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Short Communication

COVID-19 Vaccines-Safety First, Alleged "Greater Good" Last -

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Some experts say that mandatory COVID-19 vaccinations will be necessary when COVID-19 vaccines are ready. But a red flag was raised when one of the five core candidates of Operation Warp Speed Vaccines of COVID-19 [1] showed a transverse myelitis-like case in its third vaccine trial [2]. The Gallup poll presented that 35 percent of Americans really do not want to get vaccinated for COVID-19 [3]. When COVID-19 attacked us, it was believed to cause 10 million death globally when it first became pandemic [4]. But we know now that it only caused about one million global deaths (983,751 Global Deaths in 32,273,576 Global Cases as of Sep 25, 2020) [5], which is much less than 1/30 of that of 1918 Spanish flu [4]. Antibody testing showed that the case fatality ratio of COVID-19 is similar to those of the seasonal influenza [6]. At first, almost all the governments of the world were neither equipped with ventilators, efficient therapeutics, nor we knew the epidemic patterns of it. Now we-government's officials, hospital managers, nurses, clinicians, researchers, and First Aid Responders-have sufficient care techniques and facilities to take care of COVID-19 patients and tier-to-tier therapeutic measures to cope with COVID-19 [7]. People want safe vaccines and need to know whether the COVID-19 vaccine (SARS-CoV-2 Vaccine at Warp Speed) [1] is really necessary and safe.

While 35 percent of Americans do not intend to get COVID-19 vaccines, some opinion-makers say that COVID-19 vaccines will become mandatory and COVID-19 vaccination certificates would be required before using airlines or public passenger cars, entering sports clubs, buildings, and shops, obtaining driver's licenses, or doing anything in public [3]. Some experts envision that compulsory vaccinations could be mandated by law of states or of the federal government, as they already do with smallpox, pertussis, chickenpox, measles, mumps, and rubella to essential workers, soldiers, and public-school attendances. But there are doctors who insist that vaccines are unnecessary and in fact hazardous [8].

There are five main groups of reasons that we cannot accept COVID-19 vaccines at this stage. First reason is supported by the epidemiologic and the vaccine trial data. Not only COVID-19 has much lower (1/30 of) global deaths than that of 1918 Spanish flu, but also COVID-19 fatality ratio shows a notable downward trend since the SARS-CoV-2 testing became more widely and globally available and a majority of confirmed cases exhibited mild symptoms, and as doctors became to have successful therapeutic experiences to save COVID-19 patients [9]. As a result, we learned to fear COVID-19 less as we discovered more about COVID-19, especially as we know that COVID-19 was not as risky as the Spanish flu but it exhibits similarity with an annual flu with a more perennial pattern because it is an artificial one [10]. The number of total persons who died of COVID-19 is similar to that of usual annual flu: in some areas (e.g., South Korea) the number of total death is only 1/7 of it or about twice higher than that of endemic flu in some other areas (e.g., the U.S.A.) [11]. Here are data of three vaccine trials. There was a recent accident of a transverse myelitis-like case during the vaccine trial [2]. Moderna mRNA-1273 vaccine showed more severe side effects in the booster vaccination than in the primary vaccination (by the booster vaccination, all the participants both in 100-μg and 250-μg groups showed side effects and 21% of them reported one or more severe events) [12]. Non-replicating adenovirus type-5 (Ad5)-vectored COVID-19 vaccine showed more side effects in a longer duration (5% showed side effects within 14 days, but within 28 days 1% of participants showed severe Grade 3 side effects and 76% of them displayed other side effects) [13]. The low death toll of 1/10 of the expected global death of 10 million [4] and vaccine trial data of very high ratio of side events may indicate that COVID-19 vaccines deserve to have neither any "Warp Speed" permission [1] nor any compulsory vaccination laws. All the five core vaccine candidates were not conducted on animals to further test long-term effects of the vaccines [1]. Thus, the long-term harmful or beneficial effects of COVID-19 vaccines need to be followed at least up to 5th generations of Syrian hamsters (This is possible if hamsters are taken care of only for one year) to observe any long-term effects and other pathological effects of the candidate vaccines, with a goal of providing indispensable data which simply cannot be obtained through the "Warp Speed" [1] human trials. A Syrian hamster model demonstrated enough evidences to be used for the development of SARS-CoV-2 vaccines and for the understanding of pathogenesis: intranasal infection of SARS-CoV-2 showed its characteristic multilobular ground glass lung consolidations, and mounted neutralizing antibody and convalescent sera to naïve Syrian hamsters protected against rechallenges of SARS-CoV-2 [14].

