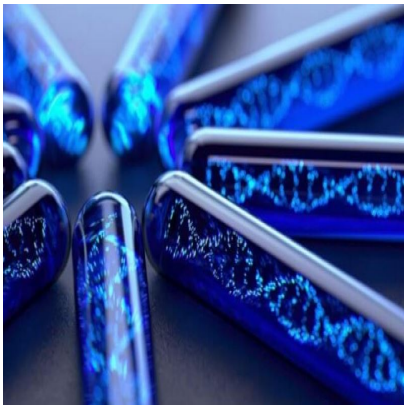

Shedding and Spreading Genetic Vaccines

Description

Is it possible to shed and spread a genetic vaccine? Some of the people who've had a coronavirus vaccine seem to think so, despite being 'pro-vax'. Most of them are simply saying what they've experienced, not making accusations about the vax being spread.

Something Strange Is Happening To Women After They Get The Vaxx
https://www.bitchute.com/video/1twQRQLU7bpY/

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Journalists have been quick to claim it's not possible to shed the vaccine; they're taking their lead from Pfizer who've said it can't be shed because it doesn't contain a live virus. However, there is strong evidence that vaccine components *can* be shed from the body and spread to another person, even though they don't contain a live virus. It's not known how much this can happen, but clearly breast-milk and semen are like strong intravenous doses. It also appears that vax makers know about this. For example, Moderna has published several mRNA-based patents in which they describe analysing *exosomes* released from a subject, to test how well their product is working. Exosomes are tiny particles that are constantly coming out of our cells like a cloud of dust, and they're found in every type of **bodily fluid** you could ever imagine. It seems they can also contain components of genetic vaccines which are then capable of having a biological impact.

To explore the issue further, this article will examine some of the available evidence about what happens to mRNA LNPs once they're inside a cell, drawing on knowledge gained from the growing body of research on exosomes. It will then look at how vaccine-viruses can be spread when replicating viruses are used, and conclude by trying to make sense of the Pfizer trial protocol.

MODERNA'S EXOSOMES

According to several Moderna patents (including the very recent 'RSV RNA Vaccines', dated 2021), the successful delivery of their mRNA product can be assessed by examining exosomes that have come from either body organs or bodily fluids such as blood, sweat and tears. A sample of around 2 mL can be obtained from the subject in order to do this, and there's a very long list of bodily fluids to choose from:

"…. the nucleic acids of the present invention may be quantified in exosomes or when derived from one or more bodily fluid. Bodily fluids include peripheral blood, serum, plasma, ascites, urine, cerebrospinal fluid (CSF), sputum, saliva, bone marrow, synovial fluid, aqueous humor, amniotic fluid, cerumen, breast milk, broncheoalveolar lavage fluid, semen, prostatic fluid, cowper's fluid or pre-ejaculatory fluid, sweat, fecal matter, hair, tears, cyst fluid, pleural and peritoneal fluid, pericardial fluid, lymph, chyme, chyle, bile, interstitial fluid, menses, pus, sebum, vomit, vaginal secretions, mucosal secretion, stool water, pancreatic juice, lavage fluids from sinus cavities, bronchopulmonary aspirates, blastocyl cavity fluid, and umbilical cord blood. Alternatively, exosomes may be retrieved from an organ selected from the group consisting of lung, heart, pancreas, stomach, intestine, bladder, kidney, ovary, testis, skin, colon, breast, prostate, brain, esophagus, liver, and placenta."

So… what are exosomes?

They are tiny particles that bud out of our cells and can travel round the body taking messages to other cells. An exosome is formed inside a cell when various bits and pieces that are hanging around get wrapped up (encased) in a bit of the cell membrane, then pushed out of the cell into the bloodstream. It's basically a little package of DNA/RNA protected by the lipid membrane it got from the cell. It can also contain proteins. Most of the details have only recently been discovered, but many experts are now saying that exosomes are, in many ways, indistinguishable from enveloped viruses, such as SARS.

"*Cells talk in a language that looks like viruses*"

Exosomes are similar to many viruses because they are lipid nanoparticles that contain "bioactive materials" and carry information around the body. Also known as extracellular vesicles (EVs), exosomes can only exist if they are created by a cell, and it's the same for enveloped viruses.

"… extracellular vesicles and enveloped viruses are similar in both composition and function. Their high degree of similarity makes differentiating between vesicles and enveloped viruses in biological specimens particularly difficult."

