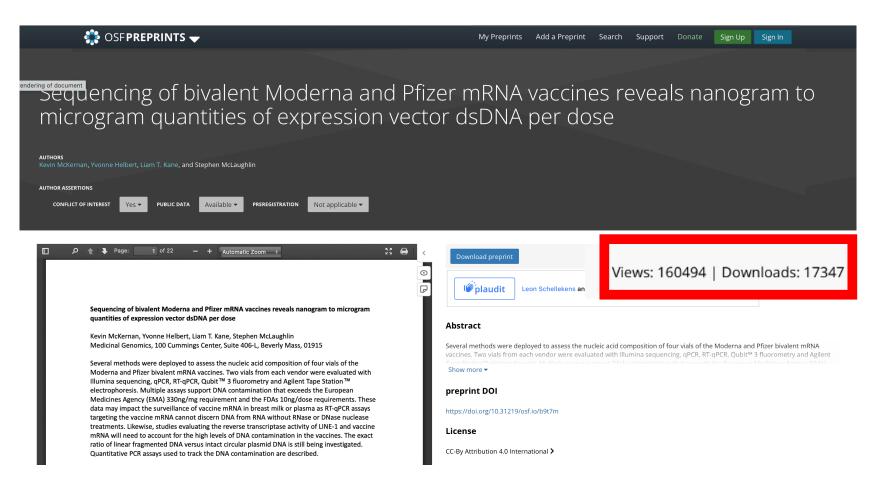


Covid 19 "vaccines". Where do we stand now?

Kevin McKernan, CSO Medicinal Genomics

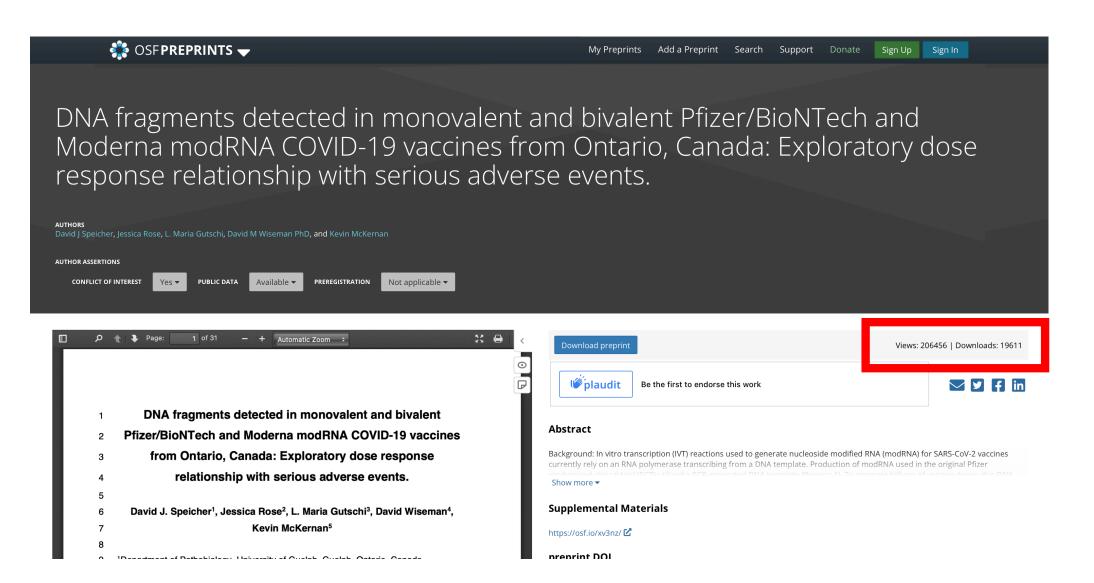
October 19th

Illumina sequencing and RT-qPCR and qPCR





All sequence data is public and qPCR assays and sequence publicly available.

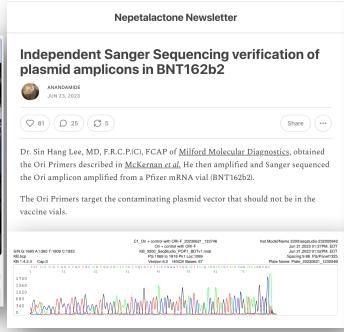


International replication

Dr. Phillip Buckhaults



Dr. Sin Lee



Dr. Brigitte Konig



These agencies all Admit to it being there now







Government of Canada

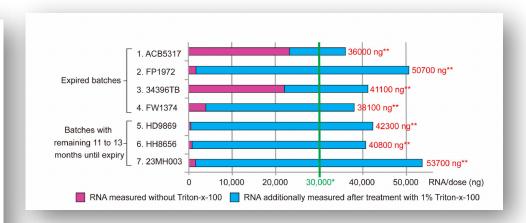
Peer Reviewed

Uses Fluorometry without RNase A



DNA impurities can impact the safety of genetically engineered pharmaceuticals; thus, a specific limit value must be set for them during marketing authorisation. This particularly applies to mRNA vaccines, as large quantities of DNA templates are used for their production. Furthermore, when quantifying the total DNA content in the final product, we must observe that, in addition to the mRNA active ingredient, DNA impurities are also encased in lipid nanoparticles and are therefore difficult to quantify. In fact, the manufacturer of the mRNA vaccine Comirnaty (BioNTech/Pfizer) only measures DNA impurities in the active substance by means of a quantitative polymerase chain reaction (qPCR), whose DNA target sequence is less than just 1% of the originally added DNA template. This means that no direct DNA quantification takes place, and compliance with the limit value for DNA contamination is only estimated from the qPCR data using mathematical extrapolation methods. However, it is also possible to dissolve the lipid nanoparticles with a detergent to directly measure DNA contamination in the final product by using fluorescence spectroscopic methods. Experimental testing of this approach confirms that reliable values can be obtained in this way.

