

JAMA: mRNA Vaccine Shedding in Breast Milk Proven!

Journal of American Medical Association Urges to Avoid Breastfeeding After Vaccination!



♡ 496

💬 521



The times are changing! Remember how we said that [vaccine shedding is a real thing](#) and [breastfeeding after vaccination is dangerous](#)? Our warnings were dismissed as “misinformation” and we were cast as ignorant, science-denying cranks.

Well, now the [Journal of American Medical Association published a letter](#) ([archive link](#)) that proved *conclusively* that mRNA vaccine shedding is real! The vaccine mRNA is indeed shed in breast milk and is affecting babies that receive said milk.

This letter provides lab results proving that concerns of the so-called “[antivaxxers](#)” were fully justified!

Research Letter

ONLINE FIRST

September 26, 2022

Detection of Messenger RNA COVID-19 Vaccines in Human Breast Milk

Nazeeh Hanna, MD¹; Ari Heffes-Doon, MD¹; Xinhua Lin, PhD²; et al

» Author Affiliations | Article Information

JAMA Pediatr. Published online September 26, 2022. doi:10.1001/jamapediatrics.2022.3581

Vaccination is a cornerstone in fighting the COVID-19 pandemic. However, the initial messenger RNA (mRNA) vaccine clinical trials excluded several vulnerable groups, including young children and lactating individuals.¹ The US Food and Drug Administration deferred the decision to authorize COVID-19 mRNA vaccines for infants younger than 6 months until more data are available because of the potential priming of the children's immune responses that may alter their

immunity.² The Centers for Disease Control and Prevention recommends offering the COVID-19 mRNA vaccines to breastfeeding individuals,³ although the possible passage of vaccine mRNAs in breast milk resulting in infants' exposure at younger than 6 months was not investigated. This study investigated whether the COVID-19 vaccine mRNA can be detected in the expressed breast milk (EBM) of lactating individuals receiving the vaccination within 6 months after delivery.

The JAMA letter is quite simple. Scientists picked 11 lactating women, who received Pfizer (6 women) or Moderna (5 women) vaccines during lactation.

After vaccination, breast milk was analyzed for the presence of mRNA nanoparticles. Not surprisingly, 7 samples were POSITIVE for the presence of mRNA.

The authors also point out that the *promises of mRNA vaccines that "vaccine stays in the shoulder" were lies*. The vaccine traveled to the breasts and was transferred into breast milk.

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.**

Little has been reported on lipid nanoparticle biodistribution and localization in human tissues after COVID-19 mRNA vaccination.

Despite that, the authors say the following, possibly to get their letter past the JAMA censors:

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.*

Your first reading of the above sentence might suggest that the authors said "COVID-19 mRNA vaccination is safe". But it is ominously qualified with "*particularly beyond 48 hours after vaccination*", plainly meaning that breastfeeding within 48 hours after vaccination is NOT safe.

It is sad that researchers have to say things (*it is safe and effective*) that contradict the plain meaning of this article (*women shed mRNA nanoparticles on their infants*). Our friend Modern Discontent recently posted [a great guide to reading scientific papers](#), where he also lamented how article conclusions often contradict article data. This article is a perfect example of that, and there is plenty more of such examples in the Covid world.

This is why paying attention to what the article says, beyond platitudes, is paramount.

Wildly Differing Concentrations of mRNA make it MORE Dangerous

Look at this chart showing concentrations of mRNA in milk. The worst concentration was EIGHT TIMES the lowest concentration. This means that likely, in a larger sample of women, the disparity between highest and lowest values would be even greater.





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

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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.

What is the deadly concentration of mRNA that could cause the death of an infant in the Pfizer trial (see below)? Nobody knows and the FDA does not care.

The detection limit (per supplement) was 1 pg/mL. What if levels just below 1

pg/mL could be harmful? We have no idea.

Dead Infant

Confidential Pfizer documents, which the FDA wanted to hide from us for 75 years, show a case of an infant, possibly killed by mRNA nanoparticles shed by a recently vaccinated mother.



Igor's Newsletter

Pfizer Confidential: 1 infant DEATH vs 1 Successful Birth

Hat tip to Claus L who reminded me that new Pfizer documents were released. Summary: Only two births were recorded, one was successful and another resulted in infant death. Breastfeeding indeed affects infants and proves mRNA vaccine shedding by breastfeeding mothers...

[Read more](#)

6 months ago · 315 likes · 211 comments · Igor Chudov

The “neonatal death” and numerous other neonatal problems in infants exposed to vaccinated mothers’ breast milk are discussed in my article above.

Breast feeding baby cases: 133, of which:

- 116 cases reported exposure to vaccine during breastfeeding (PT Exposure via breast milk) without the occurrence of any clinical adverse events:
- 17 cases, 3 serious and 14 non-serious, reported the following clinical events that occurred in the infant child exposed to vaccine via breastfeeding: Pyrexia (5), Rash (4), Infant irritability (3), Infantile vomiting, Diarrhoea, Insomnia, and Illness (2 each), Poor feeding infant, Lethargy, Abdominal discomfort, Vomiting, Allergy to vaccine, Increased appetite, Anxiety, Crying, Poor quality sleep, Eructation, Agitation, Pain and Urticaria (1 each).

