Diabetes & its Complications

COVID-19, MMR Vaccine, and Bioweapons

J. Bart Classen, MD*

Classen Immunotherapies, Inc., 3637 Rockdale Road, Manchester, MD 21102, USA.

*Correspondence:
J. Bart Classen, MD, Classen Immunotherapies, Inc., 3637 Rockdale Road, Manchester, MD 21102, USA, E-mail: Classen@vaccines.net.

Received: 02 May 2020; Accepted: 12 May 2020

ABSTRACT

Diabetes is a high-risk factor for developing severe case of Covid-19. Success of different strategies to stop the COVID-19 epidemic depend heavily on whether COVID 19 is a bioweapon spread clandestinely or if its a naturally occurring infection spread randomly. Recently the US department of defense stated that COVID-19 pandemic may be a bioweapons attack. One way to help determine if the COVID-19 outbreak is a bioweapons attack is to determine if there is evidence of activity to immunize select groups prior to the release of COVID-19. Data included suggest MMR vaccination may help protect against COVID-19 and is supported by an independent group doing a different analysis. The potential benefits of the MMR vaccine on COVID-19 and the urgent efforts to immunize with MMR leading up to the COVID-19 outbreak need further investigation.

Keywords

Diabetes, COVID-19, Vaccine, Bioweapon.

Introduction

Diabetes is a high-risk factor for developing severe case of Covid-19. Success of different strategies to stop the COVID-19 epidemic depend heavily on whether COVID 19 is a bioweapon spread clandestinely or if its a naturally occurring infection spread randomly. Recently the US department of defense stated that COVID 19 pandemic may be a bioweapons attack. Many have analyzed the genome of COVID-19 to determine if there is evidence of it being an engineered bioweapon. Another way to help determine if the COVID-19 outbreak is a bioweapons attack is to determine if there is evidence of activity to immunize select groups prior to the release of COVID-19. If COVID-19 is a bioweapon then a vaccine is likely already available. If the outbreak is a bioweapon attack then determining who is responsible is important information needed to stop the spread and prevent future attacks.

There was an extreme urgency to immunize groups with measles mumps rubella vaccine in the US during 2018 and 2019. It is debatable whether the actions at certain private schools to no longer accept medical or religious vaccine waivers was justified by the public health risk of measles. A concern existed about a bioweapons attack involving MMR vaccine after observing individuals linked to clandestine activity aggressively attack the character of Andrew Wakefield, MD for suggesting the MMR vaccine may have adverse affects on the nervous system. The aggressive campaign to immunize with MMR vaccine in 2018 –2019 became suspicious after CDC data showed the measles epidemic in the US all but vanished in the months surrounding the arrest of Jeffrey Epstein. Based on these events I was prompted to do an literature review to determine if the COVID-19 epidemic was in any way linked to immunization with the MMR vaccine.

Methods

Popular databases for scientific papers on COVID-19 were searched including Medline, Google Scholar and Medrxiv.org. General searches on Google were performed. Popular blogs including Twitter were also scanned for leads on publications. Databases were scanned for papers on the incidence of COVID reported by age and for papers related to measles/mumps/rubella and coronavirus.

Results

Children in the COVID-19 pandemic have suffered substantially fewer serious health consequences as opposed to adults. While data points don't allow a statistical analysis regarding the MMR vaccine, they do provide interesting observations. Data exist that the protection against COVID-19 seen in children starts after 1 year of age and increases after 5 years of age. This protection follows protection to measles mumps rubella vaccine typically given at age 1 and 5. A paper reporting cases of COVID-19 in Bejing [1], showed a higher risk in children under one year of age

than children over age 1. I emailed the lead author who generously provided updated information to be shared: "of March 11, we have 4 patients under 1 year of old, and 12 patients aged 1-15. In our study, the time as to Feb 10, we have 3 patients under 1 year of old, and 8 patients aged 1-12 years old." The updated results indicate that the rate of COVID-19 in children under age one is 5 times higher than children age 1-15. An NIH paper [2] lacked the COVID-19 rates in children under 1 but confirmed a trend that there was a reduced risk of COVID-19 after age 5 years. Further literature searches revealed two papers that showed a vaccine against deadly coronavirus related to COVID-19 had been developed by genetically engineering measles vaccine [3,4]. A newer publication from Cambridge [5], indicates the unaltered MMR vaccine may have a protective effect on COVID-19 on its own.

Conclusion

There are observations described in this paper that warrant immediate and further investigation in order to develop an successful plan to stop the spread of COVID-19. My observation supports independent observation from Cambridge [5], that the MMR vaccine may protect against COVID-19. The relationship may not be by chance. Whether an vaccine enhanced to protect against COVID-19 was given to certain groups also needs to be determined. Antibody testing in children may be helpful to sort some of this out. Strategies to combat the spread on COVID-19 should include the possibility that the COVID-19 outbreak, like the anthrax attack, may be the act of a domestic group. The implication is that this group can publish misleading data to the detriment of the public.

A little over 30 years ago I trained in the Laboratory of Immunology, NIAID, NIH, Bethesda, MD. I witnessed first hand what I concluded was an illegal bioweapons research operation. Not surprisingly to me one individual from a nearby NIH satellite facility, Fort Detrick in Fredrick Maryland, was linked to the anthrax attack in 2001. The result of the anthrax attack was that Congress infused billions of dollars for bioweapons "defense" research to NIAID. Since my training at NIAID I have been following the field of bioweapons closely.

Many of us in the biomedical field have witnessed potential illegal bioweapons experiments in the civilian medical research field. We all must do our part to stop this activity and should not hesitate to report when we see questionable activity or we risk a future of recurrent bioweapons attacks. The only way we can truly stop bioweapons attacks is to become more open about reporting suspected illegal bioweapons research. We must demand individuals engaged in this activity are fully prosecuted. Failure to allow FBI agent Richard Lee Lambert to complete his investigation of the anthrax attack may have led to the problem we have today.

References

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