Keywords: mRNA vaccines; Comirnaty; DNA impurities; fluorescence spectroscopy; Qubit fluorometry

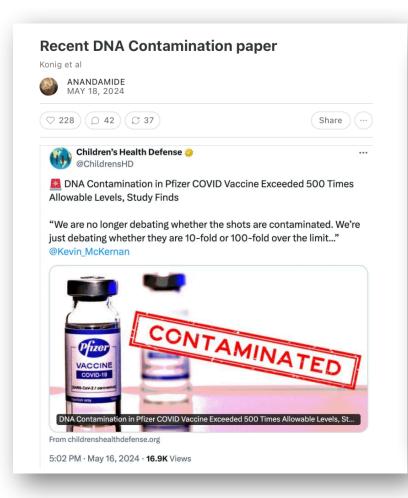


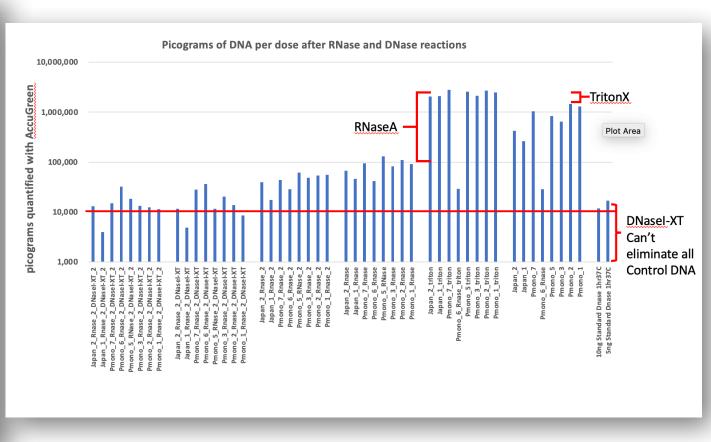
Many important points-Pfizer is under quanting with qPCR.

Pfizer has RT-qPCR assays described in the EMA documents but doesn't use them for RNA quant?

DNA is not Quant'd at the same part of the process as the RNA?

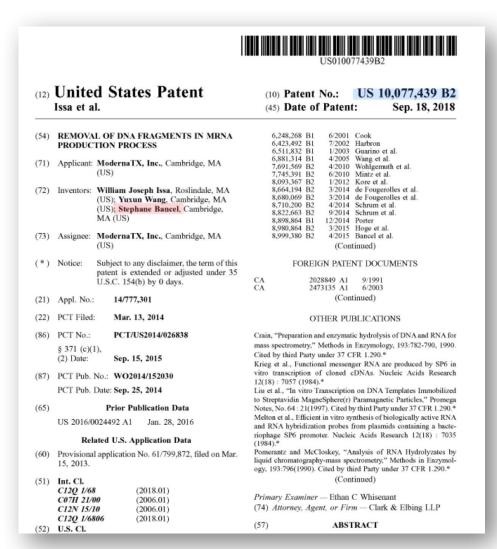
We are no longer debating IF the vaccines are contaminated Just how many **LOG** scales they are off





How did they miss by 100 fold?

Moderna Patents speak to the failure of qPCR to measure all DNA: CEO Stephane Bancel is an inventor.



19

extraction is based on the differential partitioning of DNA and RNA into organic and aqueous phases.

DNase I is an endonuclease that cleaves DNA by breaking phosphodiester bonds and produces smaller DNA fragments and/or di-, tri- and oligonucleotides which are subsequently removed by size-based separation methods. However, it is challenging to quantitatively determine the DNase I digestion efficiency and DNase I itself requires to be inactivated or removed in the subsequent process. Quantitative PCR is often applied to measure the residual DNA but it only detects the DNA molecules that contain both qPCR primers thus does not measure all other smaller DNA molecules that are partially digested. To overcome this challenge, a liquid chromatography-tandem mass spectrometry (LC/MS/MS) approach can be used where a total nuclease digestion is performed on the RNA drug substance sample following the DNA removal step. The presence of individual residual deoxynucleotides is quantitatively assayed against deoxynucleotide standards using MS/MS and the abundance is reported.

When the TGA is asked for its PCR protocol



100000

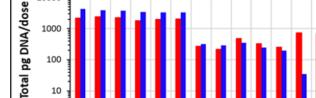
10000

al In-Process Control Method - Moderna SOP-1020

wing is unmodified presentation of the original Moderna SOP-1020, which was provided mmercial in confidence arrangements and is not to be distributed beyond the HPRG.

I.0 PURPOSE

The purpose of this procedure is to detect and quantify residual plasmid DNA in mRNA Drug Substance (DS) or mRNA Product intermediate (MPI) using a real time quantitative PCR (qPCR) assay designed to amplify the kanamycin resistance gene in the plasmid.



Pfizer-BioNTech

100X Difference

le: Method - rDNA quantitation in Moderna Vaccines by qPCR mber: Bio-PCR-Method-15 / Version : 1

Page 5 of 19

Author : \$22 Print Date: 23/07/2024 1:13:53 PN Active Date: 17/10/2025 100

Spike and Ori DNA Quantitation vs Total Adverse Events in VAERS

FDA 10 ng DNA/dose Guidance

Moderna

Background- How did this happen?

