

mRNA Circulates at Least 28 Days After Injection

Finding Cohesive with Serious Adverse Effects in First Month after COVID-19 Vaccination

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*Because **Operation Warp Speed** rushed new mRNA technology forward in two month clinical trials without informative preclinical testing, we are now learning about what was **injected into billions of human beings during the mass, indiscriminate COVID-19 vaccine program**. A report from Castruita et al, using a cohort of recovered hepatitis C patients with blood samples available, found mRNA from Pfizer and Moderna circulating in blood for 30 days which is as long as they had after injection. This is bad news from a vaccine safety perspective.*

SARS-CoV-2 spike mRNA vaccine sequences circulate in blood up to 28 days after COVID-19 vaccination

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Castruita JAS, Schneider UV, Mollerup S, Leinweber TD, Weis N, Bukh J, Pedersen MS, Westh H. SARS-CoV-2 spike mRNA vaccine sequences circulate in blood up to 28 days after COVID-19 vaccination. *APMIS*. 2023; 131: 128–132.

In Denmark, vaccination against Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2) has been with the Pfizer-BioNTech (BTN162b2) or the Moderna (mRNA-1273) mRNA vaccines. Patients with chronic hepatitis C virus (HCV) infection followed in our clinic received mRNA vaccinations according to the Danish roll-out vaccination plan. To monitor HCV infection, RNA was extracted from patient plasma and RNA sequencing was performed on the Illumina platform. In 10 of 108 HCV patient samples, full-length or traces of SARS-CoV-2 spike mRNA vaccine sequences were found in blood up to 28 days after COVID-19 vaccination. Detection of mRNA vaccine sequences in blood after vaccination adds important knowledge regarding this technology and should lead to further research into the design of lipid-nanoparticles and the half-life of these and mRNA vaccines in humans.

Key words: Hepatitis C virus; SARS-CoV-2; vaccine; blood; mRNA.

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INTRODUCTION

With the emergency approval by the FDA of two mRNA vaccines in December 2020, and subsequently very large-scale vaccine production and mass immunization programs, a breakthrough in protective measures against the global pandemic with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was achieved. Both the Pfizer-BioNTech (BTN162b2) and the Moderna (mRNA-1273) vaccines code for production of the full-length SARS-CoV-2 spike protein. To ensure stability, these vaccines are composed of codon-optimized modified spike mRNA, have two stabilizing proline substitutions, and the mRNA is encapsulated in lipid nanoparticles (LNPs) [1,2]. The

modified nucleotide sequences allow perfect identification of the vaccine sequences as being different from any coronavirus sequence. Upon intramuscular injection, the vaccine mRNA is taken up by muscle and immune cells, and transported to the regional lymph nodes and concentrated in the spleen [3]. The vaccines consist of nonreplicating mRNA and are expected to naturally decompose both within the cytosol after translation and at the injection site. The half-life of mRNA translation is estimated to be short, from hours to a day and translation is described to span up to 10 days [4–6]. The Infectious Diseases Society of America (IDSA) informs that the vaccine mRNA is degraded quickly by normal intracellular processes and states that there is no evidence for long-term detection of mRNA vaccines in vaccinated individuals by RNA-seq [1,7].

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Vaccines which are usually live attenuated or killed virus, or a harmless protein, should be in the body only a few days as immunity is being generated. After that, the vaccine material is cleared by the reticuloendothelial system. Having foreign genetic code in the form of synthetic RNA loaded on lipid nanoparticles with PEG in the blood stream for a month is an

eerie reality with the following implications:

- 1) all serious health events occurring within 30 days of the shot should be considered related to the vaccine unless proven otherwise,
- 2) the mRNA has a prolonged opportunity to circulate to vital organs including the heart, brain, bone marrow, adrenals, and reproductive organs where it can cause more damage,
- 3) the human body must not have robust mechanisms to clear Pfizer or Moderna, so by the time the second shot is given, some still have the first shot in their system explaining greater toxicity on the second shot,
- 4) theoretical concerns over shedding should be extended far beyond 30 days (I currently recommend no kissing, sexual, or close contact for vaccinated persons for at least 90 days),
- 5) development on new mRNA vaccines (influenza, respiratory syncytial virus, zika, etc.) should be halted immediately given this discovery.

I wonder if the mRNA vaccine developers are aware of the findings by Castruita or if they even care? Toxicity profiles of drug products is clearly related to their pharmacodynamics and pharmacokinetics. This fundamental component of drug development is now completely ignored as drug safety is no longer a concern of the biopharmaceutical complex.

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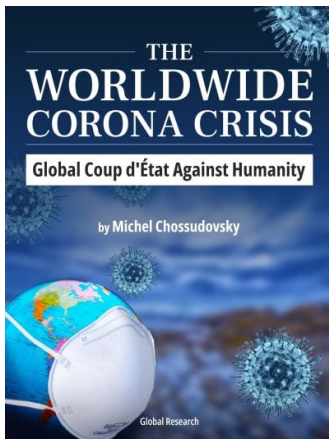
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Sources

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[Leake J, McCullough PA. Courage to Face COVID-19: Preventing Hospitalization and Deaths while Battling the Biopharmaceutical Complex](#)

Featured image: mRNA vaccines cause myocarditis by leading your own immune cells to attack your heart, which can lead to sudden death by ventricular tachycardia or fibrillation. (Kateryna Kon/Shutterstock)



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