

Winning the War Against Therapeutic Nihilism and the Rush to Replace Trusted Treatments with Untested Novel Therapies

Peter A. McCullough, MD, MPH, FACC, FAHA, FASN, FNKF, FNLA, FCRSA
Chief Medical Advisor, Truth for Health Foundation
President, Cardiorenal Society of America
Editor-in-Chief, *Reviews in Cardiovascular Medicine*
Senior Associate Editor, *American Journal of Cardiology*
Tagline: <https://americaoutloud.com/the-mccullough-report/>

Dr. McCullough is an internist, cardiologist, epidemiologist. He maintains ABIM certification in internal medicine and cardiovascular diseases. He practices both internal medicine including the management of common infectious diseases as well as the cardiovascular complications of both the viral infection and the injuries developing after the COVID-19 vaccine in Dallas TX, USA. Since the outset of the pandemic, Dr. McCullough has been a leader in the medical response to the COVID-19 disaster and has published “Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection” the first synthesis of sequenced multidrug treatment of ambulatory patients infected with SARS-CoV-2 in the *American Journal of Medicine* and subsequently updated in *Reviews in Cardiovascular Medicine*. He has 46 peer-reviewed publications on the infection and has commented extensively on the medical response to the COVID-19 crisis in *TheHill* and on *FOX NEWS Channel*. On November 19, 2020, Dr. McCullough testified in the US Senate Committee on Homeland Security and Governmental Affairs and throughout 2021 in the Texas Senate Committee on Health and Human Services, Colorado General Assembly, New Hampshire Senate, and South Carolina Senate concerning many aspects of the pandemic response. Dr. McCullough has had one full-year of dedicated academic and clinical efforts in combating the SARS-CoV-2 virus and in doing so, has reviewed thousands of reports, participated in scientific congresses, group discussions, press releases, and has been considered among the world's experts on COVID-19.

September 17, 2021

Covid-19, Social Standing, and the New World Order

by [Wallace Garneau](#) | Sep 15, 2021

I have not had a Covid-19 vaccine. Let me open this article up right out of the gate by saying that. That does not mean I am anti-vaccine, or that I think the Covid-19 vaccines are unsafe or ineffective. I follow the science, and by that, I mean that I follow the...

COVID Q & A with Dr. Peter McCullough, #3

by [Malcolm Out Loud](#) | Sep 15, 2021

We, the general public are so

For New Biologic Products, Demand Safety, Safety, Safety

by [Dr. Peter McCullough](#) | Jun 5, 2021 | [Healthcare](#), [World](#)

This product of gain of function research in the Wuhan lab is what made SARS-CoV-2 super infectious and damaging to the body resulting in organ damage, respiratory failure, and blood clots. The CDC has verified a record 262,521 safety reports including 4,406 deaths, and 14,986 hospitalizations. These exceed the numbers for all previous vaccines in all years combined in history—making the COVID-19 the most dangerous vaccine of all time...



1976 U.S. swine flu vaccination program may offer lessons for COVID-19 pandemic

After months of negative media coverage, the Guillain-Barre reports brought an overdue end to the swine flu affair. Ford's programme was suspended in December 1976 with only some 20% of the US population (55M) vaccinated leaving 550 cases of Guillain-Barre and 25 deaths. And since the US government had offered liability coverage to the pharmaceutical manufacturers that summer, [hundreds of compensation claims](#) from Guillain-Barre claimants followed for years afterward.

Before it was cut short, the program's goal was to vaccinate every American by the end of 1976



[Mark Gollom](#) · CBC News · Posted: Dec 03, 2020 4:00 AM ET | Last Updated: December 3, 2020



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

Outline

- **New biological products**
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions



The great gamble of COVID-19 vaccine development

BY PETER A. MCCULLOUGH, OPINION CONTRIBUTOR — 08/17/20 10:30 AM EDT
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

86 SHARES



Just In...