Process 1 used In Vitro Transcription (IVT)

Synthetic DNA template

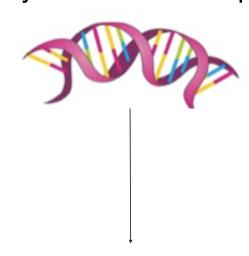


Figure 3

IVT reaction

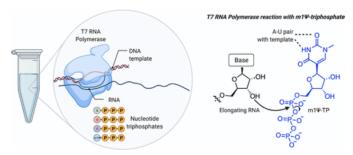


Figure 3. Production of m1Ψ mRNAs by in vitro transcription. Left: Components of in vitro transcription reaction. Right: Incorporation of m1Ψ-triphosphate into RNA is guided by m1Ψ's ability to form a canonical base pair with adenine of the DNA template in the T7 RNA polymerase active site.

Process 2 used Plasmids in E.coli

cloned DNA template

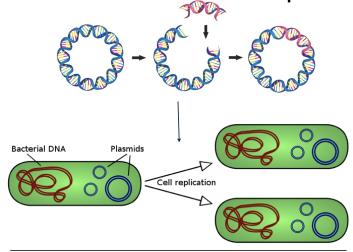


Figure 3

IVT reaction

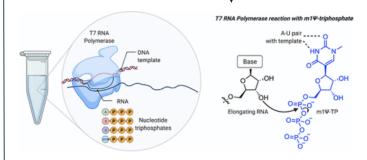
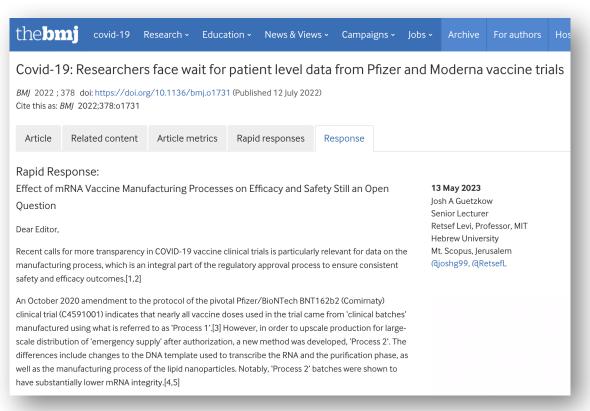


Figure 3. Production of m1Ψ mRNAs by in vitro transcription. Left: Components of in vitro transcription Nance et | a base pair with adenine of the DNA template in the T7 RNA polymerase active site. reaction. Right: Incorporation of m1Ψ-triphosphate into RNA is guided by m1Ψ's ability to form a canonical

Nance et a

Process 1 (IVT) vs Process 2 (E.coli)



The trial was run on Process 1 lots 250 people received Process 2 lots (plasmids)
The world received Process 2 lots

An October 2020 amendment to the protocol of the pivotal Pfizer/BioNTech BNT162b2 (Comirnaty) clinical trial (C4591001) indicates that nearly all vaccine doses used in the trial came from 'clinical batches' manufactured using what is referred to as 'Process 1'.[3] However, in order to upscale production for large-scale distribution of 'emergency supply' after authorization, a new method was developed, 'Process 2'. The differences include changes to the DNA template used to transcribe the RNA and the purification phase, as well as the manufacturing process of the lipid nanoparticles. Notably, 'Process 2' batches were shown to have substantially lower mRNA integrity.[4,5]

The protocol amendment states that "each lot of 'Process 2'-manufactured BNT162b2 would be administered to approximately 250 participants 16 to 55 years of age" with comparative immunogenicity and safety analyses conducted with 250 randomly selected 'Process 1' batch recipients. To the best of our knowledge, there is no publicly available report on this comparison of 'Process 1' versus 'Process 2' doses.

Two documents obtained through a Freedom of Information Act (FOIA) request[6] describe the vaccine batches and lots supplied to each of the trial sites through November 19, 2020[7] and March 17, 2021,[8] respectively. According to these documents, doses from 'Process 2' batch EE8493Z are listed at four trial sites prior to November 19, and four other sites are listed with 'Process 2' batch EJ0553Z in the updated document. Both batches were also part of the emergency supply for public distribution. The CDC's Vaccine Adverse Event Reporting System, known to be underreported,[9] lists 658 reports (169 serious, 2 deaths) for lot EE8493[10] and 491 reports (138 serious, 21 deaths) for lot EE0553.[11]

