



Pros and Cons of COVID-19 Vaccines.

Giulio Tarro

President of the T.&L. de Beaumont Bonelli Foundation for Cancer, Research, Naples, Italy

Abstract

We are faced with a typical flu of the winter season, identical to many others we have known in the past. The only difference is that it is not a flu virus, but COVID, but this does not justify the media terror that has spread. On the other hand it is now established that for certain types of influences from covid it is enough to resort to oral antiviral therapies. The variant that is circulating today is the same that circulated in Africa when it was summer here, without serious consequences. The Africans themselves denied Western alarmism, saying that what was happening exaggerated in portraying the South African variant as dangerous. The efficacy of vaccines against the COVID-19 subsided after the delta variant became predominant. The efficacy of the vaccines above 65 years of age with messenger RNA has remained high in the sense of their protection against the hospitalization. New variants seem to avoid the immune response and show signs of spreading more rapidly. Some data seem to indicate that the new omicron variant may be milder, but all the same will lead to one plethora of hospital admissions. Betacoronavirus infection induces strong and long-lasting immunity of T lymphocytes to proteins structural and CD4 and CD8 T cells were recognized in all convalescents who recognized multiple regions of nucleocapsid protein (NP). The unvaccinated person runs no risk if he maintains a normal hygiene profile. The vaccinated with RNA messenger vaccines can be a vehicle of contagion as long as he produces the first antibodies since it could be already infected with any of the 4 benign human coronaviruses and therefore replicate the vaccine received before to produce the specific antibodies that will allow him to be immune to Covid-19 until the duration of at least twelve months from the first administration. In the case of vaccination with adenovirus vaccine as a vector and the spike protein carrier gene, no danger for the unvaccinated cohabitant. Since young people have their own immunological response towards this epidemic from COVID-19, it is enough not to create the storm of interleukins of adults and the elderly, in regards by the same agent. Therefore their vaccination is almost useless also because recent American studies report the possibility of myocarditis and other damages.

Keywords: COVID-19, vaccines, VAERS, MTHFR, SARS

INTRODUCTION

Last August 2022 I pointed a systematic therapy for the SARS-CoV-2 using the previous experience with the first SARS and what we learned with the Middle East respiratory syndrome (MERS) (1).

I would like to recall the editorial intervention by Peter Dochy, a university professor in Maryland, who published on January 4, 2021 in the British Medical Journal, a sort of alternative version to how vaccines had been presented by pharmaceutical companies, governments and

most of the media. The vaccines were approved for marketing because at least 50% of the evidence was in favor of their efficacy. In fact, the vaccines we have received are not yet approved and their clinical trials will only be completed on December 31, 2023. Furthermore, while Pfizer and Moderna announced a 90% effectiveness against transmission, he found about 19 to 29% effectiveness against person-to-person contagion. So far below the thresholds for approval of a vaccine and even an emergency vaccine (2).

METHODS

Recently in the *Lancet* it was reported that subjects recovered from the natural infection of SARS-Cov-2 should be considered exempt from specific mandatory vaccinations (3). The Lorenzin law 119 of 2017, article 2 specifies that: "The successful immunization following a natural disease, proven by the notification made by the attending physician, pursuant to article 1 of the decree of the Minister of Health of 15 December 1990, published in the GU no. 6 of 8 January 1991, or from the results of the serological analysis, exonerates from the obligation of the relative vaccination". This insert is not used for COVID, although it is now known that natural immunity is 18 times higher and can identify variants (4).

One has to be very attentive to the development of the ADE (Antibody-dependent Enhancement) phenomenon. It is an inflammatory amplification of the antibody-derived response. This inflammation, due to antibodies, can increase exponentially when antibodies are recalled in a subject who already has antibodies. In summary, if one has had COVID, even without realizing it, this applies above all to asymptomatic people, an amplification of the antibody response is determined (5, 6).

Numerous studies have shown that one of the risk factors for cardiovascular disease is the high level of homocysteine in the plasma, caused by a reduced activity of the enzyme methylenetetrahydrofolate reductase (MTHFR). The A1298C polymorphism causes a reduction in the enzymatic activity of MTHFR. A reduction in enzyme activity is also associated with the MTHFR C677T polymorphism (7, 8).

For the two MTHFR mutations (if homozygous mutant or if they are both heterozygous) the risk is increased if the circulating homocysteine values are stably increased. Elevated plasma levels of homocysteine not only represent a risk factor for thrombotic manifestations affecting the arterial system, but in association with the Leiden variants of Factor V and/or 20210 of prothrombin, they also determine an increased risk related to venous thromboembolism (9).