Extremely rare orange lobster saved from grocery store

CHANGING AMERICA
— 4M 43S AGO

Election denialists smacked down by Idaho Secretary of State

STATE WATCH — 9M 38S AGO

Leveling the playing field for recycled plastics

OPINION — 10M 39S AGO

Ocasio-Cortez blasts Texas abortion law defender: 'Sometimes it takes years' to recognize sexual assault

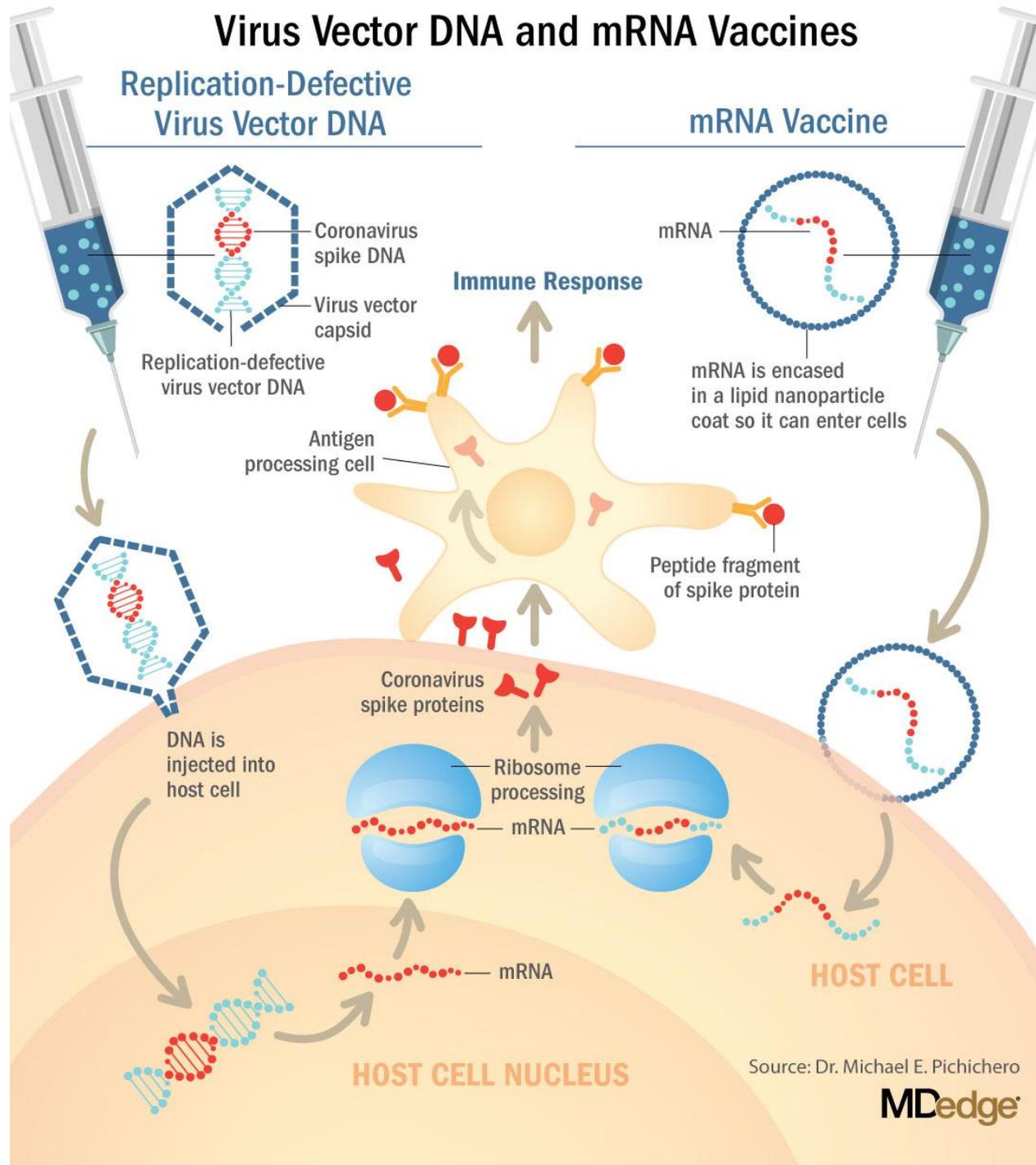


© Getty Images

We are over six months into the consequences of the SARS-Co-V2 pandemic in the United States. Patients, families and doctors are frightened, weary and frustrated by the lack of support from regulatory agencies — the National Institutes of Health, Food and Drug

