

ABOUT THE FLU, INFLUENZA AND THE CORONAVIRUS VACCINES

Since the declaration of the State of Alarm (15 of March 2020) we, here at the "Liga para la Libre Vacunación-LLV" (The League for the Freedom of Vaccination), have received many enquiries referring to the mandatory vaccine of the flu and the coronavirus and about the suitability of the mentioned.

This document initiates the 2020-2021 Campaign for the Freedom Vaccination of the Flu and of the Covid-19.

Fabrication

For months now, the departments of investigation from medical and biology faculties have worked to elaborate a vaccine for the coronavirus, all with public money, private donations and the pharmaceutical companies on a national level (Spain) and the European Community. Many investigations and extremely high economic investments are being risked as the objective of having at least 75% of the global population vaccinated is implemented.

In the Nations that have a Public Health Service installed, the vaccination will be implemented through the Social Services. Meanwhile the Nations without an established Public Health Service will proceed with the vaccination through NGOs (Non-Governmental Organizations).

In effect, there are two different orientations of investigations with the coronavirus vaccine.

1. The creation of a false virus or **an artificial virus** or **vector** through the manipulation of the genetic code of an adenovirus cultivated in pulmonary fetal tissue (RNA recombinant).

AstraZeneca (Oxford), Johnson, Reig Jofre and Sputnik V are some of the laboratories that are producing these types of vaccines.

2. Fabrication of a **RNAm** of the rhinovirus that will be recognized by our eukaryote cells, synthesize the protein S, produces the infection and the immune system will respond automatically creating antibodies.

Pfizer, BioTech y Moderna are some of the laboratories that are producing these types of vaccines.

Herd Immunity of the Flu and Covid-19 Vaccines

The response within the vaccinated population will be negative between 20-30%.

In the supposed case that a response to the coronavirus vaccine be positive, it's memory will be short.

The production of antibodies, in the best-case scenario, will last about 3 months.

Aluminum salts and other adjuvants, will increase the amount of squalene to extend the life span of the vaccine memory, if they wish to do so.

In the nations without Public Health Services a long memory vaccine will be used.

In the nations with a Public Health Service, annual vaccines with short memory will be applied and a separate vaccine for the flu will be implemented.

It is traditionally accepted that vaccines with short memory do not have a herd immunity.

The Microbiological and the Interferential Viral Niche

Millions of viruses exist in our organism.

Currently at least 200 types of viruses are known within the Flu, they are distributed in 6 families: influenza (A, B, C, D...), coronavirus (1, 2....19...), syncytial, rhinovirus, echovirus and adenovirus.

The inoculation of the coronavirus vaccine affects the environment where viruses, bacteria, fungal and protozoa normally live.

It can affect the prokaryote cells in diverse manners:

- Interfering with the saprophyte life of the viral niche, activating or disactivating viruses such as the flu, hepatitis, chickenpox, dengue, immunodeficiency, etc.
- Stimulating or canceling the biological niche of bacteria, fungal and the protozoa, creating disequilibrium in our microbiota.

And to the eukaryote cells:

• Modifying the DNA and RNA of our bodies, generating allergies, tumors, infections and autoimmune processes.

Post vaccination Epidemic

A generalized vaccination of the coronavirus will increment the flu epidemic and it will make it a permanent state in both the northern hemisphere and the south hemisphere.

The strains of the flu virus and the coronavirus will alter and new viruses, that where dormant, will emerge.

There will be an increase in mortality and morbidity from the flu, through allergies, autoimmune and tumors.

In the third age residencies, mortality will rise even more after the vaccination.

Mortality by the flu will increase in young people as well.

There will be an increase in complications within people with risk factors.

The vaccine will not cut the transmission, in effect it will increase it.

Components of the Flu and Cocid-19 Vaccine.

The Flu and the Covid-19 vaccines contain the following known components:

- RNAm/RNA viral recombinant
- Cloned fetal tissue
- Polyethylene glycol (PECG)
- Thiomersal 5 micrograms
- Polysorbate 80 5 milligrams
- Squalene 11mgr.
- Cholesterol
- Acetamide
- Phosphocholine
- ALC-3015
- Gentamicin

- Formaldehyde
- B-propiolactone
- Bromide
- Barium Sulfate
- Aldehyde
- Lactose
- Gelatin
- Albumin
- Potassium and Sodium Chlorine
- Sodium and Potassium Phosphates

These components can generate allergic, tumors, autoimmune, blood, infections and neurological reactions.

These are only a few of the known components of the actual product.

We expect to discover more with the years.

These vaccines will produce serious and frequent reactions among the population.

If in every 1,000/10,000 people vaccinated a serious reaction can occur, then in the 70 million of Europeans at risk and elderly that will be vaccinated in the season 2020-2021,-7,000/70,000 people will have the following reactions:

- Severe Allergic Reactions: anaphylactic crashes, bronchial asthma, digestive intolerance, dermatitis, etc.). Of every 10,000 doses, 1 person will be affected.
- Severe or chronic encephalitis: convulsions, epilepsy, conduct alterations, Alzheimer, Parkinson, Bell's and Guillain's-Barré paralysis, brain hemorrhage, cerebrovascular accidents, neuralgia, catalepsy, sleep alterations etc.

From every 1,000-10,1000 doses 1 person will be affected.

- Oculorespiratory syndrome: conjunctivitis + respiratory alterations.
- Autoimmune alterations: renal, pulmonary, neural, sanguine, etc.

From every 1,000 doses 1 person will be affected.

• Coagulopathies or coagulation alterations: hemorrhage, platelets reductions or thrombocytopenia.

From every 1,000 doses 1 person will be affected.

- Positive Seroconversions: hepatitis, immunodeficiency, etc.
- Lymphocytic hyperplasia: lymphoma, mononucleosis, etc.

References: File CHIROFLUX. Lab. Novartis 2014. File COVID-19. Lab. Pfizer, 2020.

Post-vaccination mortality of the Flu and Covid-19 Vaccines

The Influenza and the coronavirus vaccines will produce at least 1 death for every 250,000 people vaccinated in Europe and the World.

Of the 350 million European, the elderly and high-risk population are 20% of the population. A total of 70 million people will be vaccinated.

The calculated risk of death after vaccination would suppose 280 new deaths due to the Coivd-19 vaccine.

References:

Adverse Reactions to Medications. Boletin Informativo del centro Farmacovigilancia Madrid. Vol.24, N°3. Octubre 2017.

Types of Coronavirus Vaccines

In the following months we will find many vaccines in the markets of different countries (Europe, USA, China and Russia).

Currently the most well-known are the following:

Vaccines with RNAm: Pfizer, BioNTech and Moderna with a price of 20euros. 2 doses. The second given 3 weeks from the first one.

Vaccines with RNA viral vector recombinant: AstraZeneca, Johnson, Reig Jofre and Spuntnik V with a price of 3 and 9euros. Single dose only.

Absolute contraindications of the Flu and Covid-19 Vaccines

- In people who have suffered the flu and/or Covid-19
- Preconception
- Pregnancy
- Immunodeficiency
- Severe and Chronic Allergies
- Coagulation Alterations. Can interfere with pharmaceuticals such a sintrom and similar.
- Nephrosis and Renal Insufficiency
- Alterations in restrictive ventilatory like Asthma: Can intervene with xanthine.
- Autoimmune Diseases (digestive, neurological, vascular, coronary, renal sanguine)
- Neurological Diseases (ELA, Sclerosis in platelets, Alzheimer, Dystonia, etc).
- Cerebrovascular accident.

Bibliographic Reference: File COVID-19. Lab. Pfizer. 2020

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