After an explosion of research into EVs, they are still not well characterized, but are said to be extremely diverse. Overall, though, a consensus is forming that exosomes, or EVs, form a continuum of various different types, and are therefore very hard to classify into separate groups.

What was Moderna looking for?

Moderna often refer to their mRNA constructs as “chimeric polynucleotides”. This term is very apt because it reflects the fact that they are **really rather different to normal mRNA** produced by the natural world. The patents describe isolating exosomes in order to quantify the amount of chimeric polynucleotides they contain, to help determine how much of the mRNA got turned into proteins (*translation*); it also demonstrates changes to the original sequences, e.g. bits going missing (*truncation*). These sequences can easily be identified as being Moderna ones, because they are extensively modified and distinctly different to normal RNA produced by natural living beings. This is how it’s described:

“In the analysis, the level or concentration of a chimeric polynucleotide may be an expression level , presence, absence, truncation or alteration of the administered construct. These methods afford the investigator the ability to monitor, in real time, the level of chimeric polynucleotides remaining or delivered. This is possible because the chimeric polynucleotides of the present invention differ from the endogenous forms due to the structural or chemical modifications.”

(Note: ‘*endogenous*’ means you made it naturally yourself, ‘*exogenous*’ means it’s from somewhere else!)

These tests were probably useful for Moderna in the early days, when investors were keen to see proof that Moderna could get their mRNA to work. Genes make proteins, so to show this new, ***modified*** mRNA could work, they had to prove the sequences could be translated into proteins. There was a long history of mRNA not working because it couldn’t get past all the immune defences, so there was a need to show that the modified version was different.

How does it happen?

Once inside a cell, an mRNA LNP is processed in the endosome, which is like a sorting mechanism for stuff that’s been taken up by the cell. Some of this modified mRNA will end up being translated after escaping the endosome, i.e. some spike proteins will get made. If, however, some of the modified mRNA got wrapped up in a bit of the cell’s membrane, it would get pushed out of the cell as an exosome, or EV.

After being ‘excreted’ from the cell in the form of an EV, the mRNA would be able to survive the journey through the blood once again. This time, instead of being encased in Moderna’s nano-sized lipid membrane, it would be encased in the nano-sized lipid membrane it got from the cell. The membrane protects it from being degraded by enzymes such as RNase. Previous research has shown that (natural) RNA and proteins are contained in exosomes derived from serum, plasma, urine, and

saliva; they're able to survive and not get degraded by enzymes because they're "contained and protected in membrane-bound structures". This is demonstrated by the fact that, "the RNA contained within exosomes remains amplifiable, implicating protection from RNase degradation by the exosome membrane." As explained by Sasha Vlassov at ISEV13, nucleic acids will be instantly degraded unless they're bound to proteins or encapsulated in a membrane:

"There's no such thing as free-floating DNA or RNA."

VIDEO ISEV 2013 – "RNA profiling of exosomes" Sasha Vlassov

Research published in *Nature* ('Linkage between endosomal escape of LNP-mRNA and loading into EVs for transport to other cells'; 24 September, 2019) by Maugeri et al illustrated what happens to some of the mRNA after being in the endosome. It's well-known that most RNA cannot escape the endosome, which means most of it doesn't work like they want it to! For instance, when a much smaller molecule called siRNA is delivered in LNPs, less than 2% of it manages to get out of the endosome! If it can't get out of the endosome, it doesn't get translated into proteins, so the researchers wanted to find out what happened to mRNA in LNPs. Their experiments showed "LNP components (mRNA and ionizable lipids) are partly incorporated into endo-EVs", i.e. both the mRNA and the lipids were packaged up into EVs that budded out of the endosome. These EVs protect the foreign/exogenous mRNA and can transport it to other organs where it's still able to have an effect, because the mRNA is still 'functional' (and therefore biologically active). They even showed that the membrane of the EV, or exosome, was protecting the mRNA – they did this by subjecting it to RNase (which is an enzyme we all have in our blood that immediately *destroys* free-floating mRNA and DNA). They found there was only a slight decrease in mRNA as a result, i.e. it was barely affected.