Ads by Google
Stop seeing this ad
Why this ad? >

Virus Vector DNA and mRNA Vaccines



Clinical Concerns

- mRNA or adenoviral DNA induce production of the Spike protein
 - Cell, tissue, organ endothelial damage
 - Spike protein circulation (body fluids, donated blood)
- No genotoxicity, teratogenicity, or oncogenicity studies
- Concerning ovarian biodistribution study (Pfizer, Japan)
- Concerning reduced fertility study (Moderna, EMA)
- No EAC, DSMB, Human Ethics Committee
- No restriction of properly excluded groups from RCTs
 - Pregnant women, women of childbearing potential
 - COVID survivors, previously immune
- No effort to restrict vaccination according to risk for COVID-19 hospitalization and death
- No attempts to present or mitigate risks for public

Outline

- New biological products
- **COVID-19 Vaccine Safety Review**
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

September 17, 2021



Crushing the Lifeblood of Medical Science

by **Dr. Peter McCullough**

In this issue of The McCullough Report, we have some grave news about a concerning set of developments that have taken the COVID-19 crisis response and its consequences to the world to a whole new level. With the backdrop that free speech and scientific discourse is...

MCCULLOUGH REPORT

Vaccine Report Card From CDC/FDA is Long Overdue!

by **Dr. Peter McCullough** | Sep 6, 2021 | [Healthcare](#), [Politics](#),

The CDC/FDA holds all the data on differential efficacy of the vaccines and at 8 months into the public program, the agency's vaccine report card to America is long overdue. Americans are frustrated with the lack of transparency and want to make the most efficacious choice of vaccines and seek to understand how to take a shot and avoid the disastrous safety events of neurologic damage, myocarditis, blood clots, and paralysis...



Emerging COVID-19 Vaccine Mortality Signal by Jan 22, 2021 (~27.1 M)

