horrific illnesses that were suffered by these two children.

- **Hyponatremia**: This is a condition characterized by low levels of sodium in the blood. Its symptoms are similar to those caused by dehydration. In severe cases, the brain may swell, which can lead to headaches, seizures, coma, and even death
- **Thrombocytopenia**: This is a deficiency of platelets in the blood. This causes bleeding into the tissues, bruising, and slow blood clotting after injury.
- **Lymphopenia**: This is a disorder in which your blood doesn't have enough white blood cells called lymphocytes, which play an essential protective role in your immune system.
- **Sepsis**: This is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs.
- **Toxic shock syndrome**: This is a rare but life-threatening condition caused by bacteria getting into the body and releasing harmful toxins.
- **Vasculitis or another autoimmune disease**: Vasculitis is an autoimmune disease that causes inflammation and narrowing of blood vessels. Autoimmune disease happens when the body's natural defence system can't tell the difference between your own cells and foreign cells, causing the body to mistakenly attack normal cells.

It's hard to believe that two children could possibly suffer all of these horrendous conditions following infection with Covid-19, when we know that children are at negligible risk of suffering illness worse than the common cold.

But the reason these two otherwise healthy children suffered these conditions is because they had received two doses of the Pfizer Covid-19 injection and unfortunately went on to suffer Vaccine-Associated Enhanced Disease once they were exposed to the alleged Covid-19 virus.

How do we know this? Because it's all in the confidential Pfizer documents that the U.S Food & Drug Administration (FDA) has been forced to publish by court order.

The Confidential Pfizer Documents & Vaccine-Associated Enhanced Disease

Vaccine-associated enhanced diseases (VAED) are modified presentations of clinical infections affecting individuals exposed to a wild-type pathogen after having received a prior vaccination for the

same pathogen.

Enhanced responses are triggered by failed attempts to control the infecting virus, and VAED typically presents with symptoms related to the target organ of the infection pathogen. According to scientists VAED occurs as two different immunopathologies, antibody-dependent enhancement (ADE) and vaccine-associated hypersensitivity (VAH).

Intensive research conducted by health experts throughout the years has brought to light increasing concerns about “Antibody-Dependent Enhancement” (ADE), a phenomenon where vaccines make the disease far worse by priming the immune system for a potentially deadly overreaction.

ADE can arise in several different ways but the best-known is dubbed the ‘Trojan Horse Pathway’. This occurs when non-neutralizing antibodies generated by past infection or vaccination fail to shut down the pathogen upon re-exposure.

Instead, they act as a gateway by allowing the virus to gain entry and replicate in cells that are usually off limits (typically immune cells, like macrophages). That, in turn, can lead to wider dissemination of illness, and over-reactive immune responses that cause more severe illness.

Here’s a short video of the Chief Medical Advisor to the U.S. President, Dr Anthony Fauci, explaining the undesirable consequence. In it, he confirms it could be a possible danger of the Covid-19 injections and that this would not be the first time it has happened.

Now, thanks to an uncorrupted judge we know it does.

The US Food and Drug Administration (FDA) attempted to delay the release of Pfizer’s COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of safety review on December 11th, 2020.

But in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

Since then, PHMPT has posted all of the documents to its website. The latest drop happened on June 1st 2022.

One of the documents contained in the data dump is ‘reissue_5.3.6 postmarketing experience.pdf’. Table 5, found on page 11 of the document shows an ‘Important Potential Risk’, and that risk is listed as ‘Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)’.

Pfizer claim in their confidential document that up to 28th Feb 2021, they had received 138 cases reporting 317 potentially relevant events indicative of Vaccine-Associated Enhanced Disease. Of these 71 were medically significant resulting in 8 disabilities, 13 were life-threatening events, and 38 of the 138 people died.

Of the 317 relevant events reported by 138 people, 135 were labelled as ‘drug ineffective’, 53 were labelled as dyspnoea (struggling to breathe), 23 were labelled as Covid-19 pneumonia, 8 were labelled as respiratory failure, and 7 were labelled as seizure.

Pfizer also admitted that 75 of the 101 subjects with confirmed Covid-19 following vaccination, had severe disease resulting in hospitalisation, disability, life-threatening consequences or death.

But Pfizer still definitively concluded, for the purposes of their submitted safety data to the Food and Drug Administration, the very data that was needed to gain emergency use authorisation and make them billions and billions of dollars, that 'None of the 75 cases could be definitively considered as VAED'.

But Pfizer then went on to confirm that based on the current evidence, VAED remains a theoretical risk.

BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 5. Important Potential Risk

Topic	Description
Important Potential Risk	**Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)**
Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)	No post-authorized AE reports have been identified as cases of VAED/VAERD, therefore, there is no observed data at this time. An expected rate of VAED is difficult to establish so a meaningful observed/expected analysis cannot be conducted at this point based on available data. The feasibility of conducting such an analysis will be re-evaluated on an ongoing basis as data on the virus grows and the vaccine safety data continues to accrue. The search criteria utilised to identify potential cases of VAED for this report includes PTs indicating a lack of effect of the vaccine and PTs potentially indicative of severe or atypical COVID-19[a]. Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 138 cases [0.33% of the total PM dataset], reporting 317 potentially relevant events were retrieved: Country of incidence: UK (71), US (25), Germany (14), France, Italy, Mexico, Spain, (4 each), Denmark (3); the remaining 9 cases originated from 9 different countries; Cases Seriousness: 138; Seriousness criteria for the total 138 cases: Medically significant (71, of which 8 also serious for disability), Hospitalization required (non-fatal/non-life threatening) (16, of which 1 also serious for disability), Life threatening (13, of which 7 were also serious for hospitalization), Death (38). Gender: Females (73), Males (57), Unknown (8); Age (n=132) ranged from 21 to 100 years (mean = 57.2 years, median = 59.5); Case outcome: fatal (38), resolved/resolving (26), not resolved (65), resolved with sequelae (1), unknown (8); Of the 317 relevant events, the most frequently reported PTs (≥2%) were: Drug ineffective (135), Dyspnoea (53), Diarrhoea (30), COVID-19 pneumonia (23), Vomiting (20), Respiratory failure (8), and Seizure (7). Conclusion: VAED may present as severe or unusual clinical manifestations of COVID-19. Overall, there were 37 subjects with suspected COVID-19 and 101 subjects with confirmed COVID-19 following one or both doses of the vaccine; 75 of the 101 cases were severe, resulting in hospitalisation, disability, life-threatening consequences or death. None of the 75 cases could be definitively considered as VAED/VAERD. In this review of subjects with COVID-19 following vaccination, based on the current evidence, VAED/VAERD remains a theoretical risk for the vaccine. Surveillance will continue.

Source

Further evidence from the confidential document also shows that both the FDA and Pfizer knew the Covid-19 injection has killed at least 12 people who developed an autoimmune disorder, by February 2021. That doesn't mean these are the only people to have died due to autoimmune conditions induced by the jabs, these are just the ones that were officially reported to Pfizer in the first two months of their vaccine roll-out.

BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 7. AESIs Evaluation for BNT162b2

AESIs[a] **Category**	**Post-Marketing Cases Evaluation[b]** **Total Number of Cases (N=42086)**
	2021). Study C4591021, pending protocol endorsement by EMA, is also intended to inform this risk.
Immune-Mediated/Autoimmune AESIs *Search criteria: Immune-mediated/autoimmune disorders (SMQ) (Broad and Narrow) OR Autoimmune disorders HLGT (Primary Path) OR PTs Cytokine release syndrome; Cytokine storm; Hypersensitivity*	• Number of cases: 1050 (2.5 % of the total PM dataset), of which 760 medically confirmed and 290 non-medically confirmed; • Country of incidence (>10 cases): UK (267), US (257), Italy (70), France and Germany (69 each), Mexico (36), Sweden (35), Spain (32), Greece (31), Israel (21), Denmark (18), Portugal (17), Austria and Czech Republic (16 each), Canada (12), Finland (10). The remaining 74 cases were from 24 different countries. • Subjects' gender (n=682): female (526), male (156). • Subjects' age group (n=944): Adult (746), Elderly (196), Adolescent (2). • Number of relevant events: 1077, of which 780 serious, 297 non-serious. • Most frequently reported relevant PTs (>10 occurrences): Hypersensitivity (596), Neuropathy peripheral (49), Pericarditis (32), Myocarditis (25), Dermatitis (24), Diabetes mellitus and Encephalitis (16 each), Psoriasis (14), Dermatitis Bullous (13), Autoimmune disorder and Raynaud's phenomenon (11 each); • Relevant event onset latency (n = 807): Range from <24 hours to 30 days, median <24 hours. • Relevant event outcome[1]: resolved/resolving (517), not resolved (215), fatal (12), resolved with sequelae (22) and unknown (312).

Source

Confidential data proves that the Covid-19 injections should never have been granted emergency use authorisation, and should have been pulled from distribution by the FDA as soon as they sighted the figures.

But the FDA failed to act, and that is precisely why we're now seeing studies published containing horrific details of fully vaccinated children suffering brain swelling, internal bleeding and blood clotting, life-threatening reactions to infections, decimated immune systems, and autoimmune diseases following Covid-19 infection.

Category

1. Army-Wars-Conflict Zones-Military Tech.

2. Crime-Justice-Terrorism-Corruption
3. Health-Wellness-Healing-Nutrition & Fitness
4. Main
5. NWO-Deep State-Dictatorship-Tyrrany
6. Science-Tech-AI-Medical & Gen. Research

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