COVID-19 VACCINES

&

THE POLIO SURVIVOR

Introduction:-

The recent pandemic has thrown into sharp relief the crucial part that vaccines can play in subduing / mitigating and halting the spread of viruses whether that be the polio virus, yellow fever or in this case the corona virus COVID-19. However, with the availability of social media many untruths, falsehood and lies are spreading regarding who should or not be vaccinated. This paper draws on medical sources and journals around the world and sets out to help explain where polio Survivors fall, in whether they should be vaccinated or not. It purely applies to the polio Survivor but does make reference to those who may have co-morbidity.

In researching this paper and contacting medical authorities one thing has become abundantly clear – the power of the pharma companies and the fear of running foul of them or being sued.

The one clear fact, from all the regulatory bodies, European Medical Agency (EU), Medical Regulatory Health Authority (UK), Centre for Disease Control (EU/USA) Federal Food & Drug Administration (USA) and the equivalent bodies in Australasia is that whatever the risk from some vaccines might be, remaining unvaccinated and contracting COVID-19 is far more dangerous and in 1:800 cases will lead to death. Many Covid Survivors will go on to having serious long term affects that in many instances will be life changing.

The Process for Regulatory Approval:-

All medicines must be approved by the medical/drug licensing authority of the country or group of countries before they can be widely used in either oral or injectable solution, there are some exceptions to this in certain cases where fast tracking is needed. The Covid vaccines are no different. A pharma company will develop a new treatment and then submit it together with all supporting documentation for scrutiny by the licensing authority. Part of the documentation will be the results of trials in the tertiary stage for human volunteers. In certain cases, such as cancers the pharma company will recruit those suffering from the disease and put these volunteers through a double-blind test, meaning some will get the drugs, others not. In both cases neither the doctors involved, nor patients will know which they received until results are revealed. This same double-blind procedure has been used in all the COVID-19 vaccines currently licensed. However, there was one important difference these volunteers were recruited by self referral and were drawn from across a cross section of society. Medical histories of the volunteers were taken to ensure their safety but from what has been reported no specific groups were targeted for inclusion – although some such as pregnant women were excluded. Our enquiries have failed to reveal whether the tests included any polio Survivors. However, statistically if taking a cross section of society, one would have thought it would have done.

Post Regulatory Approval-

After approval procedure and the drug / vaccine etc goes into use a reporting system, called the yellow card system, is initiated so that doctors, medical authorities and others may report adverse effects. This how the blood clotting instances came to light and which have attracted so much attention. It should be noted that 2 cases of blood clotting have also been reported with the Pfizer vaccine, but the majority are among those who received the AstraZeneca Oxford (now renamed Vaxzevria vaccine) and the Johnson & Johnson (branded Janssen in Europe) vaccine. What are the facts?

Blood Clots – The Facts:

Blood clots, including the extremely rare cerebral sinus thrombosis (CST), occur in unvaccinated people as well as those who have had Covid and/or a Covid vaccine.

Cases that may be linked to vaccination typically occur 5 to 28 days after the first dose of Oxford/AZ . The risk of dying from one is in the order of one in a million. There have been 6 cases among the Johnson & Johnson cohort out of 6.8 million doses administered, including one death and one still critically ill. The incidence rate in the AZ vaccine is statistically similar. All those who have been affected, to date (14/5/21), are female under the age of 50. Interestingly these two vaccines are produced on the same technology and micro biology as the Polio vaccines that have been administered to tens of millions around the world with no apparent side effects reported in decades.

Symptoms of CST include a headache lasting more than four days after vaccination that is persistent, worse on coughing and straining and not relieved by simple painkillers. Others include blurred vision, stroke-like symptoms and pain in the ear/face.

Clots outside the brain (deep vein thrombosis and pulmonary embolus) can cause swelling of the leg, calf pain, shortness of breath, chest discomfort and coughing up blood.

Low platelet levels (another rare side effect associated with CST) may cause unusual bruising and a characteristic pinprick reddish/purplish rash that does not blanch with pressure (use the side of a glass).

The fact that these side effects have been reported does not show the vaccines are failing, according to medical sources, rather it demonstrates how robust the "yellow card" reporting system is in flagging up problems.