VAERS COVID REPORTS

Through January 22, 2021

All vaccines before 2020
~158 total deaths/yr

182

DEATHS

455

HOSPITALIZATIONS

1702

EMERGENCY ROOM
OR URGENT CARE

969

OFFICE VISITS

106

ANAPHYLAXIS

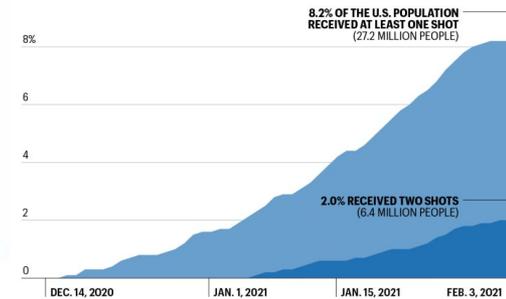
78

BELL'S Palsy

37

STROKE-LIKE
SYMPTOMS

COVID-19 U.S. VACCINE TRACKER



SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION

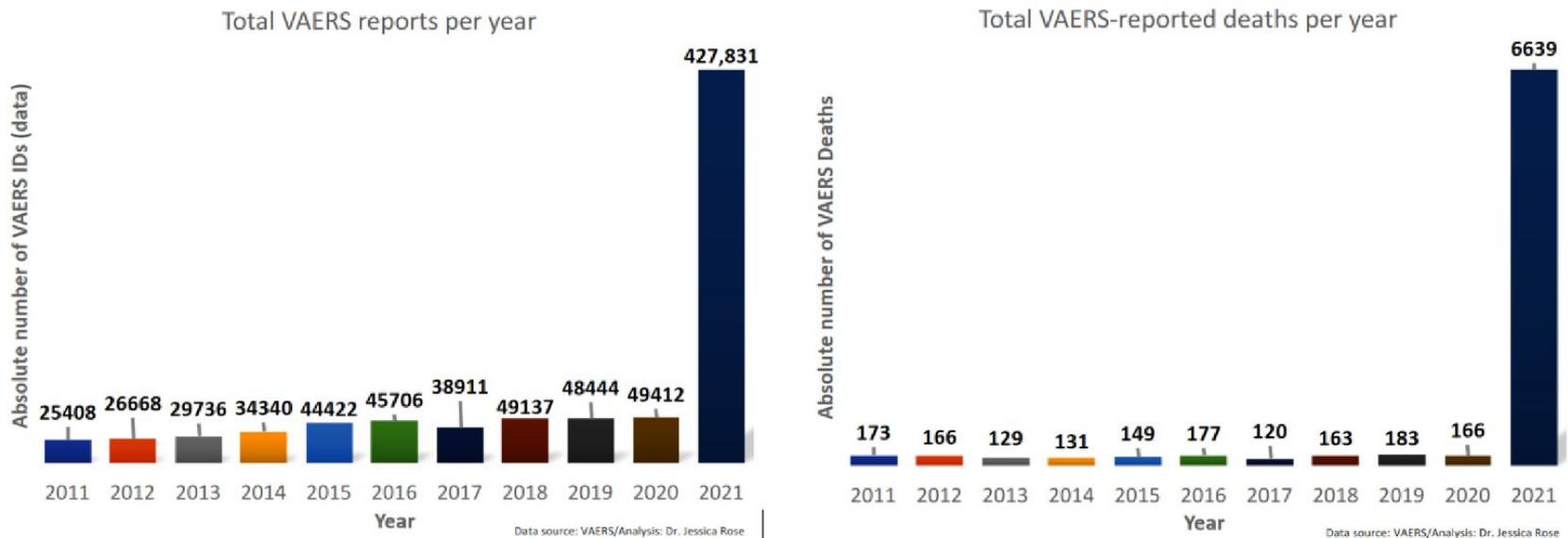
FORTUNE



Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?

Jessica Rose, PhD, MSc, BSc

Figure 1: Bar plots showing the number of VAERS reports (left) and reported deaths (right) per year for the past decade. (2021 is partial data set.)



Historical PreCOVID ~280M Injections/year:

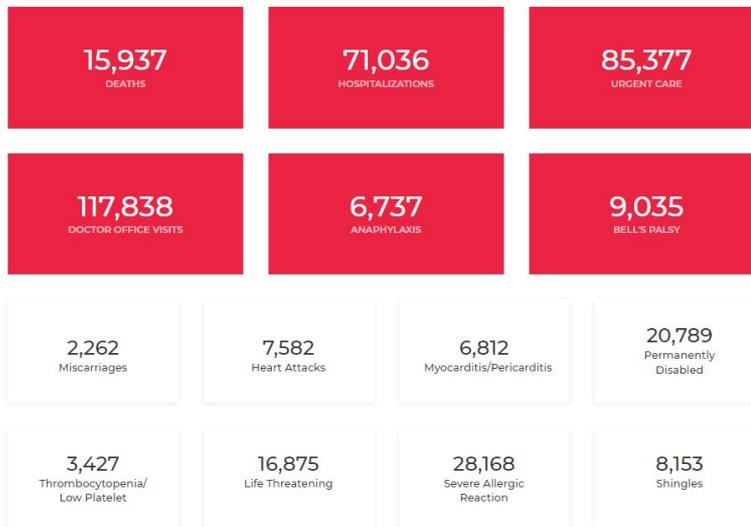
All ~70 vaccines average expected 16,320 VAERS total reports/yr, ~158 total deaths/yr

VAERS COVID Vaccine Adverse Event Reports

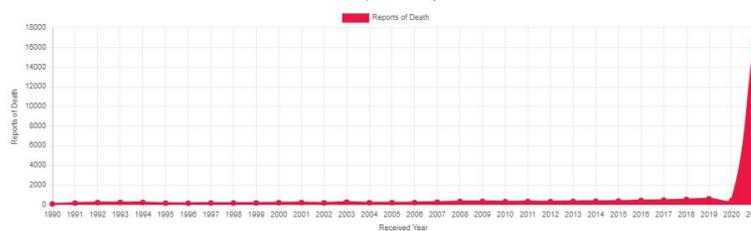
Reports from the Vaccine Adverse Events Reporting System. Our default data reflects all VAERS data including the "nondomestic" reports.

