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Using Blood from mRNA COVID Vaccine Recipients: Japanese Researchers Call for Urgent Action to Address Mass Contamination of Blood Supply

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Japanese researchers warn of the risks of using blood from mRNA COVID vaccine recipients, highlighting potential deadly effects and the need for urgent action to secure the global blood supply

Blood contaminated with prion-like structures from the spike protein raises the risk of inducing fatal neurodegenerative diseases in recipients. The potential transmission of harmful proteins through exosomes ("shedding") and the risk of autoimmune diseases due to the vaccines' mechanism and components like lipid nanoparticles (LNPs) are other major concerns

Proposals for managing blood collection include rigorous donor interviews, deferral periods, and a suite of tests to ensure the safety of blood products

The researchers advocate for comprehensive testing of both jabbed and unjabbed individuals to assess the safety of blood products and suggest discarding blood products contaminated with spike proteins or modified mRNA until effective removal methods have been developed

They call for suspending all gene-based "vaccines" and conducting a rigorous harm-benefit assessment in light of the serious health injuries reported. They also urge countries and organizations to take concrete steps to address and mitigate the already identified risks

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In a recent meta-analysis[1,2] posted on preprints.org, Japanese researchers warn of potentially **deadly risks to patients who receive blood from people who have taken mRNA COVID jabs and call for urgent action to ensure the safety of the global blood supply**. According to the authors:[3]

> "… many countries around the world have reported that so-called genetic vaccines, such as those using modified mRNA encoding the spike protein and lipid nanoparticles as the drug delivery system, have resulted in post-vaccination thrombosis and subsequent cardiovascular damage, as well as a wide variety of diseases involving all organs and systems, including the nervous system …
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> [B]ased on these circumstances and the volume of evidence that has recently come to light, we call the attention of medical professionals to the various risks associated with blood transfusions using blood products derived from people who have suffered from long COVID and from genetic vaccine recipients, including those who have received mRNA vaccines, and we make proposals regarding specific tests, testing methods, and regulations to deal with these risks."

Blood From Jabbed Donors May Pose Risk to Neurological Health

One particular risk addressed in this paper is the implications of blood tainted with prion-like structures found within the spike protein. Prions are misfolded proteins that can cause neurodegenerative diseases, such as Creutzfeldt-Jakob Disease (CJD) in humans, by inducing the misfolding of normal proteins in the brain.

Prion diseases are characterized by a long incubation period, followed by rapid progression and high mortality. The suggestion that the spike protein of SARS-CoV-2, especially from certain variants, might contain prion-like domains raises concerns for several reasons:

- **Transmission risk —** If spike proteins with prion-like structures can be transmitted through blood transfusions, there might be a risk of inducing prion diseases in recipients. Prion diseases are notoriously difficult to diagnose early, have no cure, and are fatal, making any potential transmission through blood products a significant safety concern.
- **Detection and removal challenges —** Current blood screening processes do not specifically test for prions, partly because prion diseases are rare and partly due to the technical challenges in detecting prions at low concentrations. If spike proteins with prion-like properties are present in the blood of COVID jabbed individuals, existing blood safety protocols may not be adequate to prevent transmission.
- **Long-term safety concerns —** Prion diseases have long latency periods, meaning that symptoms can appear years or even decades after exposure. This delay complicates efforts to trace the source of an infection back to a blood transfusion and assess the safety of blood supplies over time.
- **Impacts on blood supply management —** Concerns about the potential risks associated with prion-like structures in spike proteins might lead to changes in donor eligibility criteria or the implementation of additional screening measures. These changes could impact the availability of blood products, which are critical for routine medical procedures.
- **Public confidence —** Public awareness of these potential risks, even if they are

> theoretical or have a very low likelihood of occurring, could affect individuals' willingness to donate or receive blood transfusions, thereby lowering blood donation rates and the overall trust in the safety of blood transfusions.

The authors stress the need for comprehensive studies to better understand the implications of these prion-like structures in the spike protein, not only for mRNA jab safety but also for the broader implications for public health measures like blood transfusion practices.