Who should and should not get the COVID-19 vaccine? – Yale Medical School

COVID-19 can cause severe medical complications and lead to death. There is no way to know how COVID-19 will affect individuals. A person who contracts COVID-19, can spread the disease to family, friends, and others, especially the elderly with the risk of much higher mortality, 1:800, than from vaccine complications.

Getting a COVID-19 vaccine helps protect the recipient and others around them from COVID-19, particularly people at increased risk of severe illness from COVID-19.

Can people with allergies get the COVID-19 vaccine? Yes, with 2 exceptions:

- People with a severe allergic reaction (anaphylaxis) to any component of the COVID-19 vaccine should NOT receive the vaccine.
- People with a severe allergic reaction (anaphylaxis) to any vaccine or injectable (intramuscular or intravenous) medication should consult with their caring physician, or the providing authority to assess risk before receiving any COVID-19 vaccine.

Everyone else with severe allergic reactions to foods, oral medications, latex, pets, insects, and environmental triggers may get vaccinated.

People with severe allergies require a 30-minute observation period after vaccination, while all others must be observed for 15 minutes. Vaccine clinics have safety protocols in place to respond to any adverse reactions, i.e. Epipens/Adrenaline.

If I am pregnant or breastfeeding? A pregnant or breastfeeding person may choose to be vaccinated against COVID-19. The American College of Obstetricians and Gynaecologists (ACOG) recommends that the COVID-19 vaccine should **not** be withheld from pregnant or breastfeeding individuals.

There are limited data about the safety of COVID-19 vaccines for people who are pregnant. Pregnant people are at increased risk for severe illness from COVID-19 and may be at risk for adverse pregnancy outcomes. If pregnant and in work places, the individual is at a high risk for COVID-19

infection, the benefits and risks of the vaccine should be discussed with the relevant healthcare provider.

Currently, there are no data on the safety of COVID-19 vaccines in breastfeeding people or on the effects of mRNA vaccines on the breastfed infant or on milk production/excretion, however mRNA vaccines are not thought to be a risk to the breastfeeding infant. Although definitive data are not yet available, maternal antibodies passed to the infant via breastmilk may provide protection as seen with antibodies to other viruses. Breastfeeding people should discuss the benefits and risks of the vaccine with their healthcare provider.

Is the vaccine as effective in people with suppressed immune systems? Specific efficacy and safety data are not yet available for people with immunosuppression due to medications or chronic illness. People with autoimmune conditions or who are immunocompromised are not excluded from getting the vaccine. Those who are vaccinated should be guided on the potential for reduced immune responses and the need to continue to follow all current guidance to protect themselves against COVID-19. If an individual is immunocompromised or has an autoimmune disease, this is a matter for discussion and decision between the individual and their doctor or other healthcare provider.

A paper published on 13th April 2021 by APNEN (a Portuguese medical body) states:-

> *"It is not uncommon for patients with autoimmune disease to have doubts about vaccination. Should I get vaccinated? Is any type of vaccine compatible? What are the recommendations? To address these and other doubts we spoke with Dr. Herval Ribeiro Soares Neto, who explained the importance of vaccination in those dealing with a chronic disease or condition such as Multiple Sclerosis (MS), an autoimmune progressive disease in which the immune system attacks the central nervous system (brain & spinal cord).*
>
> *He said "There are several myths and arguments against vaccination. And when it comes to immunisation in autoimmune diseases, the misinformation is usually greater. Therefore, first of all, we need to reinforce that the gain with immunisation, in general, is very large, exceeding individual prevention."*

Can children get the COVID-19 vaccine? Not yet. No vaccine can be widely given to children until it has been tested in them. The current mRNA COVID-19 vaccines were not studied or approved in children younger than 16 years of age.

The Pfizer mRNA vaccine is authorized for people 16 years and older. The Moderna mRNA vaccine is authorized for people 18 years and older.

Should I get the COVID-19 vaccine even if I've already had COVID-19? The extent to which antibodies that develop in response to COVID-19 infection are protective is still under study. If these antibodies are protective, it's not known what antibody levels are needed to protect against

reinfection. Therefore, even those who previously had COVID-19 can and should receive the COVID-19 vaccine.

I was recently diagnosed with COVID-19 can I receive the vaccine? Yes, for Dose #1 you can be vaccinated four weeks after onset of symptoms or a positive test (whichever is earlier). For Dose #2 you may be vaccinated after you have completed your isolation period.