All VAERS COVID Reports US/Territories/Unknown

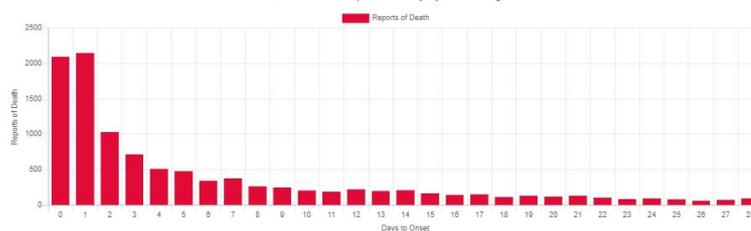
752,801 Reports
Through September 24, 2021



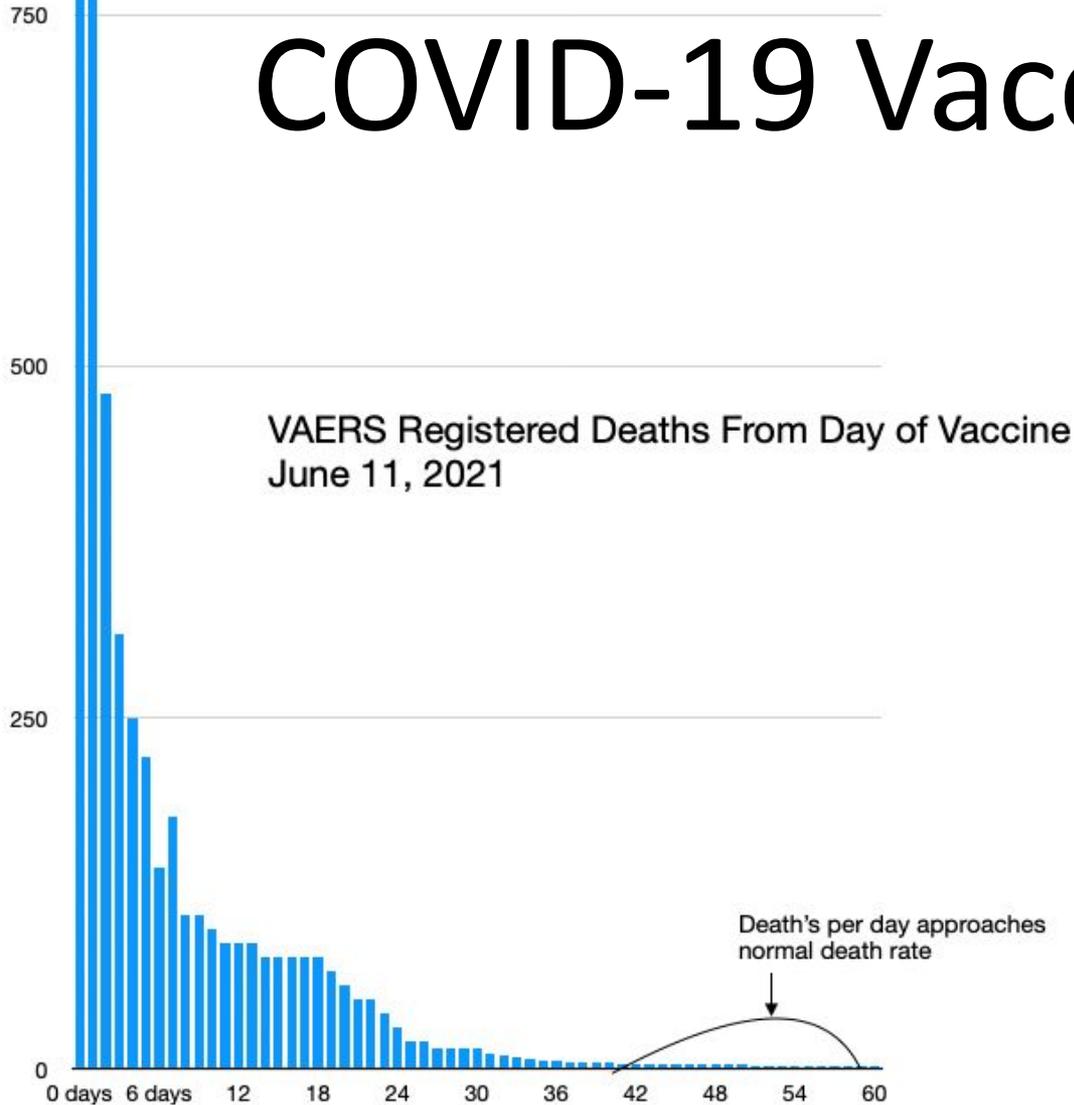
All Deaths Reported to VAERS by Year



VAERS COVID Vaccine Reports of Deaths by Days to Onset-All Ages



Day of Death after COVID-19 Vaccination



Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database

ResearchGate

Interim Results and Analysis

86% of deaths had no other explanation than the vaccine

Mclachlan, Scott & Osman, Magda & Dube, Kudakwashe & Chiketero, Patience & Choi, Yvonne & Fenton, Norman. (2021). Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim Results and Analysis. 10.13140/RG.2.2.26987.26402.