The patient's hypersensitivity is part of the congenital defect and of the transport of amino acids, given the MTHFR mutation present because we are talking about the transformation and use of methionine and homocysteine and vice versa between amino acids. The patient's heterozygous or homozygous MTHFR genetic mutation makes him "hypersensitive" to the vaccine content due to a high risk factor for thrombotic manifestations affecting the arterial system (10, 11).

RESULTS

Experimental messenger RNA Vaccines. Adverse Effects

I had the opportunity to hold a meeting at the Livia Bottardi high school in East Rome on May 10, 2022 and I mentioned that according to data from the Centers for Disease Control and

Prevention (CDC) there are hundreds of thousands of Americans who have required medical treatment after vaccination for COVID-19. The Food and Drug Administration (FDA) reported on October 20, 2022 of 76,789 deaths and over 6 million serious adverse reactions. One can see also the vaccine adverse event reporting system VAERS (12).

As reported by Dr. Robert Malone, inventor of mRNA technology, the incidence of diseases and injuries from 2020 to 2021 reported dramatic data: acute myocardial infarctions +343%, neuroendocrine tumors +276%, malignant neoplasms digestive organs +477%, malignancies breast cancer 469%, Guillian-Barrè syndrome +520%, acute transverse myelitis +494%, rhabdomyolysis +672%, multiple sclerosis +614%, hypertension +2130%, blood disorders +204%, cerebral infarctions +294 % " (13).

These vaccines have been prepared in a completely new way and would have needed more study, especially (but not only) in relation to autoimmune diseases that can occur in the long term. Indeed, it has now been demonstrated that RNA can influence our DNA. A study published in "Nature" and in numerous other scientific journals (14, 15). Examined the profiles of some healthy volunteers after vaccination and it emerged that consistent alterations in hemoglobin were present in the vaccinated subjects, serum sodium and potassium levels, coagulation profiles and impaired renal function. The study also revealed dramatic alterations in the gene expression of nearly all immune cells. A summary is provided below: "A total of 11 healthy adult volunteers of both sexes, ranging in age from 24 to 47 years, were enrolled in this study. The volunteers were divided into two cohorts; five participants (cohort A) were vaccinated with a full dose (4 µg) of inactivated SARS-CoV-2 vaccine (Vero Cell) on days 1 and 14 and six participants (cohort B) received a full dose of vaccine on days 1 and 28. Here, we report, in addition to the generation of neutralizing antibodies, consistent alterations in hemoglobin A1c, serum sodium and potassium levels, coagulation profiles, and renal functions in healthy volunteers after vaccination with an inactivated SARS-CoV-2 vaccine . scRNA-seq revealed dramatic alterations in gene expression of nearly all immune cells after vaccination. Overall, our study recommends additional caution when vaccinating people with pre-existing medical conditions, including diabetes, electrolyte imbalances, renal dysfunction and bleeding disorders."

DISCUSSION

A messenger RNA vaccine can alter cellular DNA by transcribing viral sequences integrated into the genome by a cellular reverse transcriptase or an HIV reverse transcriptase, and these DNA sequences can be integrated into the cellular genome and their expression induced with a COVID-19 infection or cytokine exposure in cell cultures, suggesting a molecular mechanism for retro-integration of COVID-19 in patients (16). The authors from Boston University (USA) demonstrated why some people were still positive even after 3 or 4 weeks. And they explained it based on the following. The RNA fragments can also persist in the nasal cavity for weeks after the infection has already cleared. This means that cross-reactivity phenomena of positivity towards "benign" coronaviruses of the same family as COVID-19 may be present or the discovery of a virus that is no longer active (17). Finally, the possibility that the genetic information of the messenger RNA vaccine provides positivity results that are no longer real.

A French geneticist who has been dealing with RNA for some time, Dr. Alexandra Henrion-Caude, who heads a genetic research institute in France, where she replaced Luc Montagnier,

has expressed similar doubts. The production of proteins is regulated by some switches, the epigenome, which tell the cells to read the information contained in the gene. These switches, turning on and off, act on methylation. The same thing can happen in our body even when we introduce the messenger RNA molecule. Now, high levels of methylation produce an inactivation, a "silence", of those tumor suppressor genes that protect us from tumors. This too should be taken into account.