Isolation is for 10 days or 10 days plus 24 hours with no fever and an improvement in symptoms.

OTHER OPINIONS: -

As stated above the majority of those approached did not want their opinions either quoted or attributable. However, Dr Peter Brauer, an honorary EPU Member and author for many years on Post-Polio Sequalae (ICD10-CM-B91) and Post-Polio Myellitic Syndrome (ICD10-CM-G14) has informed us that **" According to my continual research into vaccines I , according to my opinion, do not recommend vector vaccines such as Astra Zeneca, Sputnik V and Johson & Johnson for polio survivors, The alternatives would be mRNA vaccines such as Biontech-Pfizer and Moderna. Permission for the mRNA vaccine of Curevac is pending."**

Dr Richard Bruno, another long-standing researcher and author on the subject said "I reviewed the manufacturer's data bases and the Centre for Disease Control (USA), and then did a survey of the Post Polio Coffee House. No adverse effects with Pfizer or Moderna in polio Survivors. Just sore arm, some fever. .Polio Survivors not more likely to get blood clots so at same risk as general population re AstraZeneca"

Peter Thwaites who runs Polio Warriors and spends large part of his time in the Philippines said "I gather from a conversation I had with a PPS specialist that any of the vaccines are suitable for polio Survivors and the fuss about the Johnson/AstraZeneca vaccines is completely unnecessary but the EMA/MHRA won't commit."

CONCLUSION:-

When it was realised that vaccines were not years away but months, bodies such as the European Commission, European Medical Agency, Centres for Disease Control, Federal Drug Administration said they would run co-ordinated and co-ordinating roles. For example, in Europe central purchasing and distribution, this has fallen apart for many reasons, part political, part logistical, part nationalistic. The fact is that all the bodies have declared these vaccines safe and effective and it is only now in these extremely rare blood clotting events that restrictions have been imposed. Even then different national opinions and maybe prejudices come into play. For example, in Ireland the AstraZeneca vaccine will only be given to those over 60, in the UK over 30.

As far as polio Survivors are concerned there is little or no evidence either way as to which vaccine suits them best. In the main opinion is extremely scarce and divided. From our

research, and opinions submitted we can find no greater risk to polio Survivors from the vaccines than to the general population, including blood clotting.

UPDATE – 15th April 2021 – Denmark stops all use of Oxford AZ Vaccine – Source The Times, London

Denmark has become the first country to stop using the Oxford-AstraZeneca vaccine in all age groups because of a putative link to a blood disease that the government believes to affect about one in 40,000 recipients.
https://www.thetimes.co.uk/article/85e10178-9d49-11eb-a908-ec96e110073e?shareToken=93cbac453be6ee1b8ed17ca732d4563b

UPDATE – 16th April 2021 – CDC USA scotch rumours on social media that vaccines cause women to become infertile and re-activate the Polio Virus, Types 1,2, & 3 – Source Washington Post, New York Times

UPDATE -17th April 2021 – Paper published by Oxford University following study on rare blood clotting events estimate chances are 4:1,00,000 for Vector vaccine (i.e. AZ / Johnson & Johnson) and 5:1,000,000 for mRNA vaccines(i.e. Pfizer & others) – Source Oxford University Research Website

Update – 17th April 2021 – Centre for Disease Control – announces mRNA vaccines approved for pregnant women following examination of records for results and yellow card system on 70,000 pregnant women vaccinated without problem – Source: Centre for Disease Control, Washington

UPDATE – 17th April 2021 – CEO of Pfizer Pharmaceutical reported as saying he anticipates 3rd jab of their vaccine will be required 6-12 months after first round as no definite data on how long vaccine created antibodies last - CNN.

UPDATE - 17th April 2021 – BBC reports that UK Dept. of Health to start giving 3rd jab to first recipients of vaccine given in December/January 2021. Campaign expected to cover 4 most at risk cohorts and commence in October. Might be undertaken at same time as flu campaign.