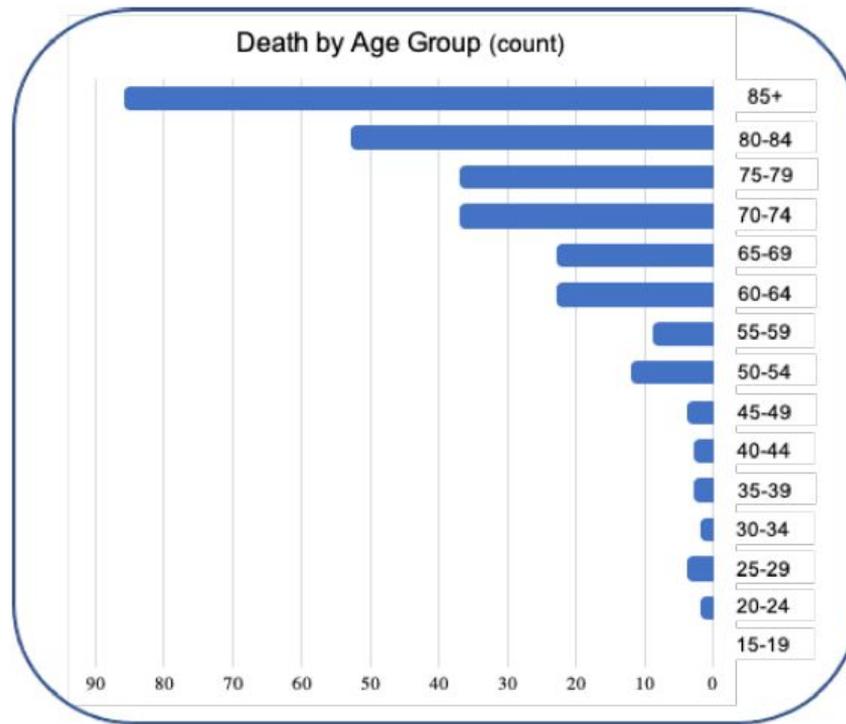
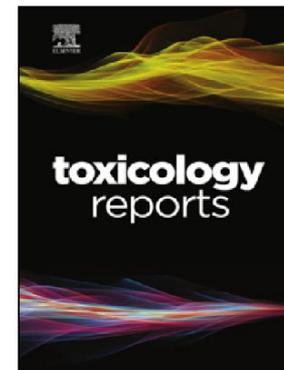


Figure 3: Death by Age Group

Much has been made in the media and academic literature about the need for protection and early vaccination of those aged 65 years and over. We believe this focus is the primary reason that 80% of the post-vaccination decedents reported are in this age group. Almost one-tenth (9%) expired within only 6 hours of their vaccination and 18% died in less than 12 hours. Over one third (36%) did not survive through to the following day.