The researchers suggest their experimental results would also apply to people injected with mRNA–LNPs in clinical trials, i.e. "part of the mRNA delivery is achieved by such EVs". They were trying to show that it would be safer and more effective to use exosomes to deliver mRNA than it is to use LNPs, so they pointed out that EVs had a much smaller amount of the toxic lipids from the LNPs in them. As a result, it caused "a milder immune response than LNPs", e.g. fewer cytokines were released, meaning EVs would be safer than LNPs:

"The advantage of using EVs for mRNA delivery would be that compared to synthetic products, EVs are biological products and might elicit a milder immune response in the host."

The possible effects of 'vaccine-exosomes'

If any part of the vaccine was formed into an exosome and was then shed from the body, e.g. in breast milk, it could take a wide variety of forms. Very little is known about human exosomes but they're said to be extremely diverse. It's what's inside them that determines any effect they may have; it also depends on which cell they originated from. The contents of an exosome are usually referred to as the *cargo*, which usually consists of DNA, RNA, and proteins, in various combinations. According to Duncan Ross from Kimera, milk has cow exosomes in it, so if you drink it you'll be expressing cow proteins for about a month! A lot of research is now focussed on using exosomes to deliver gene therapies, instead of using viruses; they're also being used to diagnose various diseases, such as cardiovascular and neurodegenerative diseases, and chronic inflammation.

In terms of what could be in a 'vaccine-exosome', there are a number of different possibilities; for instance, they could *theoretically* contain:

- *either* the full code for the spike OR a fully-translated spike, i.e. the mRNA code for the spike protein has been turned into an actual thing (the recipe was followed and the end product was a spike protein)
- *either* fragments of modified mRNA (in which case any potential effect would depend on which fragment it is) OR a fully-translated fragment (i.e. a protein of some description)
- some other vaccine-contaminant, such as dsRNA
- viral particles or proteins (as shown with Enterovirus 71 and HIV) which can have "various pathogenic effects"
- a mix of the above

There are some clues about these fragments in the Pfizer and Moderna EMA reports (they both refer to the issue of truncated, or shortened, sequences that have been found in the mRNA vaccines).

When scientists create mRNA in the lab (using chemical synthesis), they stitch together bits and pieces from different sources. For instance, the first part of the Pfizer ronavax contains a small sequence from a human gene that makes haemoglobin. This is added to help make sure the body translates the mRNA (but it's not the whole sequence so it can't create haemoglobin). Another pick-and-mix decision is what kind of cap and tail to use – these are the sequences at the start and end of the mRNA construct, and they help keep the whole thing in one piece. If the construct becomes shortened in any way, it is said to be truncated, and may have a different effect other than that which was intended.

As described in a previous article, the EMA report says there are "truncated and modified mRNA species present" in the Pfizer vaccine, but they're yet to be identified (more information on their 'characterization' was requested). The EMA also ask for further data regarding the possibility that the truncated sequences could get turned into spike proteins that aren't quite right ("truncated S1S2 proteins" probably refers to the S1 and S2 sub-units of spike).

"These data should further address the potential for translation into truncated S1S2 proteins/peptides or other proteins/peptides. Relevant protein/peptide characterization data for predominant species should be provided."

If vaccinated people noticed their loved ones getting the same set of flu-like symptoms at around the same time as them, *theoretically* it could mean they'd been shedding mostly unadulterated spike proteins, or the code for spike proteins. If, however, they had a different set of symptoms, there's almost no end to what it could be. One concern with the Pfizer vaccine is that it could cause an autoimmune disorder, as stated by the EMA:

"Any homology between translated proteins (other than the intended spike protein) and human proteins that may, due to molecular mimicry, potentially cause an autoimmune process should be evaluated."

This means that if there's enough code to spell out something, it could trigger a reaction, e.g. making a protein and/or setting off the immune system. Small genetic sequences from the rona, even when they only consist of six amino acids, might stimulate the production of antibodies that target the self as well as the invader. This is how molecular mimicry works, and it can happen when the same sequence of

amino acids are also part of a human protein. For example, people infected with Klebsiella bacteria may be more at risk of autoimmune disease as a result of molecular mimicry, since there's an enzyme in it that can cross-react with the (self-made) HLA-B27 molecule. The reason it can cross-react is because they both have the same little run of six amino acids, spelling out 'QTDRED' – people with ankylosing spondylitis were often found to contain antibodies to this shared sequence.