Issued for and on behalf of the European Polio Union 19th April 2021

All material checked and verified but the EPU is a support group without medical authority. Errors and Omissions excepted


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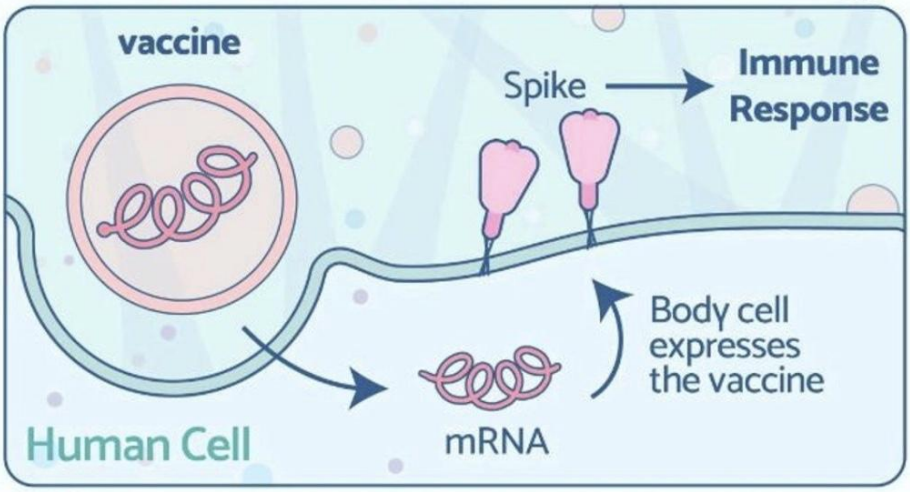
VACCINE DATA CARDS:

mRNA-1273

Moderna

$$$



Encapsulated mRNA Vaccine

mRNA encoding for the Spike protein is protected in a lipid nanoparticles (like soap bubbles). Once absorbed, the cell expresses the Spike protein resulting in an immune response.

Efficacy : Phase III **94.1%** (US/UK strain)
--% (B1.351 "SA" strain)

Dosing : 0.5mL - 2 doses - 28 days apart

Storage : -20°C - 6 months
+2-8°C - 30 days

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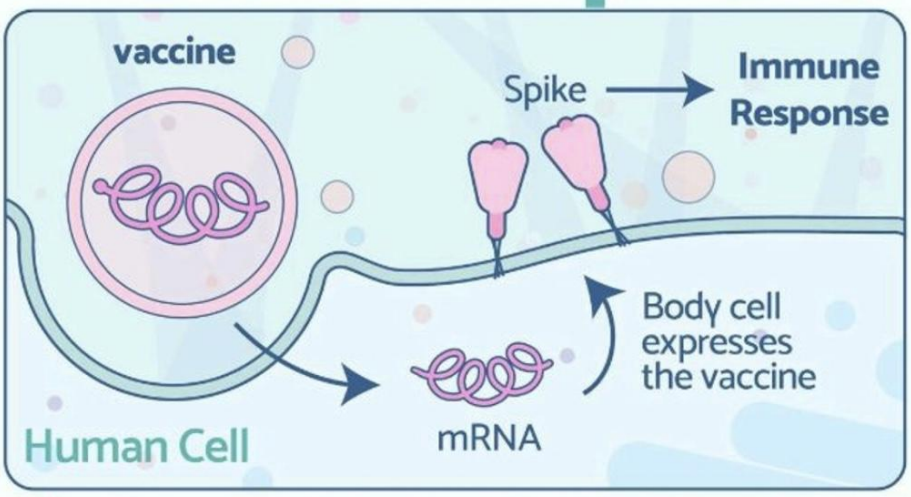
Last updated on 14/02/21

BNT162b2 $$

BioNTech/Pfizer



Encapsulated mRNA Vaccine

mRNA encoding for the Spike protein is protected in a lipid nanoparticles (like soap bubbles). Once absorbed, the cell expresses the Spike protein resulting in an immune response.

Efficacy : Phase III **95%** (US/UK strain)
--% (B1.351 "SA" strain)