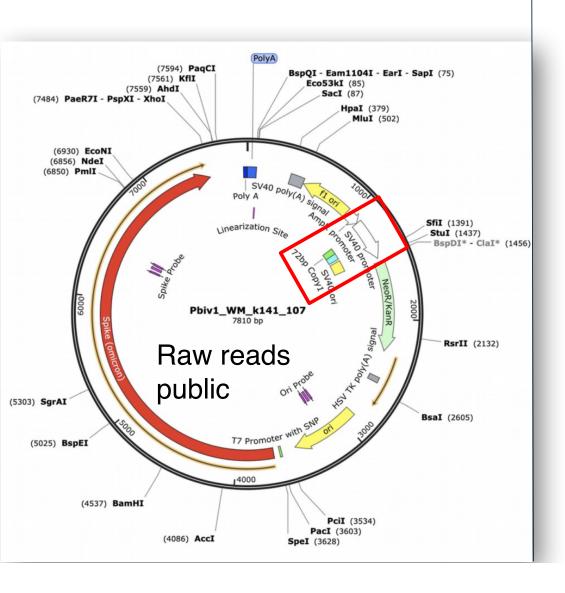
Furthermore, additional 'Process 1' batch EE3813 doses with distinct Pfizer lot numbers were added to the later batch document[7] at over 70% of trial sites, potentially supplied at a later stage to enable vaccination of placebo patients with BNT162b2. The 6-month interim clinical study report[12] from the Comirnaty trial notes that "the IR for any AE and at least 1 related AE and severe AE for participants who originally received placebo and then received BNT162b2 are greater (205.4 per 100 PY, 189.5 per 100 PY, 6.0 per 100 PY) than the IRs (83.2 per 100 PY, 62.9 per 100 PY, 4.3 per 100 PY) for participants who originally were randomized to BNT162b2" (p222). It is unclear whether there is a connection between the lots administered to the crossover placebo subjects and the elevated rate of AE's.

Finally, a recent study found significant variability in the rate of serious adverse events (SAEs) across 52 different lots of Comirnaty marketed in Denmark.[13] This finding underscores the importance of understanding better the potential impact of variability in the production process of COVID-19 mRNA vaccines on efficacy and safety.

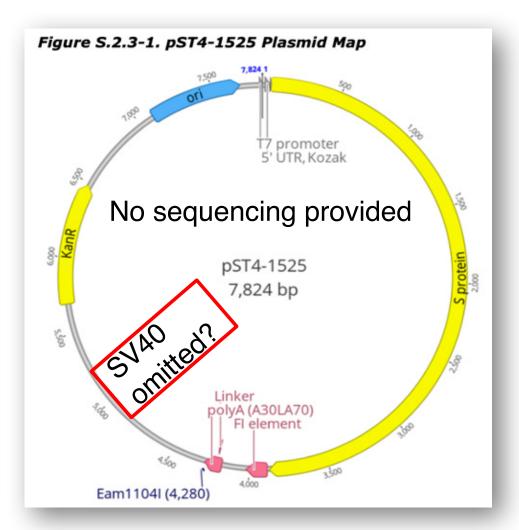
Evidence from existing research and trial documents highlights the importance of publicly disclosing the analysis comparing reactogenicity and safety of process 1 and 2 batches as specified in the trial protocol, and more generally patient-level batch and lot data from the trial.

Josh Guetzkow Retsef Levi

Independent Illumina sequencing



What was disclosed to the EMA



Initial Public Regulatory Response

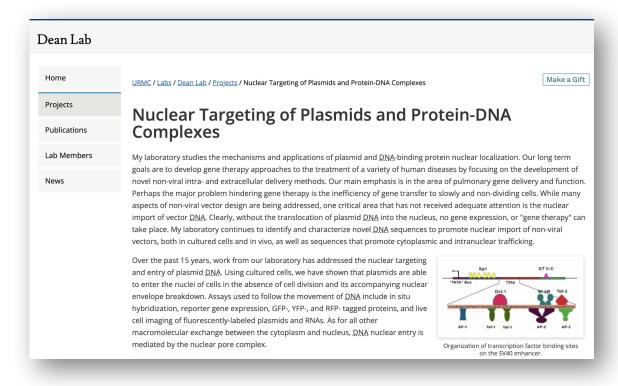
- 1)Yes, SV40 is there
- 2)Yes, Pfizer did NOT spell this out
- 0000 3) DNA is too small in length to matter
- 4) DNA is too small in quantity to matter
- 5) DNA is non-functional

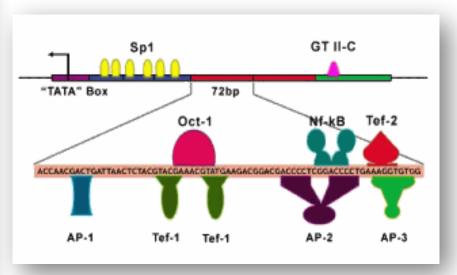






SV40 Enhancers are used in Gene Therapy: Nuclear Targeting Sequences (NTS) Fact Checkers will not address this slide!





SV40 Promoter Binds to p53 Tumor Suppressor gene

A C Figure 7 p53 binds to the SV40 early promoter, correlating with a decrease in T-ag mRNA ■ 10h 200 No Nutlin 100 ■ 16 h A. CV-1 cells, with or without 16 hours Nutlin3 pre-treatment, were infected with SV40 and the level of T-ag mRNA, -+Nutlin (RU) 150 represented as relative units, was measured by quantitative RT-PCR at the indicated time-points, with HPRT RNA as SV40 DNA (pg) an internal standard. Note that the T-ag protein is seen at 9 hours post infection (Figure S4). The results shown are Tag mRNA mean ± S.E. of 5 independent experiments. For the statistical analysis, we compared the area under the curves and 100 found that it was significantly lower in Nutlin3 treated cells compared to untreated cells (680±50 AU vs. 1400±142 AU, respectively. p-value = 0.004). B. Diagram of the regulatory region of the SV40 genome presenting the ori - origin 50 of replication, the GC-boxes and the Enhancer, composed of duplicated 72 bp. The 3 T-ag binding sites are shown on top, and DNA sequence of the GC-boxes with the overlapping Sp1 (red) and p53 (Blue) binding sites below (http://alggen.lsi.upc.es/cgi-bin/promo v3/promo/promoinit.cgi?dirDB=TF_8.3). The green arrows designate the lgG1 p53 Sp1 10 location of the PCR primers used in the ChIP experiments. C. Binding of Sp1, p53 and T-ag to SV40 DNA in vivo was **Hours Post Infection** determined by ChIP at the indicated time points. DNA recovered from the immune precipitate was quantified by PCR with SV40 DNA as an internal standard. Results are mean ± S.E. of 3 independent experiments. T-antigen Binding sites В cattctccgccccatgg Enhancer GC Boxes ccgactgattaaaaaaaataaatacgtctcc SV40 enhance - CATGGGGCGGAGAATGGGCGGAACTGGGCGGAGTTA TGGGCGGAGTTAGGGGCGGGACT cycayayıcaaccayccyccyy

