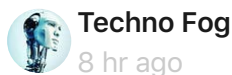


COVID-19 Vaccine mRNA now found in breastmilk

And - details on these test results being withheld from the public



A small but groundbreaking study ([available here](#)) has been released at the Journal of the American Medical Association (JAMA) Pediatrics, demonstrating that trace amounts of COVID-19 vaccine mRNA were found in the breastmilk of lactating women as soon as one hour after vaccination.

This study was conducted from February to October 2021 (initially reported as February to October 2020; more on that in a moment), and included only 11 lactating women, 5 of whom received the Moderna vaccine and 6 of whom received the Pfizer vaccine. The comparison was made between their pre-vaccine breastmilk (the control) and post-vaccine breastmilk.

Table 1. Demographic and Clinical Information About Breast Milk Samples Collected From 11 Lactating Individuals After Receiving an mRNA COVID-19 Vaccine

Participant No.	Maternal age, y	Race and ethnicity	Mode of delivery	Gestational age at birth, wk	Vaccine timing after delivery, wk	Vaccine type ^a
1	33	White	Vaginal	26	10	mRNA-1273
2	33	White	Vaginal	39	25	BNT162b2
3	35	White	Vaginal	37	9	BNT162b2
4 ^b	34	Asian	Cesarean	39	18	BNT162b2
5	37	White	Cesarean	39	7	mRNA-1273
6 ^b	37	White	Vaginal	32	6	mRNA-1273
7 ^b	22	White	Vaginal	38	24	BNT162b2
8 ^b	35	White	Cesarean	39	4	BNT162b2
9	38	Black	Vaginal	39	20	BNT162b2
10 ^b	34	White	Cesarean	39	7	mRNA-1273
11	35	White	Cesarean	26	5	mRNA-1273

Abbreviation: mRNA, messenger RNA.

Pfizer-BioNTech.

^a mRNA-1273 was manufactured by Moderna and BNT162b2 by

^b Participants who had detectable vaccine mRNA in their breast milk.

The results? The breastmilk of 5 out of 11 women tested had detectable COVID-19 vaccine mRNA in their breastmilk. For those keeping score, that is 45% - nearly half - of the study

group.

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The mRNA was detected in breastmilk as early as 1 hour after vaccination, and as late as 45 hours after vaccination.

Table 2. Detection of Vaccine RNA in Whole Expressed Breast Milk and Extracellular Vesicles in 5 Patients at Various Time Points Postvaccination

Participant No.	Vaccine type	Time points of vaccine mRNA detection in EBM	Concentration of vaccine mRNA detected in whole milk ^a	Concentration of vaccine mRNA detected in EBM EVs ^a
4	BNT162b2	27-h ^b Sample	Not detected	14.01 pg/mL
6	mRNA-1273	27-h and 42-h ^b Samples	11.7 pg/mL	16.78 pg/mL
7	BNT162b2	37-h ^b Sample	Not detected	4.69 pg/mL
8	BNT162b2	1-h and 3-h ^b Samples	1.3 pg/mL	6.77 pg/mL
10	mRNA-1273	45-h ^b Sample	2.5 pg/mL	2.13 pg/mL

Abbreviation: EBM, expressed breast milk; EVs, extracellular vesicles; mRNA, messenger RNA.

^a Units for concentration are picogram of mRNA per milliliter of whole milk equivalent.

^b Sample used for vaccine mRNA concentration detection.

Of course, given the limited sample size, this doesn't mean that the COVID-19 vaccine mRNA will be absent from breastmilk after 45 hours. We've already seen that the spike protein/mRNA can last for [months after vaccination](#) . According to one study summarized by Dr. Robert Malone:

the mRNA and the spike protein produced persists for weeks in lymph node germinal centers in human patients. Immunohistochemical staining for spike antigen in mRNA vaccinated patient LNs varied between individuals, but showed abundant spike protein in germinal centers 16 days post-2nd dose, with **spike antigen still present as late as 60 days post-2nd dose**. Having worked with mRNA for decades, I can attest that this is highly unusual.