Dosing : 0.3mL - 2 doses - 21 days apart

Storage : -70°C - 6 months
+2-8°C - 5 days

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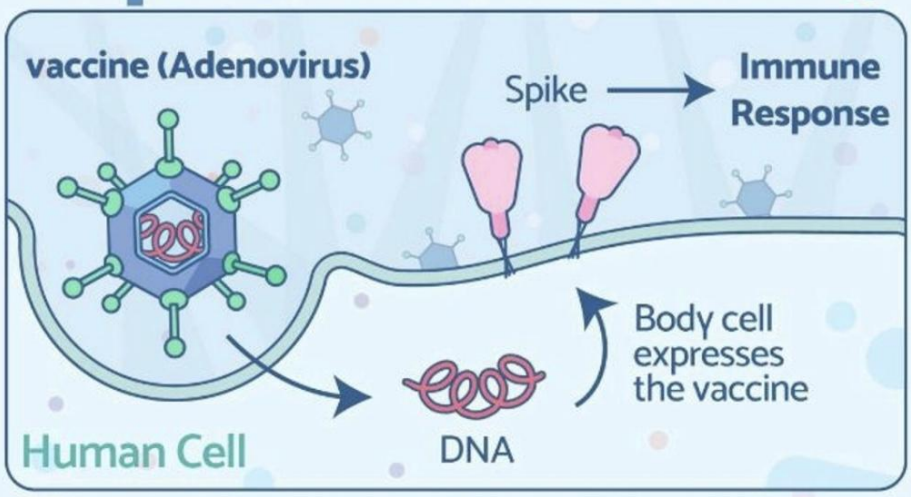
ChAdOx1 / AZD1222 (Covidshield) $

Oxford/Astrazeneca



Viral Vector Vaccine

dsDNA encoding for the Spike protein is protected in a safe virus. The infected cell expresses the Spike protein which leads to an immune response.

Efficacy : Phase III **82%** (US/UK strain)
10% (B1.351 "SA" strain)

Dosing : 2 doses - 12 days apart

Storage : +2-8°C

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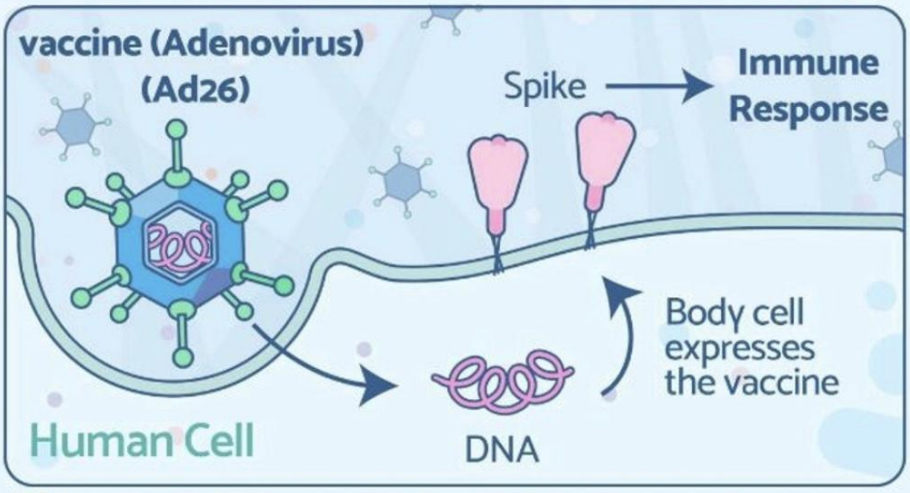
JNJ-78436735 / Ad26.COV2.S $

Johnson&Johnson



Viral Vector Vaccine

dsDNA encoding for the Spike protein is protected in a safe virus. The infected cell expresses the Spike protein which leads to an immune response.

Efficacy : Phase III **72%** (US/UK strain)
Phase III **57%** (B1.351 "SA" strain)

Dosing : 1 dose

Storage : +2-8°C for 3 months
-20°C for 2 years

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NVX-CoV2373

Novavax

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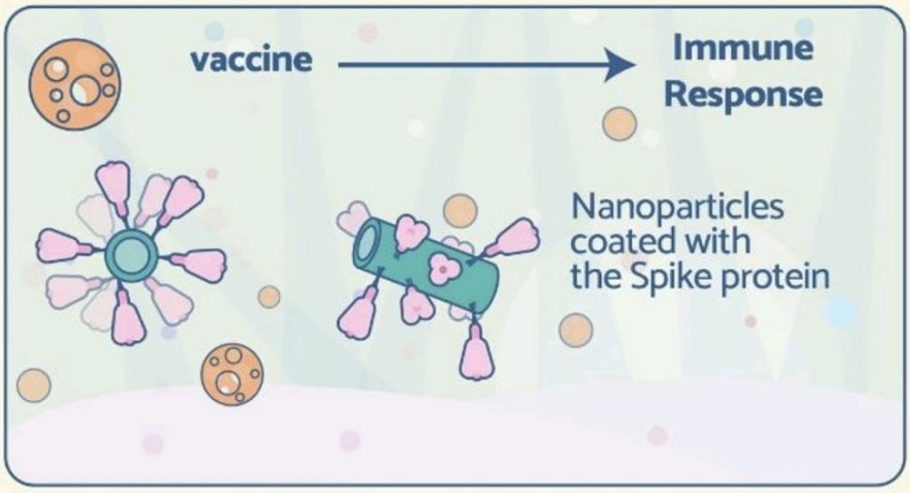