Some researchers have suggested there are numerous proteins involved in lung function which share sequences found in the spike protein (which is what the genetic vaccines code for). They have suggested that being infected with the rona could put people at risk of developing cross-reactive antibodies, which is why they think the rona is even more dangerous. However, getting the vaccine could pose the same risk, since the code for the vaccine is based on the spike from the rona. Some examples of these amino acid sequences in spike are shown below:

- The amino acid sequence QASSRS is found in both the spike protein of the rona AND in a human protein that can be linked to, "pulmonary hypertension …. right ventricular failure, and death".
- The amino acid sequence KQLSSN is found in spike AND in a protein that's "expressed in multiple cells of the lung".

Other contaminants

Apart from truncated mRNA sequences, or proteins, the vaccines could also contain genetic material left over from the production process. Moderna and Pfizer both say it's only a small amount, but that doesn't mean it's safe. Sasha Vlassov, in the video above, mentions that exosomes are present in huge numbers in cell lines, such as HeLa cells, and their cargoes can be bio-active, i.e. able to induce certain biological processes. This may mean that cell lines that are used to produce other types of vaccine are also busy producing exosomes! That would be like contamination chaos!

DNA-based vaccines, such as the AstraZeneca one, are 'grown' in a cell line, where the cells are from a human foetus, and DNA is often found to contaminate the final product. Vaccines that contain mRNA are *not* propagated in cell lines, but it's a different story when you trace back the way the mRNA is obtained. The very start of the process involves the use of bacteria such as *E. coli* which is engineered to contain the desired sequence in the form of DNA, so that mRNA can be 'reverse-transcribed', or copied, from it. This involves using a promoter such as T7 – believe it or not, this is a *bacteriophage*, i.e. a virus that infects bacteria. After this, the manufacturers try to remove the bacterial DNA from the mixture (e.g. using the HPLC method), but the finished product often contains trace amounts of double-stranded RNA (dsRNA) and other "dsRNA byproducts", such as "short RNA fragments". When modified mRNA is contaminated with dsRNA, it results in "robust type I interferon production" because our immune cells know all too well that it's a microbe we don't want to have around! According to their reports, the EMA acknowledge this is still an issue, but it seems that *Someone-Somewhere* has decided there is an 'acceptable level' of impurity for mRNA vaccines.

Over the years, a number of vaccines have been found to be contaminated with DNA fragments from the production process. Some of them are thought to have caused autism by inducing hundreds of gene mutations and/or being incorporated into the genome. Autism was linked to a number of genetic mutations that were seen in 1980, 1988 and 1996, and this coincided with new childhood vaccines that were "contaminated with human endogenous retrovirus K (HERVK) and human fetal DNA fragments."

The issue of HERVs (which are also part of our genome!!!) is often overlooked despite the fact that, " increased HERV activity is largely associated with malignancy, especially cancer". For instance, " Expression from HERV-K …. is upregulated in up to 85% of breast cancer samples, although the mechanism of activation is still unclear."

SHEDDING AND SPREADING SYNTHETIC VIRUSES

In 2001, the first polio virus was created from scratch, using much the same method described above for mRNA. The researchers injected the synthetic virus into mice and they developed a neurological disease that seemed indistinguishable from poliomyelitis. This is because it was a whole virus that was able to replicate and therefore overload the immune system (aka 'infection'). The same thing has happened with genetically engineered viruses that are added to vaccines, and which differ from the 'original' in some way. Some of these so-called "vaccine-viruses" have been transmitted to unvaccinated people, which has sometimes made them ill. They are mostly classed as 'live' viruses, which means they have full bio-activity potential, although it can happen with inactivated (weakened) viruses.

Several studies have been performed to find out how the viruses were being spread. For example, a total of 98 children were each given a dose of FluMist vaccine up their noses, and then evaluated for virus shedding for 21 days by taking specimens using a nasal swab. "One placebo subject had mild symptomatic Type B virus infection confirmed as a transmitted vaccine virus by a FluMist recipient in the same playgroup" (i.e. it had the same genetic sequence). The study concluded, "Transmission of vaccine virus through close personal contact is accepted as a theoretical possibility. Vaccine recipients should avoid close contact with and exposure of high-risk individuals to blood and bodily fluids for at least 6 weeks following vaccination." Zostavax contains a VZV virus that's been weakened, or 'attenuated'. People given this vaccine are told to keep away from 'susceptible' people because VZV DNA is present in saliva for at least 2 weeks, and this saliva can be infectious.