Breast feeding mother cases (6):

- 1 serious case reported 3 clinical events that occurred in a mother during breast feeding (PT Maternal exposure during breast feeding); these events coded to the PTs Chills, Malaise, and Pyrexia
- 1 non-serious case reported with very limited information and without associated AEs.

CONFIDENTIAL

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FDA-CBER-2021-5683-0000065

Astute reader ChrisCoonsToupee [located the VAERS entry](#) for this dead infant.

Adverse Event Description

Patient received second dose of Pfizer vaccine on March 17, 2020 while at work. March 18, 2020 her 5 month old breastfed infant developed a rash and within 24 hours was inconsolable, refusing to eat, and developed a fever. Patient brought baby to local ER where assessments were performed, blood analysis revealed elevated liver enzymes. Infant was hospitalized but continued to decline and passed away. Diagnosis of TTP. No known allergies. No new exposures aside from the mother's vaccination the previous day.

They Lied to Us

Remember how we were assured that “vaccines are safe for mothers”?

SciCheck's COVID-19/Vaccination Project [LEARN MORE](#)

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No Scientific Basis for Vaccine 'Shedding' Claims

By Catalina Jaramillo
Posted on May 11, 2021

THIS ARTICLE IS AVAILABLE IN BOTH ENGLISH AND ESPAÑOL. [English](#)

Ask SciCheck

Q. Are vaccinated and boosted people more susceptible to infection or disease with the omicron variant than unvaccinated people?

A. No. Getting vaccinated increases your protection against COVID-19. Sometimes, certain raw data can suggest otherwise, but that information cannot be used to determine how well a vaccine works.

Read the full question and answer
View the Ask SciCheck archives
Have a question? Ask us.

SciCheck Digest

COVID-19 vaccines do not contain a live virus, so there isn't a biological path for a vaccinated person to “shed” the SARS-CoV-2 spike protein to those around them. Nor is there any evidence the vaccines cause reproductive problems. That means there's no basis for social media claims that “shedding” causes reproductive issues in unvaccinated people.

Fact check: Nursing newborns are not having reactions to COVID-19 vaccine

Miriam Favelle
USA TODAY
Published 6:02 p.m. ET April 9, 2021 | Updated 9:09 a.m. ET April 13, 2021

Just Facts

How a new type of vaccine called mRNA is changing the game to prevent COVID-19
The COVID-19 vaccine is using new technology that has never been used before in traditional vaccines. Here's how an mRNA vaccine works. [Just the Facts, USA TODAY](#)

The claim: Breastfeeding newborns are having reactions to vaccinated mothers

COVID-19 Vaccines While Pregnant or Breastfeeding

Updated July 14, 2022 [Español](#) | [Other Languages](#) [Print](#)

People who are Breastfeeding

Chro

What You Need to Know

- COVID-19 vaccination is recommended for all people 6 months and older. This includes people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. CDC also recommends COVID-19 vaccines for infants 6 months and older whose mother was vaccinated or had a COVID infection before or while pregnant.
 - If you are pregnant or were recently pregnant, you are more likely to get very sick from COVID-19 compared to people who are not pregnant. Additionally, if you have COVID-19 during pregnancy, you are at increased risk of complications that can affect your pregnancy and developing baby.
 - Getting a COVID-19 vaccine can help protect you from getting very sick from COVID-19.
 - People who are pregnant should stay up to date with their COVID-19 vaccines, including getting a COVID-19 booster shot when it's time to get one.
- Evidence continues to build showing that:
 - COVID-19 vaccination during pregnancy is safe and effective.
 - There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.

CDC recommends that people who are breastfeeding get vaccinated and stay up to date with their COVID-19 vaccination, including getting a COVID-19 booster shot when it's time to get one.

Clinical trials for the COVID-19 vaccines currently used in the United States did not include people who were breastfeeding. Therefore, there are limited data available on the

- Safety of COVID-19 vaccines in people who are breastfeeding
- Effects of vaccination on the breastfed baby
- Effects on milk production or excretion

COVID-19 vaccines cannot cause COVID-19 in anyone, including the mother or the baby. None of the COVID-19 vaccines contain live virus. Vaccines are effective at preventing COVID-19 in people who are breastfeeding. Recent reports have shown that breastfeeding people who have received mRNA COVID-19 vaccines have antibodies in their breastmilk, which could help protect their babies. More data are needed to determine what level of protection these antibodies might provide to the baby.^{16, 19-23}

Turned out that not only they were NOT safe, but also that the fact-checkers and authorities outright lied about safety, since they studiously avoided collecting any data that would confirm it! They also IGNORED Pfizer's own reports of 17 neonatal problems and wanted to hide that for 75 years.

Now we know WHAT they wanted to hide.

They could have done this simple study two years ago. But they did not even bother to conduct such a trivial check! Why?

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