<mark>o</mark>ctaact<mark>cegeee</mark>atc<mark>eegeee</mark>taact<mark>eegeee</mark>agtt<mark>eegeee</mark>agtt<mark>eegeee</mark>attet<mark>eegeee</mark>catggetgactaattttttttttatteatgeagaggeeggeetetgggeetetgagetatteeagaagtagtgagggettttttggaggeet

tctcaattagtcagcaaccatagtc

FDA guidelines were derived from Cell Substrate gDNA

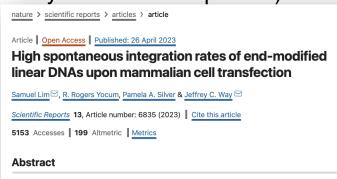
10pg of gDNA was the limit pre-NCVIA

10ng of gDNA = 1,000 copies of the human genome

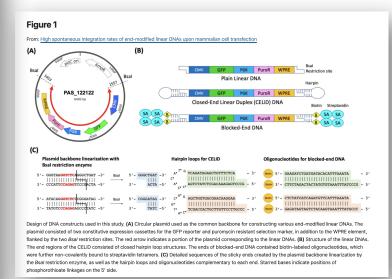
10ng of 200bp DNA = ~50 Billion copies

Many more active DNA ends (3'Hydroxyls and 5' Phosphates)

equals 6×10^5 pg, or 600 ng. Thus, if the amount of residual cell-substrate DNA in a product is 10 ng, then the safety factor with respect to an infectious event for cellular DNA containing an infectious viral genome is 600 ng ÷ 10 ng, or 60. If the cell contains more than a single viral genome, then this safety factor would be reduced accordingly. As stated above, safety factors of $\geq 10^7$ have been considered appropriate with respect to cell-substrate DNA, and thus, a safety factor of 60 or lower would be insufficient. To obtain a safety factor in the $\geq 10^7$ range, either the level of cell-substrate DNA would need to be lowered below 10 ng, or the biological activity of the DNA would need to be reduced by nuclease digestion or chemical inactivation. Assuming that only one copy of the retroviral DNA was present, then the amount of residual cell-substrate DNA would need to be 10 fg or lower. However, if there were 100 copies of the infectious viral genome, the amount of DNA would need to be reduced to 100 ag. Reducing residual cellsubstrate DNA to these levels, even with the hardiest of viral vaccines, would likely be impractical and difficult to document. Therefore, with certain cell substrates, additional treatments of the DNA might be recommended.



In gene therapy, potential integration of therapeutic transgene into host cell genomes is a serious risk that can lead to insertional mutagenesis and tumorigenesis. Viral vectors are often used as the gene delivery vehicle, but they are prone to undergoing integration events. More recently, non-viral delivery of linear DNAs having modified geometry such as closedend linear duplex DNA (CELID) have shown promise as an alternative, due to prolonged transgene expression and less cytotoxicity. However, whether modified-end linear DNAs can also provide a safe, non-integrating gene transfer remains unanswered. Herein, we compare the genomic integration frequency upon transfection of cells with expression vectors in the forms of circular plasmid, unmodified linear DNA, CELIDs with thioester loops, and Streptavidin-conjugated blocked-end linear DNA. All of the forms of linear DNA resulted in a high fraction of the cells being stably transfected—between 10 and 20% of the initially transfected cells. These results indicate that blocking the ends of linear DNA is insufficient to prevent integration.



Moderna Patent speaks to the risk of insertional mutagenesis from DNA

(12) United States Patent de Fougerolles et al.

(54) DELIVERY AND FORMULATION OF ENGINEERED NUCLEIC ACIDS

- (71) Applicant: ModernaTX, Inc., Cambridge, MA
- (72) Inventors: Antonin de Fougerolles, Waterloo (BE); Sayda M. Elbashir, Cambridge,
- (73) Assignee: ModernaTX, Inc., Cambridge, MA
- (US)
- (*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

This patent is subject to a terminal dis-

claim

(21) Appl. No.: 15/927,730

(22) Filed: Mar. 21, 2018

(65) Prior Publication Data

US 2019/0060458 A1 Feb. 28, 2019

Related U.S. Application Data

60) Continuation of application No. 15/379,284, filed on Dec. 14, 2016, now Pat. No. 9,950,068, which is a division of application No. 14/337,513, filed on Jul. 22, 2014, now Pat. No. 9,533,047, which is a continuation of application No. 13/897,362, filed on May 18, 2013, now abandoned, which is a continuation of application No. 13/437,034, filed on Apr. 2, 2012, now Pat. No. 8,710,200.

(10) Patent No.: US 10,898,574 B2 (45) Date of Patent: *Jan. 26, 2021

(58) Field of Classification Search None

See application file for complete search history.