Other Potential Health Hazards of Contaminated Blood

Contaminated blood may also pose other serious health risks, including:

Reduced immune function among blood recipients — It's been shown that the more doses of the COVID shot you've received, the more likely you are to suffer future infections, either by SARS-CoV-2 or other viruses, due antibody-dependent enhancement.

Blood donations from people who have received several doses of mRNA injections may not provide adequate immunity against common infections, resulting in subclinical infections and diseases in recipients.

Formation of blood clots and amyloid aggregates — If the immune system of a blood recipient isn't strong enough to neutralize spike protein, blood clots and amyloid aggregates may also form.

Chronic inflammation — Prolonged exposure to the antigens from the COVID-19 shots can trigger the generation of IgG4 antibodies, resulting in chronic inflammation and immune dysfunction.

IgG4 antibodies are often associated with chronic exposure to antigens, such as those seen in persistent infections, certain cancers, and prolonged exposure to allergens. IgG4 antibodies are also associated with a unique condition known as IgG4-Related Disease (IgG4-RD), a fibro-inflammatory condition characterized by swellings or masses in affected organs.[4]

Blood Transfusions and the Risk of Autoimmune Diseases

The authors also raise concerns about the potential of contaminated blood to cause autoimmune diseases in recipients. Recent research found that the RNA pseudouridylation, a process in which uracil is swapped out for synthetic methylpseudouridine, can cause frameshifting, basically a glitch in the decoding, which can trigger the production of off-target aberrant proteins.

The antibodies that develop as a result may, in turn, trigger off-target immune reactions. In addition to that, lipid nanoparticles (LNPs), a key component of the COVID shots, have been identified as highly inflammatory and possessing more potent adjuvant activity compared to traditional vaccine adjuvants, which further increases the risk of an autoimmune response.

As reported in the featured paper:[5]

> “Recent studies have shown that RNA pseudouridylation can result in frameshifting. It is not yet clear whether a portion of the pseudouridinated mRNA for the spike protein is translated into another protein of unknown function in vaccine recipients. If these proteins are also pathogenic, additional testing for such frameshift proteins may be needed in the future.
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> Even if a frameshift protein is not toxic, it must be foreign to the body and could cause autoimmune disease. In addition, LNPs themselves are highly inflammatory substances … LNPs have been found to have stronger adjuvant activity than the adjuvants used in conventional vaccines, and there is also concern about autoimmune diseases resulting from this aspect.
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> Thus, although it is not clear what the causative agent of autoimmune disease is, the large number of reported cases of autoimmune disease following genetic vaccination is extremely concerning.
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> The very mechanism of gene vaccines that causes one’s own cells to produce the antigens of pathogens carries the risk of inducing autoimmune diseases, which cannot be completely avoided even if mRNA pseudouridylation technology is used.
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> In this context, individuals with a positive blood test for spike protein may need to have interviews and additional tests for autoimmune disease indicators, such as antinuclear antibodies.
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> Alternatively, if the amino acid sequence of the protein resulting from the frameshift is predictable, these candidate proteins could be included in the initial mass spectrometry assay. In any case, it is particularly important to develop tests and establish medical care settings in anticipation of these situations.”

Proposals for Managing Blood Collection

The authors outline several specific proposals for managing blood collection and blood products from individuals who have received genetic “vaccines.” Given the variety of blood-related abnormalities observed post-jab, the researchers argue that rigorous and precautionary measures in blood handling and transfusion practices have now become a necessity.

A key part of the proposal involves conducting thorough interviews with potential blood donors. These interviews should cover their vaccination status, number of doses received, their COVID-19 infection history, and any symptoms they might be experiencing that could indicate conditions like post-vaccination syndrome (PVS), long-COVID or other complications.