Second groups of reasons come from the test results related with the immunity for COVID-19. In the aspect of the cellular immunity, pre-existing SARS-CoV-2 spike glycoprotein (S)-reactive CD4$^+$ T cells were found in 51.4% (i.e., 19/37) of SARS-CoV-2-naïve healthy blood donors, which were probably generated during past encounters with endemic common cold viruses [15]. In the aspect of the humoral immunity, the antibody tests of SARS-COV-2 were positive in about 10% of the general population (ranging from 2.8% in Santa Clara, CA to 24.7% in New York city, NY), which indicated that about 10% of the population experienced asymptomatic COVID-19 without knowing that they had the SARS-CoV-2 viral infections [6]. These two data signify that over the half (or about 61.4%) of the general population may already have protective immunity against the COVID-19 even without separate COVID-19 vaccinations. These data may ask before-trial analyses of pre-existence of SARS-CoV-2 antibody and of SARS-CoV-2 S-reactive CD4$^+$ T cells in the voluntary applicants of stage 3 COVID-19 vaccine trials to control the confounding effects by the preexisting humoral and cellular immunities of the participants. Or at least, the importance of after-trial analyses of immunologic markers for all the participants of stage 3 COVID-19 vaccine trials should be noted so that researchers can identify the real effects of the COVID-19 vaccine candidates without the background or preset effects from pre-existing humoral and cellular immunities of previous exposures. When we compare the antibody formation and the presence of SARS-CoV-2-reactive CD4$^+$ T cells of the the vaccinated- and the non-vaccinated groups, we can identify the true efficacy of the vaccines. If we get the result of high rate presence of pre-existing immunities in the non-vaccinated group, then we may reevaluate the policies of mandatory vaccinations of COVID-19, of the compulsory choices of the workers in a workplace to be vaccinated or to be terminated [16] or of any enforcements of the government or by any authorities to vaccinate.

The third group of reasons is related to an unacceptable but real global plan known to us by two presentations and by two projects: a Hong Kong scientist Dr. Li-Meng Yan, who interviewed with FOX News, shared that COVID-19 was an artificially made a "Frankenstein with a bear's head, a rabbit's ear, and a monkey's hand" in the Wuhwan Laboratory, which is controlled by the Chinese Communist

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Party [10] and the other presentation is that an unidentified speaker addressed to the World Health Organization Council on Eugenics on Feb 25, 2009, "Once the herd accepts mandatory forcible vaccination, it's game over! They will accept anything-forcible blood or organ donation-for the 'greater good'. We can genetically modify children and sterilize them-for the 'greater good'. Control sheep minds and you control the herd. Vaccine makers stand to make billions, and many of you in this room today are investors. It's a big win-win! We thin out the herd and the herd pay us for providing extermination services. Now, what's for lunch?" [17] These two presentations make one story even though they were made 11 years apart-'some party' made SARS-CoV-2 and 'some party' planned to misuse COVID-19 vaccinations. In addition to these presentations and allegations, there are other two projects that make us hesitate to choose COVID-19 vaccines: the first is the Project Jump Start of 138 million US$ RFID (Radio-Frequency Identification) Chip insertion into the COVID-19 vaccines [18] and the second one is an allegation of the Hydrogel and Quantum Dot COVID-19 vaccines of Celeste Solum, which was supported by the Homeland Security and FEMA [19]. We understand that the allegation of COVID-19 vaccines-it can change our human DNA to make a humanoid and will make every human being register in & connect up to a Super computer to control every person by it in the long run [20].

The fourth group of reasons lies in the character of SARS-CoV-2 itself. SARS-CoV-2 has been continually modifying itself and WHO identified six major clades with 14 subclades [21]. Like SARS-CoV-2, other CORONA viruses make so similar continual gene modifications that they made vaccinations against them useless; we have not a single common cold vaccine until now because they are too diverse to cover with any type of vaccines, and they are controllable without the help of any vaccines. There are high possibilities that the COVID-19 vaccines become useless in one or two years or even several months after COVID-19 vaccinations because of the swift changing character of SARS-CoV-2. Even though the neutralizing antibodies were made by COVID-19 vaccines, they may disappear in 3 month [22]. In addition, low-affinity antibodies made by COVID-19 vaccines of S or V clades to newly appeared GH or GR clades of SARS-CoV-2 may cause Antibody-Dependent Enhancement (ADE) of COVID-19 disease and harm the vaccinated persons [23].

The fifth group of reasons is related with our improved ability to treat COVID-19 patients. Currently we know how to enhance our innate immunity and how to treat COVID-19 not only in its mild to moderate or early stages (such as Tier 5, Tier 4, or Tier 3) but also in its severe (Tier 3) and critical stages (such as Tier 2 and Tier 1) [7]. In Tier 3, Tier 2, and Tier 1, dexamethasone, high density intravenous vitamin C, and convalescent sera injections saved many lives. Hydroxychloroquine is recommended to treat COVID-19 in early stages: among 67 global studies of hydroxychloroquine for the treatment of COVID-19, 53 studies showed positive results. And the rest 14 studies showed negative results: 10 of them used unusually high dosages of hydroxychloroquine in the late hospital days of critical stages (usually Tier 1 and Tier 2) of COVID-19 patients; two studies were supported by the Minnesota, where George Floyd died, Chinese Chamber of Commerce, the Alliance of Minnesota Chinese Organization and had faulty statistical data/analyses, [24] one study in Brazil used unusually high dosage (800mg instead of 400mg per day) of hydroxychloroquine and 25% of the study-participants were not confirmed cases, and the last one was the fake Lancet paper [25].