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| | | (Cont | tinued) |
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BACKGROUND OF THE INVENTION

There are multiple problems with prior methodologies of delivering pharmaceutical compositions in order to achieve effective protein expression both for therapeutics and bioprocessing applications. For example, introduced DNA can integrate into host cell genomic DNA at some frequency, resulting in alterations and/or damage to the host cell genomic DNA. Alternatively, the heterologous deoxyribonucleic acid (DNA) introduced into a cell can be inherited by daughter cells (whether or not the heterologous DNA has integrated into the chromosome) or by offspring.

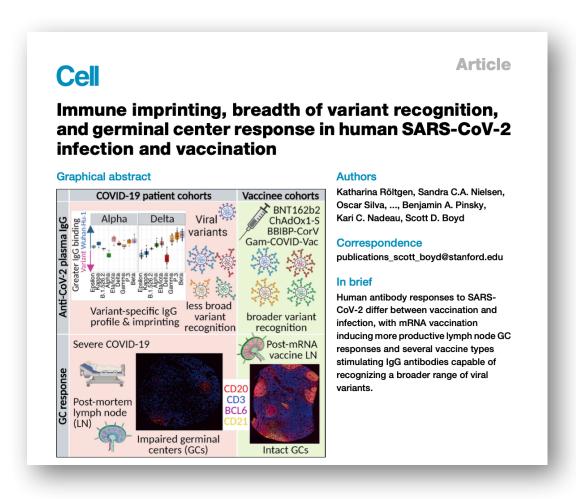
In addition, there are multiple steps which must occur after delivery but before the encoded protein is made which can effect protein expression. Once inside the cell, DNA 50

35

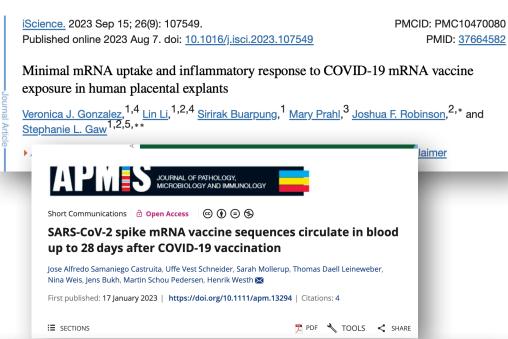
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modRNA is found in Heart Tissue 30 days after vax (Krauson) modRNA is found in Lymph Nodes 60 days after vax (Roltgen)





Spike nucleic acid persistence



Found in Placenta 2-10 days after (Gonzalez

Found in Plasma 28 days later (Castruita)

Biodistribution of mRNA COVID-19 vaccines in human breast milk

Nazeeh Hanna, a.b.* Claudia Manzano De Mejia, Ari Heffes-Doon, Xinhua Lin, Bishoy Botros, Ellen Gurzenda, Christie Clauss-Pascarelli, and Amrita Nayak

^aDivision of Neonatology, Department of Pediatrics, NYU Langone Hospital—Long Island, New York University Grossman Long Island School of Medicine, 259 First Street, Mineola, NY 11501, USA

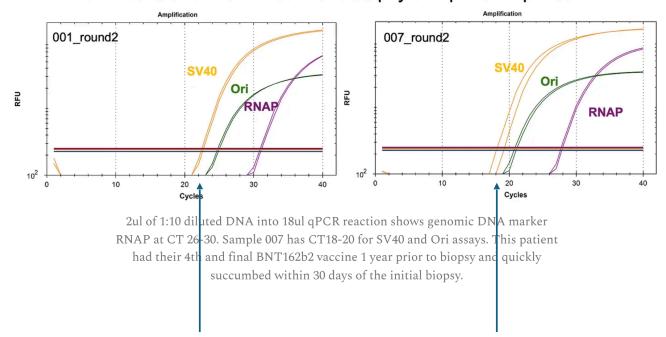
^bWomen and Children's Research Laboratory, New York University Grossman Long Island School of Medicine, 259 First Street, Mineola, NY 11501, USA

^cDepartment of Pharmacy, NYU Langone Hospital—Long Island, New York University Grossman Long Island School of Medicine, 259 First Street, Mineola, NY 11501, USA

Found in breast milk 5 days later (Hanna)

Colon Cancer Biopsy 1 year after vaccination

1:10 dilution FFPE colon tumor biopsy sample into qPCR



These measurements are higher than what we see in some fresh vaccine vials.

Not what you would expect from a 64,000 fold dilution upon injection. Unless the mammalian origins of replication are replicating

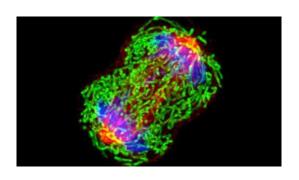


300ul - 1.2ml injection (4 jabs)

87,000 ml Body Volume

~64,000X dilution upon injection

Cancer?



We are always Cancering. When the mutagenesis outpaces the immune system, you begin to notice it.

The 3 hit hypothesis

- 1)Increased mutagenesis with dsDNA contamination
- 2)Chronic insult to the Innate immune system from modRNA vax.