Mclachlan, Scott & Osman, Magda & Dube, Kudakwashe & Chiketero, Patience & Choi, Yvonne & Fenton, Norman. (2021). Analysis of COVID-19 vaccine death reports from the Vaccine Adverse Events Reporting System (VAERS) Database Interim Results and Analysis. 10.13140/RG.2.2.26987.26402.

https://www.researchgate.net/publication/352837543_Analysis_of_COVID-19_vaccine_death_reports_from_the_Vaccine_Adverse_Events_Reporting_System_VAERS_Database_Interim_Results_and_Analysis

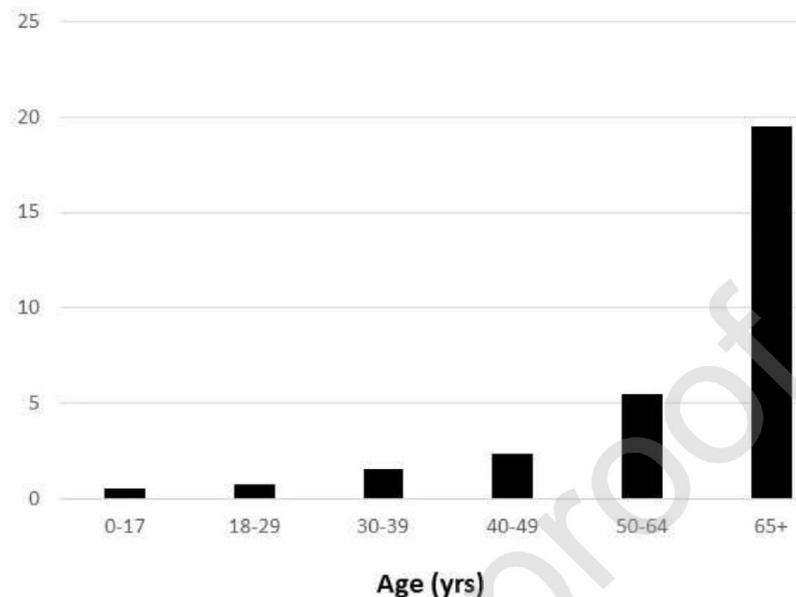
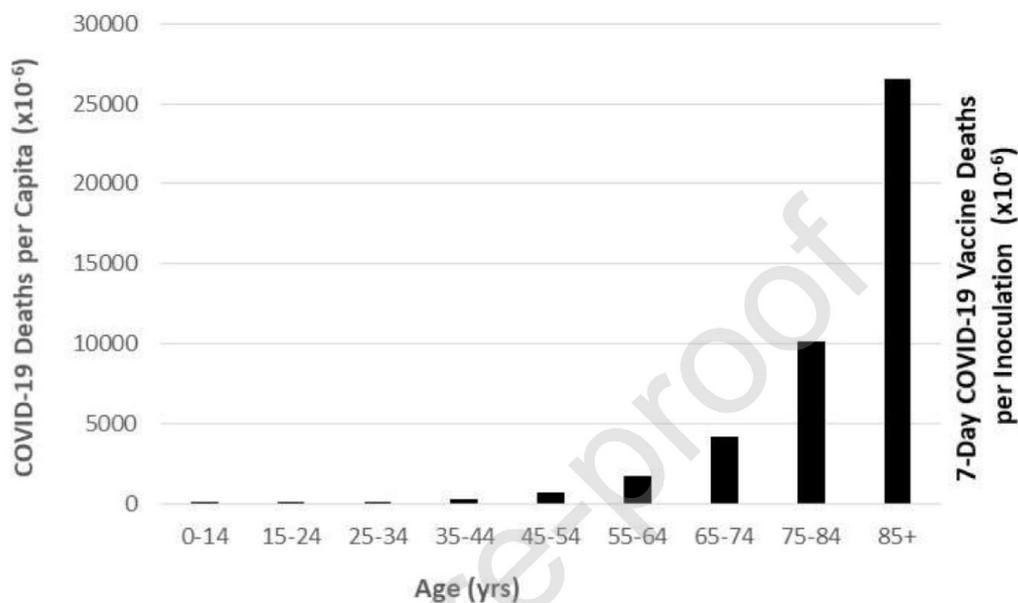


Why are We Vaccinating Children against COVID-19?