There is also an issue with shedding and spreading of some DNA-based vaccines that use *replicating* viruses as vectors, i.e. to carry **the DNA of a different virus** into the cell. A DNA-based vaccine called Ervebo was licenced shortly before the ronascam began – it uses a virus normally found in cattle to contain the DNA of a piece of the Ebola virus. This vaccine is similar to the AstraZeneca and J&J vaccines, but with a different viral vector. These coronavirus vaccines use viruses normally found in chimpanzees to deliver the DNA, and they've been engineered so they don't replicate, so they would probably be far less 'spreadable'. However, the vaccine viruses are produced in cells from human babies, so they may be contaminated with foetal DNA.

The Ervebo vaccine has already been licensed despite a report by the European Medicines Agency which says it's possible to pass on the "vaccine virus" in various body fluids, "such as blood, urine, saliva, semen, vaginal fluids, aqueous humor, breast milk, faeces, sweat, amniotic fluid, and placenta." They cite a study where shedding was confirmed in 19 out of 299 adults who received Ervebo; they were found to have the "vaccine virus" in their urine or saliva. It was also present in the skin cells of "4 out of 10 adult subjects" (up to twelve days after the vax).

THE PFIZER PROTOCOL

The "Pfizer C4591001 Clinical Protocol" was intended for use by the people conducting the trial of the

mRNA vaccine. Parts of the protocol imply the vaccine can be 'inhaled', or spread through skin contact, neither of which make sense. Overall, however, it's clear the overarching aim is to document any possible adverse effects on reproduction. An "EDP" (*Exposure During Pregnancy*) is said to occur when, "a male participant ….. exposes a female partner prior to or around the time of conception". This suggests the vaccine can be transmitted through sexual intercourse. This is followed with some examples of "environmental exposure during pregnancy", each of which refer to a "family member or healthcare provider" being exposed to the vaccine through "inhalation or skin contact". None of these examples refer to trial participants and this implies the family members/healthcare providers are people who may come into close contact with the participant. However, since this is not further explained, it is difficult to assess the meaning any further. Inhalation of what? And what kind of skin contact? How about skin contact with a stranger? There's no requirement for reporting an EDP that occurs with a healthcare provider, but if a baby does get born, its "structural integrity….. can be assessed at the time of birth." Any participants in the trial who breastfeed their babies may also be exposing them to the vaccine. If a female family member or healthcare provider is exposed to the study intervention by inhalation or skin contact, this is also classed as an environmental exposure, and must be reported. It's also said that an occupational exposure involves "unplanned direct contact" with the vaccine, but neither inhalation or skin contact are specified.

This issue suggests there may be gaps in the knowledge of the employees who drafted Pfizer's trial protocol; for example, it's difficult to understand how any vial of liquid could be inhaled, except perhaps if the whole thing was released as a spray close to someone's face. As for 'skin contact' – well, perhaps it's a euphemism for 'intimate contact'! Pfizer's public relations team have made things even more confusing by releasing the following statement in response to media enquiries about the protocol:

"Because there is no virus produced in the body, no shedding occurs within the human body. The vaccine cannot be inhaled via shedding, and can only enter the human body through an administered dose."

This statement doesn't make clear what was meant by the protocol, or whether there's any evidence that the vaccine can, or can't, be passed on through breast milk or semen. But clearly, this is a crucial point – these bodily fluids are delivered directly into the body, and would be a much higher dose than the mere breath of a stranger, or even a sneeze in the face! It's also worth noting the EMA reports said both mRNA vaccines were found to have distributed to the brain and the testis. *Perhaps* they're able to get there because they're in exosomes.

Also worth knowing:

*Exosomes containing cells from a placenta were used to spray a man's face after it got covered in second degree burns, and, as can be seen in this video (at 26:00), he got better VERY quickly. (By day 7, the burns are almost invisible. After six months, the man looks great – because he's now got 'baby skin' on his face, rather than the skin of a 53-year old.) Bone marrow put into *one* knee stopped the pain in *both* knees of a man with osteoarthritis.

**Some companies have designed mRNA that can be inhaled, e.g. with a nebulizer (such as Translate Bio's cystic fibrosis mRNA therapy).

By Julie Beal

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