N1-methyl-pseudouridine, Lymphocytopenia, neutropenia, IgG4

3)Inhibition of p53 and BRCA1 (guardians of the genome)

Zhang and Wafik El-Diery, Jiang et al

- 4) Estrogen Receptor (Maarten Fornerod)
- 5)IgG4 class switch
- 6)Immune privileged cells

Cytosolic DNA can cause Cancer via cGAS-STING

The cytosolic DNA-sensing cGAS-STING pathway in cancer

John Kwon¹, Samuel F. Bakhoum^{1,2}

¹Human Oncology and Pathogenesis Program, Memorial Sloan Kettering Cancer Center, New York, NY, 10065

²Department of Radiation Oncology, Memorial Sloan Kettering Cancer Center, New York, NY, 10065

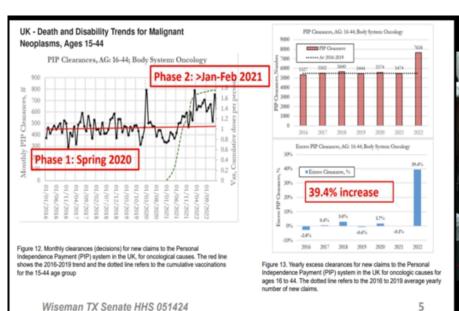
Abstract

The recognition of DNA as an immune stimulatory molecule is an evolutionarily conserved mechanism to initiate rapid innate immune response against microbial pathogens. Recently, the cGAS-STING pathway has been discovered as an important DNA sensing machinery in innate immunity and viral defense. Recent advances have now expanded the roles of cGAS-STING to cancer. Highly aggressive, unstable tumors have evolved to co-opt this program to drive tumorigenic behaviors. In this review, we will discuss the link between the cGAS-STING DNA sensing pathway with anti-tumor immunity as well as cancer progression, genomic instability, the tumor microenvironment, and pharmacologic strategies for cancer therapy.

Statement of significance

The cGAS-STING pathway is an evolutionary conserved defense mechanism against viral infections. Given its role in activating immune surveillance, it has been assumed that this pathway primarily functions as a tumor suppressor. Yet, mounting evidence now suggests that depending on the context, cGAS-STING signaling can also have tumor and metastasis-promoting functions and its chronic activation can paradoxically induce an immune suppressive tumor microenvironment.

- Its not there!
- Its too little to matter!
- Fine, Its there but it doesn't get into the cell
- Its harmless in the Cytosol
- It will never get into the nucleus





US - Death Trends for Neoplasms ICD codes: C00-D48, Ages 15-44 10.13140/RG22.16068.64645

C. Alegria ^{1,a} and D. Wiseman ² and Y. Nunes ^{1,3}

¹ RiskMath Lda.^a Portugal

² Synection, Inc.^a Dallas, TX, USA

²LibPhys^a Department of Physics, FCT-NOVA, Portugal

USA CDC MC vs UC. Yearly Deaths per 100,000 for ICD10 codes: C00-D48. Sex: Total. Age Group: 15-44

USA CDC MC vs UC. Excess Deaths per 100,000 (2.5-code) vs 2010-2019 twend for ICD10 codes: C00-D48. Total. Age group: 15-44

USA CDC MC vs UC. Excess Deaths per 100,000 (2.5-code) vs 2010-2019 twend for ICD10 codes: C00-D48. Total. Age group: 15-44

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USA CDC MC vs UC. Excess Deaths per 100,000 (2.5-code) vs 2010-2019 twe

CDC Wonder
Data to 2022
CDC age increments used
No age adjustment in 15-44 cohort
No age adjustment available for 10-year increments



Dr. David Wiseman Texas Senate 2024

| | Research |
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| DOI: 10.13140/WG.22.146221.617H0 CITATIONS | |
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Wiseman TX Senate HHS 051424

6

Pfizer did not specifically highlight the SV40 sequence



Annotation software by default highlights these sequences. Someone had to intentionally delete them!!!





COVID VACCINES

European Regulator Confirms Pfizer Did Not Highlight DNA Sequence in COVID-19 Vaccine

Regulator claims fragments left by sequence are at acceptable levels.

"While the full DNA sequence of the plasmid starting material was provided in the initial marketing authorization application for Comirnaty, the applicant did not specifically highlight the SV40 sequence,' the European Medicines Agency (EMA) told The Epoch Times in an email.

The email came after Health Canada told The Epoch Times it expects sponsors to identify sequences such as the Simian Virus 40 (SV40) DNA enhancer but that Pfizer did not.

The EMA said parts of the SV40 sequence are 'commonly present in plasmids used for manufacturing of biological active substances,' but neither authorities nor Pfizer have been able to say why the sequence was made part of the Pfizer shot.

The Health Canada, FDA and the EMA: Intent to Deceive

"Health Canada expects sponsors to identify any biologically functional DNA sequences within a plasmid (such as an SV40 enhancer) at the time of submission..Although the full DNA sequence of the Pfizer plasmid was provided at the time of initial filing, the sponsor did not specifically identify the SV40 sequence."

FDA: "The omitted regions are not material to plasmid manufacturing"

You cannot manufacture plasmid DNA without the Promoter for Selection genes

Regulators, Moderna Admit Risks

As claimed by Dr. Malone, multiple health agencies have admitted to DNA contamination in the mRNA COVID-19 vaccines. In an email to The Epoch Times last month, Health Canada confirmed the presence of the SV40 DNA sequence in the Pfizer vaccine, which the company failed to disclose previously.

In another email to The Epoch Times, the European Medicines Agency also confirmed that the Pfizer vaccine contains the SV40 sequence, which the company's partner BioNTech did not highlight in its application.

It isn't clear whether the <u>presence</u> of the SV40 sequence in the plasmid DNA of mRNA vaccines was identified by Pfizer when the company applied for approval from the FDA.

Dr. Malone pointed out that Moderna "clearly acknowledges" the risks of genotoxicity associated with the DNA delivered via its vaccines.