Mayo clinic revealed that COVID-19 vaccines did not prevent challenged COVID-19 infections and some vaccines in fact caused complications such as COVID-19 vaccine-associated enhanced respiratory disease (ERD) in the animal vaccine study [26]. U.S. Department of Health and Human Services (HHS) provided a nonbinding guidance for COVID-19 vaccine industry to do an animal study: an antigen-specific Enzyme Linked Immunosorbent Assays (ELISA) for humoral immunity evaluation; the examination of $CD8^+$ and $CD4^+$ T cell responses to evaluate cellular immunity; and a neutralization assay to evaluate functional immune responses [27].

Table 1: A Comparison of different features between COVID-19 vaccines and a COVID-19 cocktail.

Subject	COVID-19 Vaccines	COVID-19 Cocktails [7,24]
Cellular Immunity of Adaptive immunity	88% of vaccinated persons show IFNγ T-cell response [13] (These T-cells may respond only to the structural N protein of mature virions) [15].	From 51.4% [15] to 81% [29] of general population may have SARS-CoV-2-specific INFγ responses to the N protein or to NSP7 and NSP13 (i.e., may have ORF1-specific T cells). These T-cells abort viral productions even before the formation of mature virions .
Humoral Immunity of Adaptive immunity	47% of vaccinated persons have neutralizing antibodies [13]—disappear in 3 months [22].	About 10% of general population may have COVID-19 antibodies (2.8 - 24.7%) [6].
Innate Immunity	No change.	COVID-19 cocktails significantly increase innate immunity to abort viral productions even before the formation of mature virions and dampen adaptive immunity to decrease a cytokine storm [30].
Antibody-Dependent Enhancement (ADE)	Preformed low-affinity antibodies may bind to virions to enhance their entry to FcγR-bearing cells and can have harmful effects in humans [23].	No or very scarce
Systemic side effects	All 15 in the 100-μg group showed systemic adverse events after the second vaccination [12]. All the five Warp Speed SARS-CoV-2 vaccines did not have a long-term animal test; which must be done to ensure the long-term safety of SARS-CoV-2 vaccines.	Some allergic persons to Hydroxychloroquine show vomiting, severe headache, or numbness. Long-term effects on cardiac arrhythmia and retinal damage should be considered. Taking Vit C, Vit D, and Zinc needs to be checked by a nutritionist.
RFID (Radiofrequency Identification) infusion	This will be done into the vaccines by the Project Jump Start [18].	Individual privacy, safety, and freedom can be kept by using a COVID-19 cocktail to prevent and to treat COVID-19.
Hydrogel and Quantum Dot infusion (an allegation)	The Homeland Security and FEMA have supported to do it [19].	
Vaccination Certificate (an allegation) [3,16]	Yes	No

But the guidance of the HHS also opened a way to do human tests without animal tests—so called "Warp Speed" vaccine development [1]. In the guidance, the department did ask neither the contents of vaccines nor a long-term animal study to confirm the indispensable long-term safety of vaccines.

Even though COVID-19 belongs to the Public Health Emergency of International Concern (PHIEC), first, its global deaths is less than two times of global flu deaths (of from 290,000 to 650,000 people per year) [11] just a 1/30 of that of 1918 Spanish flu, and a 1/10 of that of Bill Gates' prediction [4]. And the "COVID-19 Frankenstein" [28] hit only 1/10 of death toll as it was planned by the "some party". Second, the "Warp Speed" vaccines exhibited possible long-term side effects, yet no sufficient animal studies show how such long-term side events can be eliminated. We need the proven, long-term safety data [1]. Third, COVID-19 vaccines would be nullified even only after several months of vaccinations because of ever-changing characteristics of SARS-CoV-2 and of about 3 months span of neutralizing antibodies [22]. Fourth, up to 91% of us may have pre-existing immunities against the SARS-CoV-2 before COVID-19 vaccinations through SARS-CoV-2-specific T cells made by common cold infections of different human or animal coronaviruses (from 51.4% [15,22] to 81% [22,29]) or through COVID-19 antibodies of previous COVID-19 infections (10% of persons with neutralizing antibodies or 2.8~24.7% of persons with total antibodies) [6]. Fifth, we have efficient therapeutic measures to treat COVID-19 and to elevate our innate immunity against the COVID-19 through a COVID-19 cocktail [7,24]. Lastly, but most importantly, we cannot dismiss the allegation without further studies that the "some party" made the "COVID-19 Frankenstein" and planned to connect our brain up to the Super computer and make us a humanoid by a COVID-19 vaccine (Table 1). In this context, it is a very preposterous thing to enforce the mandatory vaccination and to impose COVID-19 vaccination certificates in the free world.

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