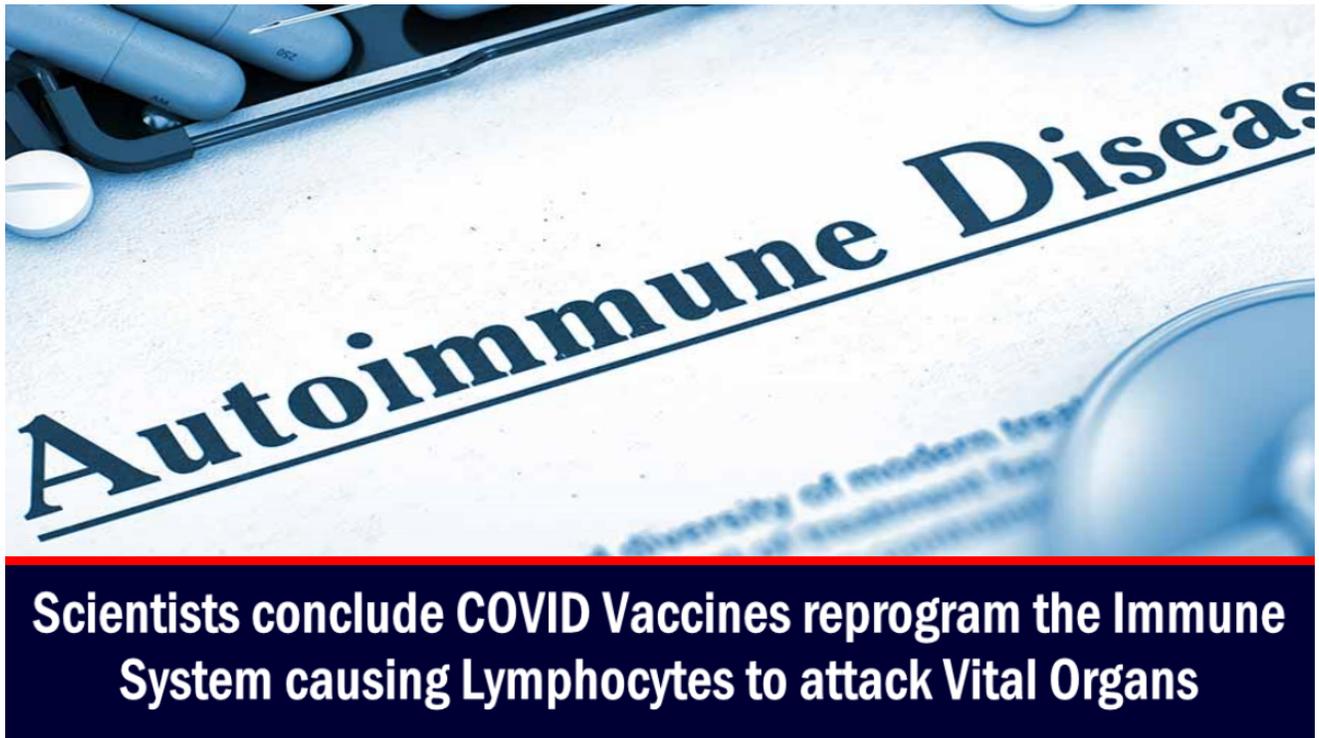


Scientists conclude COVID Vaccines reprogram the Immune System causing Lymphocytes to attack Vital Organs

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Even though mass fatalities are associated with the Covid-19 mRNA vaccines, the roll-out of this experimental treatment is still ongoing.

It doesn't matter that both Pfizer and the FDA knew there were 1,223 deaths from the Covid vaccine in the first three months of its roll-out, the emergency use authorization still continued.

Table 1 below presents the main characteristics of the overall cases.

Table 1. General Overview: Selected Characteristics of All Cases Received During the Reporting Interval

	Characteristics	Relevant cases (N=42086)
Gender:	Female	29914
	Male	9182
	No Data	2990
Age range (years): 0.01 -107 years Mean = 50.9 years n = 34952	≤ 17	175 ^a
	18-30	4953
	31-50	13886
	51-64	7884
	65-74	3098
	≥ 75	5214
	Unknown	6876
Case outcome:	Recovered/Recovering	19582
	Recovered with sequelae	520
	Not recovered at the time of report	11361
	Fatal	1223
	Unknown	9400

a. in 46 cases reported age was <16-year-old and in 34 cases <12-year-old.

