

# JAMA: mRNA Vaccine Shedding in Breast Milk Proven!

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

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*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!

September 26, 2022

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

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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.<sup>1</sup> 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.<sup>2</sup> The Centers for Disease Control and Prevention recommends offering the COVID-19 mRNA vaccines to breastfeeding individuals,<sup>3</sup> 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**

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 <sup>a</sup>	Concentration of vaccine mRNA detected in EBM EVs <sup>a</sup>
4	BNT162b2	27-h <sup>b</sup> Sample	Not detected	14.01 pg/mL
6	mRNA-1273	27-h and 42-h <sup>b</sup> Samples	11.7 pg/mL	16.78 pg/mL
7	BNT162b2	37-h <sup>b</sup> Sample	Not detected	4.69 pg/mL
8	BNT162b2	1-h and 3-h <sup>b</sup> Samples	1.3 pg/mL	6.77 pg/mL
10	mRNA-1273	45-h <sup>b</sup> Sample	2.5 pg/mL	2.13 pg/mL

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

<sup>a</sup> Units for concentration are picogram of mRNA per milliliter of whole milk equivalent.

<sup>b</sup> 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.

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.

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FDA-CBER-2021-5683-0000065

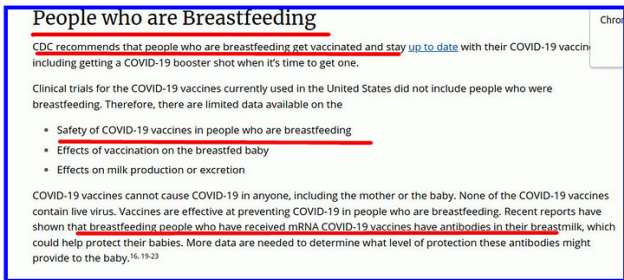
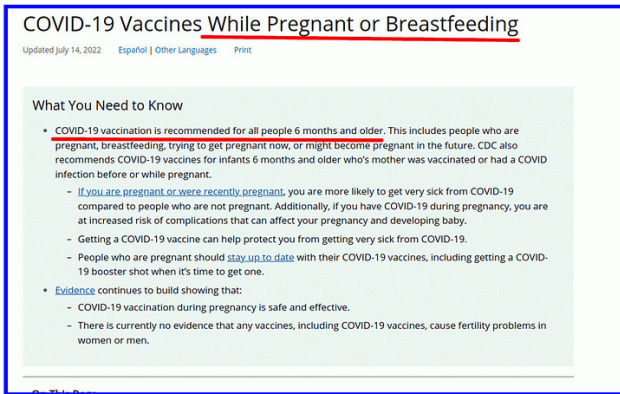
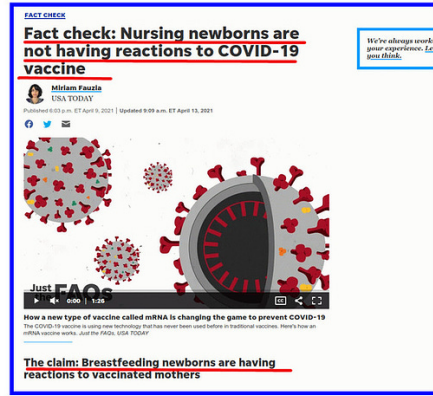
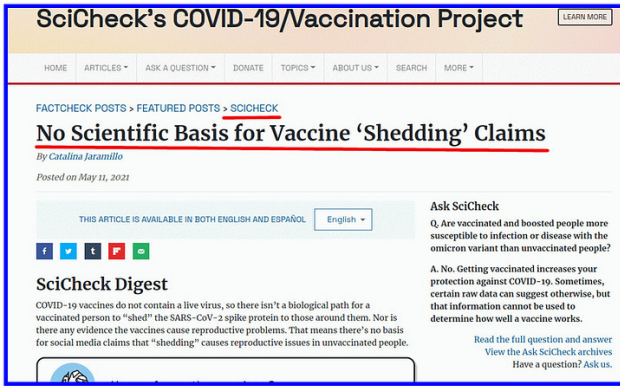
Astute reader ChrisCoonsToupee [located the VAERS entry](#) for this dead infant.

### 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”?



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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