The researchers also recommend deferral periods for blood collected from COVID jab recipients — 48 hours for mRNA shots and six weeks for AstraZeneca DNA jab recipients. A series of tests are also proposed to ensure the safety of collected blood, including:

Mass spectrometry to measure spike protein content	**PCR for detecting the presence of spike protein mRNA and DNA**
Testing for markers associated with autoimmune disorders	**Enzyme-linked immunosorbent assay (ELISA)**
Immunophenotyping	**Liquid biopsies combined with proteomics to detect and quantify spike protein and its mRNA**

The authors also note that policies and procedures must be constantly revised as new risks and problems with blood products derived from mRNA and DNA jab recipients are identified.

Ensuring Safety of Current Blood Products

The paper also reviews strategies to ensure the safety of blood products already collected, highlighting the complex challenges that medical institutions, regulatory bodies, and the broader healthcare ecosystem must navigate in the wake of widespread use of mRNA injections.

The primary concern is the risk posed to patients by the use of blood products from donors who have received gene-based injections without confirming the presence or absence of spike proteins or modified mRNA. To ensure their safety, methods to quantify potential contaminants must be developed and implemented as soon as possible.

Another critical issue that must be addressed is the current lack of reliable methods to remove spike proteins or modified mRNA from blood products. The authors warn that, given the potential persistence, low solubility, heat resistance, and radiation resistance of these components, current methodologies are inadequate for the job. The only solution, they say, is to discard all blood products found to contain these contaminants until effective removal techniques are established.

Researchers Call for Widespread Blood Testing

Additionally, the researchers call for widespread testing of both jabbed and unjabbed to assess the potential transmission of spike proteins through exosomes (so-called shedding).

As noted by the authors:

> "… when exosomes collected from vaccine recipients were administered to mice that had not been vaccinated with the genetic vaccine, the spike protein was transmitted.
>
> Therefore, it cannot be denied that the spike protein and its modified genes can be transmitted through exosomes. For this reason, we suggest that full testing be done initially, regardless of genetic vaccination status, and that a cohort study be conducted to quickly capture the full picture …
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> In addition … it cannot be ruled out that even those who have not been vaccinated with the genetic vaccine, but have had long COVID, may have residual spike proteins or fibrin- derived microthrombi in their bodies, so it would be advisable to conduct the

same testing and follow-up as for genetic vaccine recipients.

The presence or absence and amount of anti-nucleocapsid antibodies as well as antibody isotypes may be an indicator(s) in distinguishing whether genetic vaccination or long COVID is the cause. In any case, these cohort studies are expected to help establish cutoff values for blood levels of spike protein and other substances to determine the safety of blood products.

Faksova et al. conducted a large cohort study of 99 million people using a multinational Global Vaccine Data NetworkTM (GVDN®) and found a significantly increased risk of myocarditis, pericarditis, Guillain-Barre syndrome, and cerebral venous sinus thrombosis in genetic vaccine recipients."

Ensuring the traceability of blood products and establishing a rigorous legal and regulatory framework to manage the myriad issues arising from the use of blood products derived from COVID jabbed individuals are also paramount. This includes creating systems for the registration of all potential donors, ensuring the traceability of blood products, and conducting recipient outcome studies.

Call to Pause: Evaluating the Risks and Benefits of Genetic Vaccines for a Safer Future

In conclusion, the authors point out that if we continue using mRNA-LPN-based platforms to replace conventional vaccines or create new ones, then the risks to our blood and bone marrow supply will be augmented further.

"The impact of these genetic vaccines on blood products and the actual damage caused by them are unknown at present," they write.[6]

"Therefore, in order to avoid these risks and prevent further expansion of blood contamination and complication of the situation, we strongly request that the vaccination campaign using genetic vaccines be suspended and that a harm-benefit assessment be carried out as early as possible, as called for by Fraiman et al.[7] and Polykretis et al.[8]

[T]he health injuries caused by genetic vaccination are already extremely serious, and it is high time that countries and relevant organizations take concrete steps together to identify the risks and to control and resolve them."

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Notes

[1, 3, 5, 6] Preprints.org March 15, 2024

[2] Jeff Dornik Substack March 22, 2024

[4] Stat Pearls IgG4-Related Disease

[7] Vaccine 2022 Sep 22;40(40):5798-5805

[8] Autoimmunity 2023 Dec;56(1):2259123

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