Virus-like Particle Vaccine

Nanoparticles are coated with synthetic spike proteins. An additional element called adjuvant is added which allows to boost the immune reaction.

Efficacy : Phase III **89%** (US/UK strain)
Phase III **49%** (B1.351 "SA" strain)

Dosing : 2 doses - 21 days apart

Storage : +2-8°C for 3 months
-20°C for 2 years

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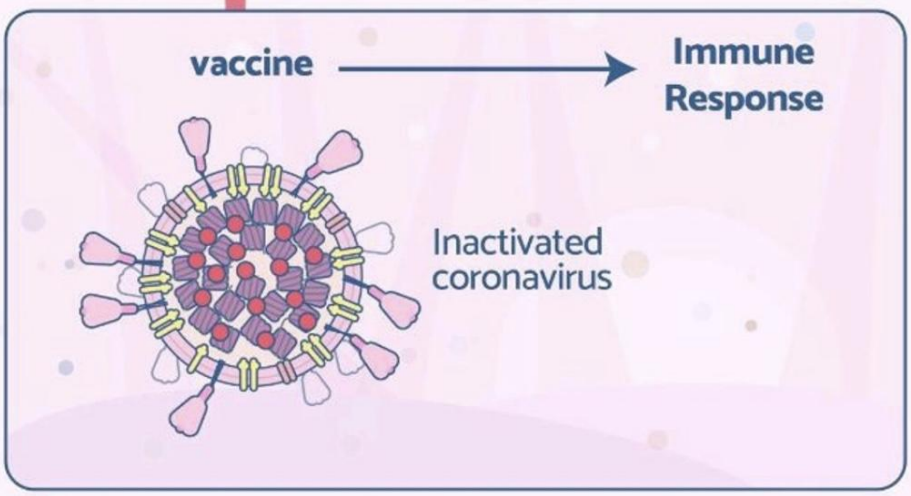
BBIBP-CorV

Sinopharm

$$$



Inactivated Virus Vaccine

SARS-CoV2 is chemically inactivated (with a chemical called beta-propiolactone) so it cannot replicate but all the proteins remain intact.

Efficacy : Phase III **79%** US/UK strain)
--% (B1.351 "SA" strain)

Dosing : 2 doses - 3 weeks apart

Storage : +2-8°C

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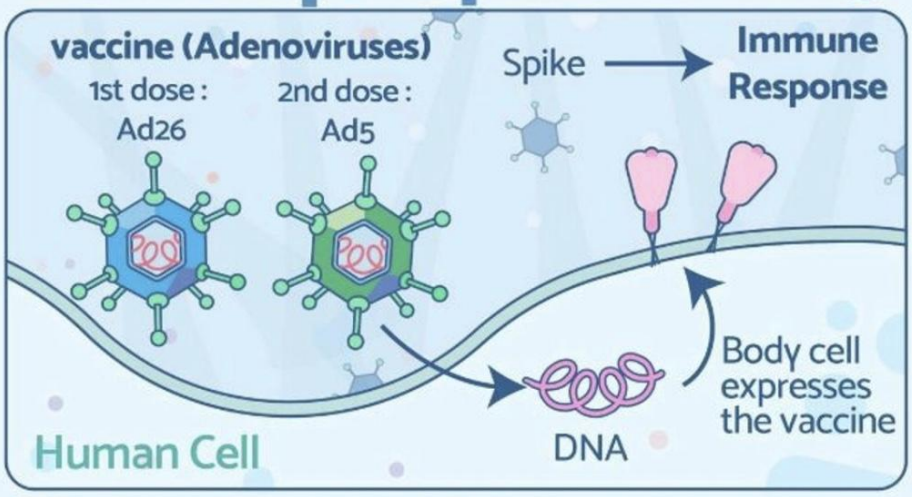
Sputnik V /Gam-Covid-Vac $

Gamaleya (Sputnik V)



Viral Vector Vaccine

dsDNA encoding for the Spike protein is protected in a safe virus. The infected cell expresses the Spike protein which leads to an immune response.