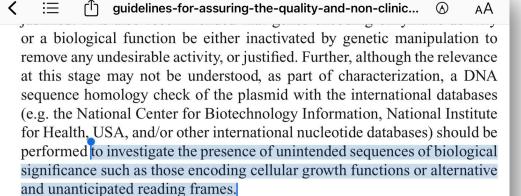


Both the FDA and WHO guidelines demand all Open Reading Frames and promoters like the SV40 elements must be disclosed to regulators.

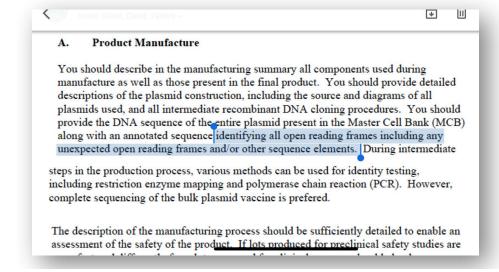
The regulators are rewriting their own guidelines on the fly to accommodate for

In addition, the identity, source, isolation and sequence of the gene encoding the antigen(s); a description of the steps involved in the construction of the entire plasmid; a detailed functional map of the plasmid; information on the source and function of component parts of the plasmid known to have biological activities, such as origins of replication, viral/eukaryotic promoters and other expression signals and genes encoding selection markers, should be provided. A clear rationale should be provided for the use of specific regions of DNA, such as the promoter or a gene encoding a selection marker and special attention should be given to the nature of a selection marker.

No detailed report for the studies initiated to enhance the robustness of the DNase digestion step is provided. However, the MAH shows data indicating that the likely root cause for the presidual DNA is the likely root cause for the presidual It is also confirmed that activity testing on incoming enzymes will be implemented by the end of second quarter 2021 as requested in Recommendation 3.

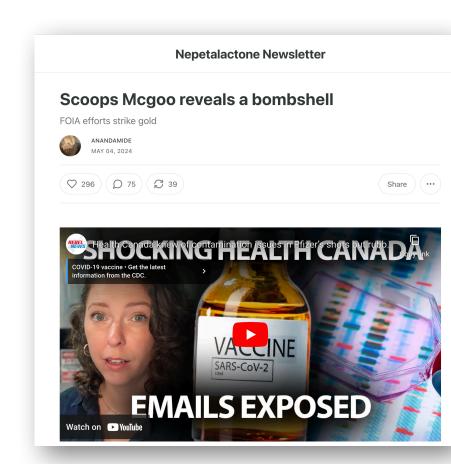


The identity of the plasmid after transfection into the bacterial cell to be used for production should be confirmed in addition to the phenotype of the cell.

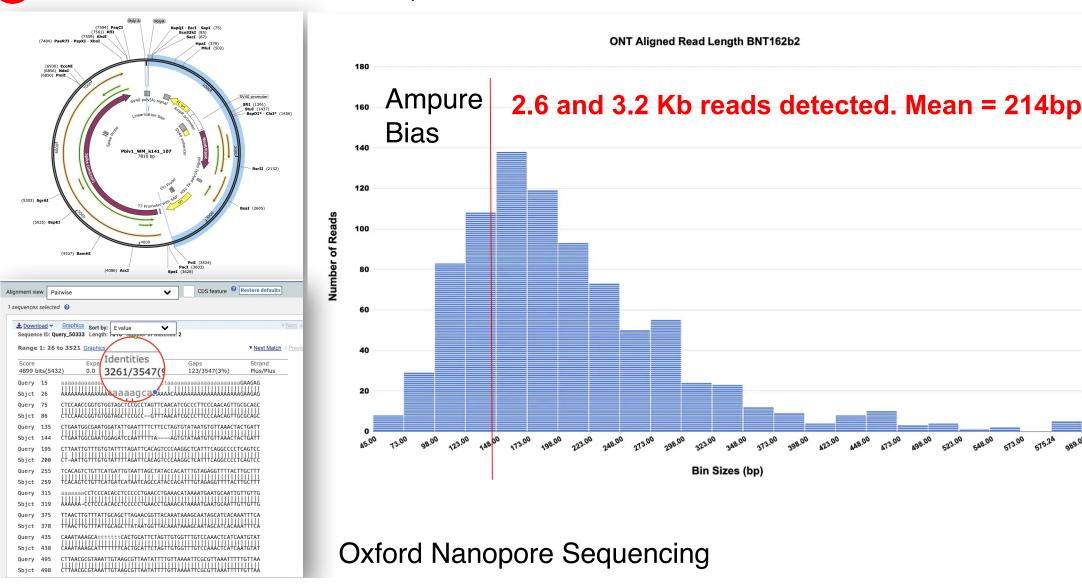


Private Regulatory Response

- 1)Yes, SV40 is in the Pfizer vaccine
- 2)Yes, Pfizer did **NOT** spell this out
- 3)Pfizer should make a DNA fragment length assay (we told the public you measured this)
- 4)Pfizer- we don't have one. It will take time.
- 5)HC- Please remove this DNA (We told the public its harmless)



Too Little-Too small: qPCR under estimates the total DNA contamination



Regulators public messaging is not congruent with their internal emails

- Pfizer doesn't even have an assay that can measures DNA fragment length
- Regulators are telling the public the DNA is of no consequence while asking Pfizer to remove it
- They are claiming DNA is tested for while EMA leaks show Pfizer is not measuring the DNA and RNA with the same tools or at the final product stage.