Source

It is not only unscientific, but it is also disingenuous and amoral to classify post-vaccination fatalities as “unexplained deaths.” Pathologists and medical examiners have no choice but to investigate how these vaccines are killing certain people. Autopsies and pathological evidence show that covid vaccines induce cardiovascular damage, immune depletion and serious autoimmune conditions.

German pathologists present microscopic evidence that covid jabs cause “lymphocyte riot” – leading to organ failure

German pathology professors Arne Burkhardt and Walter Lang held a press conference presenting ten autopsies of people who died shortly after taking Covid-19 vaccines.

The people in the study were all over the age of 50 and died at different intervals in the two weeks following their vaccination. After microscopically studying tissue samples of the deceased, the pathologists found something out of the ordinary, yet common in each sample.

The pathologists pinpoint the occurrence of a “lymphocyte riot” among the ten autopsied bodies. The pathologists found an obscene number of lymphocytes in several tissues, including the liver, kidneys, spleen, and uterus. The lymphocytes aggressively attacked the tissue in these organs, causing organ damage.

This autoimmune nightmare is more than likely a life-threatening consequence of the Covid-19 vaccination. Burkhardt and two other pathologists confirmed that vaccines initiated this pathogenesis for five of the ten cases studied. In two of the cases, the vaccination was ruled a “probable” cause of death. One case is yet to be evaluated, and the other two deaths are “rather coincident” or “possibly” caused by the vaccine.

A German doctor, Professor Peter Schirmacher, investigated forty autopsies of people who died within two weeks of covid-19 vaccination. He showed microscopic details of severe tissue damage caused by the vaccines; he concluded that one-third of the people died from the vaccination directly, either via cerebral vein thrombosis or autoimmune diseases.

Covid Injections reprogram the innate and adaptive immune system, lowering interferon levels against future infections

Many of the deaths post-vaccination are not attributed back to the vaccine because lymphocytic myocarditis is rarely detected macroscopically and is not recognised histologically. Even though this health issue is occurring more frequently in the young and the old following Covid-19 vaccination, lymphocytic myocarditis is often mistaken as a general infarction and blamed on other causes.

Dr Burkhardt explains that the most lethal vaccine side effects include autoimmune phenomena. Three extremely rare autoimmune diseases were detected among the deceased. These included Sjogren’s syndrome, leucoclastic vasculitis of the skin, and Hashimoto’s disease. Other life-threatening adverse events include a reduction in immune system function, vascular damage, vasculitis, perivasculitis and erythrocyte clumping.

One study provides further evidence that Covid jabs reprogram the innate and adaptive immune system, priming the body for immune depletion, virus interference and cancer. The researchers observed that the immune cells of the “doubly vaccinated” produced significantly less interferon (IFN-?) when stimulated later.

“This may hamper the initial innate immune response against the virus, as defects in TLR7 have been shown to result in an increased susceptibility to COVID-19 in young males,” the researchers wrote. In short, the vaccinated are having critical facets of their innate immune system weakened and depleted. This immune depletion may never be linked back to the vaccine, because a new variant of infection or a cancer diagnosis can always be labelled as the cause.

Summary

The mRNA-based BNT162b2 vaccine from Pfizer/BioNTech was the first registered COVID-19 vaccine and has been shown to be up to 95% effective in preventing SARS-CoV-2 infections. Little is known about the broad effects of the new class of mRNA vaccines, especially whether they have combined effects on innate and adaptive immune responses. Here we confirmed that BNT162b2 vaccination of healthy individuals induced effective humoral and cellular immunity against several SARS-CoV-2 variants. Interestingly, however, the BNT162b2 vaccine also modulated the production of inflammatory cytokines by innate immune cells upon stimulation with both specific (SARS-CoV-2) and non-specific (viral, fungal and bacterial) stimuli. The response of innate immune cells to TLR4 and TLR7/8 ligands was lower after

BNT162b2 vaccination, while fungi-induced cytokine responses were stronger. In conclusion, the mRNA BNT162b2 vaccine induces complex functional reprogramming of innate immune responses, which should be considered in the development and use of this new class of vaccines.

Source

Burkhardt lambasted the current medical coding standards used for finalising death certificates. He called them “completely unsuitable” and “ultimately statically worthless” because they make vague generalisations and do not refer to specific pathological evidence. How can public health officials and medical doctors make any progress on Covid-19 and effective prevention measures if the cause of death is flagrantly generalised and the pathological evidence is ignored?