Efficacy : Phase III **91%** (US/UK strain)
--% (B1.351 "SA" strain)

Dosing : 0.5mL - 2 doses - 28 days apart

Storage : +2-8°C for 3 months
-20°C for 2 years

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CoronaVac

SinoVac

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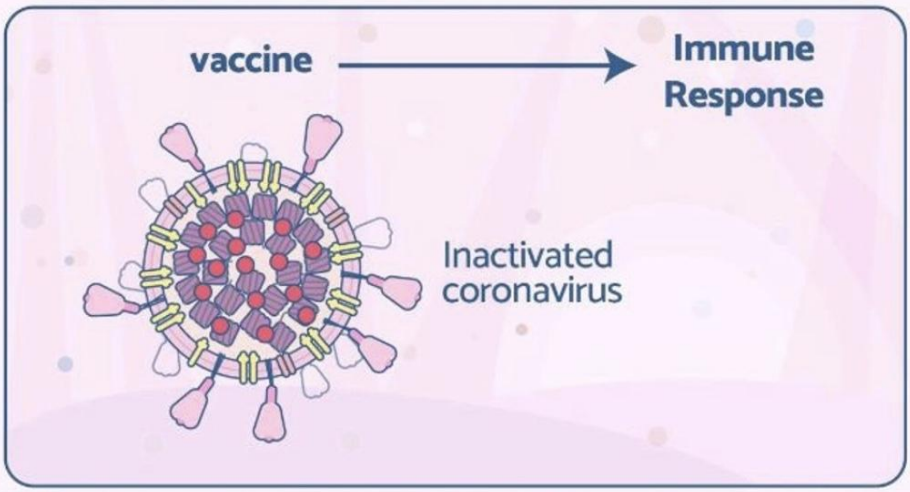

Inactivated Virus Vaccine

SARS-CoV2 is chemically inactivated (with a chemical called beta-propiolactone) so it cannot replicate but all the proteins remain intact.

Efficacy : Phase III **50%** (US/UK strain)
--% (B1.351 "SA" strain)

Dosing : 2 doses - 3 weeks apart

Storage : +2-8°C

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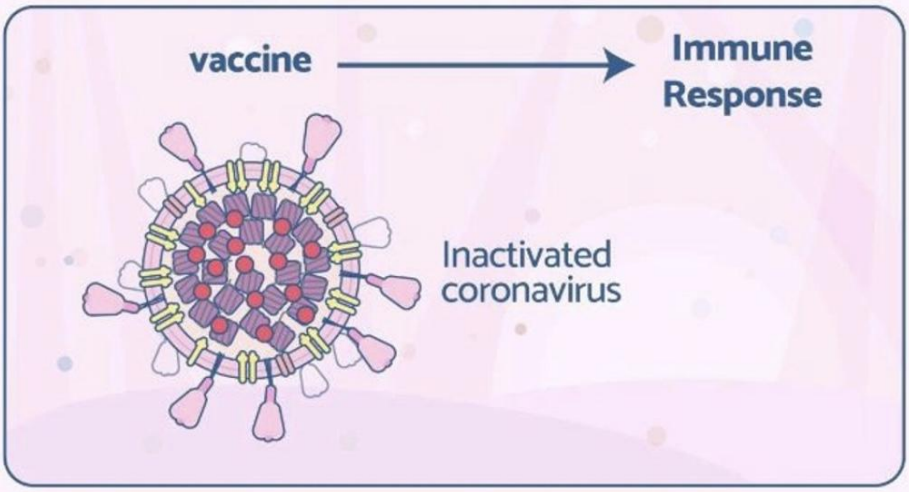
Covaxin

Bharat Biotech



Inactivated Virus Vaccine

SARS-CoV2 is chemically inactivated (with a chemical called beta-propiolactone•) so it cannot replicate but all the proteins remain intact.

Efficacy : --% (US/UK strain)
--% (B1.351 "SA" strain)

Dosing : 2 doses - 21 days apart

Storage : +2-8°C

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