Back to the study. According to the authors:

“These data demonstrate for the first time to our knowledge the biodistribution of COVID-19 vaccine mRNA to mammary cells and the potential ability of tissue EVs to package the vaccine mRNA that can be transported to distant cells.”

They speculate that following the administration of a COVID-19 vaccine, “lipid nanoparticles containing the vaccine mRNA are carried to mammary glands via hematogenous and/or lymphatic routes.”

The limitations of this study are unfortunate. There were only 11 participants, and the authors observe there is a “lack of functional studies demonstrating whether detected vaccine mRNA is translationally active.” This means that the safety of post-vaccination breastmilk is unknown.

Despite the lack of evidence demonstrating safety, the authors conclude: “The sporadic presence and trace quantities of COVID-19 vaccine mRNA detected in EBM suggest that breastfeeding after COVID-19 mRNA vaccination is safe, particularly beyond 48 hours after vaccination.”

That conclusion on safety is weakened, if not contradicted, by their own advice:

“caution is warranted about breastfeeding children younger than 6 months in the first 48 hours after maternal vaccination until more safety studies are conducted.”

And what does the study mean by advising “caution”? They fail to provide specifics, but it seems they study’s authors are hinting at stopping breastfeeding for the first 48 hours post-vaccine until more information is available.

Our educated guess is supported by the authors’ conclusions about the lack of safety data, specifically:

- They “did not test the possible cumulative vaccine mRNA exposure after frequent breastfeeding in infants.”
- “The potential interference of COVID-19 vaccine mRNA with the immune response to multiple routine vaccines given to infants during the first 6 months of age needs to be

considered.”

Were these findings hidden from the public?

There’s something else curious about this study. According to its supplement explaining the methodology, the study was “conducted from February to October 2020.”

eMethods.

This cohort study was conducted from February to October 2020 and included 11 healthy lactating mothers who received either the BNT162b2 (Pfizer) or mRNA-1273 (Moderna) COVID vaccine within six months after delivery. Demographic data were collected through in-person interviews (Table 1). NYU Institutional Review Board approval was obtained, and all study volunteers signed written informed consent.

We previously asked if that information was correct, citing to the “potential for author error” but also the potential that the study might have been suppressed. We suggested that the availability of COVID-19 vaccines for nonclinical trials suggested a later timeline. We now have an answer: the study was conducted from February to October 2021.

This still means the data is nearly one year old. At a time when the public and employees were subjected to wrongful vaccine mandates, it would have been nice for pregnant women to know the risks involved in the shots. One can’t help but to ask if delay can be attributed to the institutional and medical decisions to not contribute to vaccine hesitancy. Unfortunately, publication delays allowed for [contrary findings](#) from more limited studies to take-hold and mislead the public about the lack of vaccine mRNA in breastmilk.

FDA/CDC/Big Pharma Promises

It should be no surprise that the findings of this study cast doubt on the [promises](#) made by the officials at the FDA and CDC who *guaranteed* the vaccines were “safe and effective” for pregnant women. Those promises were always questionable, as they are unsupported by the claims of the vaccine manufacturers themselves, who asserted: **Available data on COMIRNATY/SPIKEVAX administered to pregnant women “are insufficient to inform**

vaccine-associated risks in pregnancy.”

It has long been the case that Moderna and Pfizer are less convinced than the CDC/FDA about the pregnant rat studies:

Risk Summary

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. Available data on COMIRNATY administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.

A developmental toxicity study has been performed in female rats administered the equivalent of a single human dose of COMIRNATY on 4 occasions, twice prior to mating and twice during gestation. These studies revealed no evidence of harm to the fetus due to the vaccine (*see Animal Data*.)

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Anyway, in the face of the warning of caution from this latest study and its emphasis on the unknowns of safety data for infants, the CDC [still recommends](#) the COVID-19 for women who are breastfeeding:

“CDC recommends COVID-19 vaccines for everyone ages 6 months and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future and getting boosters, if eligible.”

As to Pfizer and Moderna claims about lactation? Both vaccine manufacturers currently say it is “not known” whether their vaccines are “excreted in human milk.”

Based on the results from this latest study, I’m guessing it’s because they didn’t bother to take a look.