There is no COVID emergency among children: there is no increase in mortality (18). The risks of hospitalization for COVID in children are very low: 1 in over 46,000 diagnosed with COVID-19, and often concern children with other pathologies. The AIFA reported an update on the risk of myocarditis and pericarditis with mRNA vaccines (December 03, 2021) which follows the same update by the EMA (November 29 December 2, 2021). One myocarditis every 10,000 inoculations for young people means risking much more for the vaccine than with the virus. Facts that many, it seems, would like to ignore. In fact, the Pfizer anti-Covid vaccine has never been tested to stop infections. This was admitted by Janine Small, a senior official of the pharmaceutical company. The Pfizer anti-Covid vaccine "has not been tested to prevent infection" also because "no one asked us" and in any case "there was no time". These are the exact words spoken by Janine Small during the hearing held on Monday October 10 2022 in the European Parliament.

CONCLUSION

The spread of the coronavirus CoV-SARS-2 has finally come to an end (19). The United Kingdom declared the end on July 19 2021, one year ago stopping the "lockdown" (12). Increased risk of SARS-CoV-2 reinfection associated with emergence of the Omicron variant is the interesting work by Juliet RC Pulliam and other colleagues (20). On the situation that arose in South Africa after the second, beta variant, the third delta variant, and the fourth wave with the omicron variant was published in "Science" on May 6, 2022. The question that the cited scholars asked themselves was the reinfection capacity of those who had already presented a previous natural infection.

The authors considered 105,323.00 suspected reinfections out of 2,943,248.00 laboratory-confirmed infections from March 4, 2020 through January 31, 2022. Reinfection against the primary infection was lower during the waves due to the beta and delta variants than in the first wave. Conversely, the recent propagation of the omicron variant has been associated with an increase in the reinfection coefficient. These infections resulted from immune evasion rather than immune weakness. The omicron variant is associated with a marked ability to evade immunity from previous infections. There has been no epidemiological evidence of avoiding immunity with the beta and delta variants. There are major health implications in countries like South Africa with high immunity to previous infections. Further development of methodologies to follow reinfections with new emerging strains takes into account vaccine-derived protection and succeeds in monitoring the risk of multiple reinfections with a view to prophylaxis for future epidemics.

23 patients recovered from first SARS, 17 years later the epidemic, still have long-lasting memory of T lymphocytes and show cross-reaction towards the NP of the current SARS (21). Since omicron 5 is the new mutation of COVID-19 now circulating in Italy, we think it is logical

to confirm and recall what has been studied by African researchers who were the first to have a deal with these variants (12). The goal of the virus is clear: to coexist with our organisms.

In fact, COVID-19 is now endemic and the greatest risk today is that of the infodemic, i.e. the epidemic of information expressed by doctors who have forgotten the Hippocratic oath, by politicians interested in benefiting from the general fear and by compliant journalists .

There was nothing scientific in the bulletins which were reported to the unified network every day and which still crowd the radio and television networks. Deaths had to be confirmed by autopsies from the outset for evaluation of the cause of death, as well as evaluation of other factors and age. And instead we simply used a health emergency to create a sense of fear and terror in the population, which now comes out wearing a mask even where it is no longer even required. And in the meantime they are already preparing us for a fourth or fifth autumn dose with mRNA vaccines, the adverse effects of which are starting to be emphasized in many countries.

One last consideration. We have forgotten the path taken by homo sapiens which has evolved for millennia between viruses and bacteria, starting from central Africa towards the Mediterranean and then Eurasia. Smallpox and the plague have even affected the presence and formation of blood groups. The importance of the relationship between human beings and microorganisms such as viruses and bacteria should not be underestimated in the history of evolution. And it should therefore come as no surprise that those who have had Covid 19 are protected at the immune level much more than those who have been vaccinated.

ACKNOWLEDGMENTS

The author thanks for their support: Foundation T.&L. De Beaumont Bonelli for Cancer Research. Naples, Italy.

References

1. Tarro G. Environment and Virus Interactions: Towards a Systematic Therapy of SARS-CoV-2. British Journal of Healthcare and Medical Research, 9(4). 253-260. August 25, 2022
2. Doshi P. 2021. Pfizer and Moderna's "95% effective" vaccines—we need more details and the raw data. <https://blogs.bmj.com/bmj/2021/01/04/peter-doshi-pfizer-and-modernas-95-effective-vaccines-we-need-more-details-and-the-raw-data/>
3. Mc Gonagle Dennis G. Health-care workers recovered from natural SARS-Cov-2 infection should be exempt from mandatory vaccination edicts. The Lancet vol 4, march 2022. Doi: 10-1016/S2665-9913(22)00038-8.
4. Lavine JS, Bjornstad ON and Anita R. 2021. Immunological characteristics govern the transition of COVID-19 to endemicity. Science, Vol. 371, Issue 6530, pp. 741-745, DOI: 10.1126/science.abe6522.
5. Tarro G. The Italian COVID-19 epidemic and the global pandemic. Prevention and therapies. International Journal of Current Research. Vol. 13, Issue, 05, pp.17261-17266, May, 2021. DOI: <https://doi.org/10.24941/ijcr.41347.05.2021>.
6. Tarro G. L'epidemia italiana e la pandemia globale. ND Natura Docet, Anno II n. 6 Giugno 2021, pp 12-19.

7. Zhang R, Huo C, Wang X. Two Common MTHFR Gene Polymorphisms (C677T and A1298C) and Fetal Congenital Heart Disease Risk: An Updated Meta-Analysis with Trial Sequential Analysis. *Cell Physiol Biochem* 2018 Mar 15; 45(6): 2483-2496. Doi: 10.1159/000488267.
8. El-baz F,1 Abd El-Aal M, Kamal TM et al. Study of the C677T and 1298AC polymorphic genotypes of MTHFR Gene in autism spectrum disorder. *Electron Physican*. 2017 Sep. 25; 9(9): 5287-5293. Doi: 10.19082/5287
9. Saadatnia M, Salehi M, Movahedian A et al. Factor V Leiden, factor V Cambridge, factor II GA20210, and methylenetetrahydrofolate reductase in cerebral venous and sinus thrombosis: A case-control study. *J Res Med Sci*. 2015 June; 20(6): 554-562. DOI: 10.4103/1735-1995.165956
10. Giannakou K, Evangelou E and Papatheodorou SI. Genetic and non-genetic risk factors for pre-eclampsia umbrella review of systematic review and meta-analyses of observational studies. *Ultrasound Obstet Gynecol*. 2017 Nov 16. <https://doi.org/10.1002/uog.18959>.
11. Fekih-Mrissa N, Mansour M, Sayeh A. The Plasminogen Activator Inhibitor 1 4G/5G Polymorphism and the Risk of Alzheimer's Disease. *Am J Alzheimers Dis Other Demen*. 2017 Sep; 32(6): 342-346. Doi: 10.1177/1533317517705223.
12. Tarro G. On the End of a Nightmare (COVID-19). The Role of the Immune System. *British Journal of Healthcare and Medical Research* – vol 9, (6) 194-197, December 25,2022.
13. Malone R.W. Lies my gov't told me and the better future coming. Preface Kennedy R.F. *Children's Health Defense*, February 2023.
14. Mart M. Lamers & Bart L. Haagmans. SARS-CoV-2 pathogenesis *Nature Reviews Microbiology* volume 20, 270–284, 2022.
15. Liu J, Wang J, Xu J et al. Comprehensive investigations revealed consistent pathophysiological alterations after vaccination with COVID-19 vaccines. *Cell Discovery* 7:99,2021.
16. Zhang L, Alexsia R, Khalil A et al 2020. SARS-CoV-2 RNA reverse-transcribed and integrated into the human genome. *BioRxiv*.
17. Mina JM, Peto TE, Finana MG et al. Clarifying the evidence on SARS-Cov2 antigen rapid tests in public health response to COVID-19. *The Lancet* vol 397, issue 10283, February 17, 2021
DOI:[https://doi.org/10.1016/S0140-6736\(21\)00425-6](https://doi.org/10.1016/S0140-6736(21)00425-6).
18. Arantes de Araújo L, Veloso CF, de Campos Souza M, Coelho de Azevedo JM and Tarro G. 2020. The potential impact of the COVID-19 pandemic on child growth and development: a systematic review. Running title: COVID-19 pandemic and child growth and development. *Journal de Pediatria*, DOI: 10.1016/ipd.2020.08.008.
19. Tarro G. COVID-19. The end of a nightmare. www.edizionihelicon.it July 2022 Fano (PU), Italy
20. Pulliam JRC, Van Schalkwyk C, Govender N et al. Increased risk of SARS-CoV-2 reinfection associated with emergence of Omicron in South Africa. *SCIENCE* Vol 376, Issue 6593 - 15 Mar 2022. DOI: 10.1126/science.abn4947.
21. Le Bert N, T Tan A, Kunasegaran K et al. 2020. Different pattern of pre-existing SARS-COV-2 specific T cell immunity in SARS-recovered and uninfected individuals. *bioRxiv* doi: <https://doi.org/10.1101/2020.05.26.115832>.