Ronald N. Kostoff, Daniela Calina, Darja Kanduc, Michael B. Briggs, Panayiotis Vlachoyiannopoulos, Andrey A. Svistunov, Aristidis Tsatsakis

PII: S2214-7500(21)00161-X

DOI: <https://doi.org/10.1016/j.toxrep.2021.08.010>





A Report on the U.S. Vaccine Adverse Events Reporting System (VAERS) of the COVID-19 Messenger Ribonucleic Acid (mRNA) Biologicals

Jessica Rose, PhD, MSc, BSc

Figure 5.3 Distribution by VAERS ID according to age in individuals who reported immunological adverse events

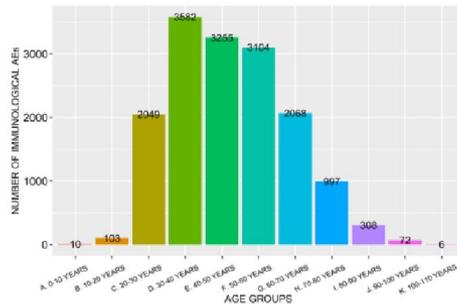


Figure 6. Distribution according to age in individuals who reported anaphylactic reactions

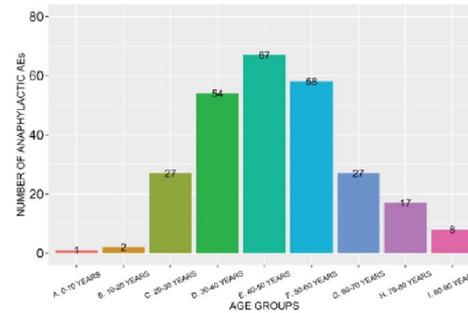


Table 3. Percentages of individuals reporting AEs following 24- and 48-hour periods

	AE within 24 hrs (% of cases)	AE within 48 hrs (% of cases)
Death	13	44
Hospital	15	47
ER	18	47

Table 4. Percentages of individuals experiencing AEs within 24- and 48-hour periods

	AE within 24 hrs (% of cases)	AE within 48 hrs (% of cases)
Cardiovascular	13	44
Neurological	15	47
Immunological	18	47

Analysis suggests that the vaccines are likely the cause of reported deaths, spontaneous abortions and anaphylactic reactions in addition to cardiovascular, neurological and immunological AEs. Based on the precautionary principle, since there is currently no precedent for predictability with regards to long-term effects from mRNA injections, extreme care should be taken when making a decision to participate in this experiment. mRNA platforms



Editorials

COVID-19 vaccine-induced immune thrombotic thrombocytopenia: An emerging cause of splanchnic vein thrombosis



- a) In the event of significant post-vaccination symptoms like severe abdominal pain, nausea/vomiting, melena or hematochezia, persistent high fevers, especially for > 2 days, further investigations should be performed, intentionally looking for unusual sites of venous thrombosis like SVT.
- b) Complete blood cell count with peripheral blood smear, D-dimer levels, coagulation profile, fibrinogen, and if clinically indicated, pertinent imaging studies such as venous compression ultrasound, or contrast-enhanced computed tomography of the abdomen should be performed to objectively document VTE or thrombosis of unusual sites.
- c) If venous thrombosis (e.g., CVST or SVT) and thrombocytopenia (platelet count < 150,000 × mm³) are confirmed, immediate consultation with an expert in clinical adult thrombosis/hematology, to further guide diagnostic and therapeutic approach, including more specific testing for HIT and VITT [11,12]. In this regard, the involvement of a VTE rapid response multidisciplinary team may be a suitable option, if such team is available.
- d) If the initial screening test of PF-4/heparin antibodies by ELISA is positive, then a classical heparin-induced platelet activation (HIPA) assay or a serotonin release assay (SRA) should be performed as a functional confirmatory test for VITT.
- e) If the diagnosis of VITT is made, consider high doses of IVIG for 1–2 days, non-heparin anticoagulants, and avoid platelet transfusions unless active bleeding is present; once thrombocytopenia has resolved (platelet count > 150,000 × mm³), consider switching to either DOACs or vitamin K antagonists for at least 6 months, with a close follow-up in a designated venous thrombosis/anticoagulation multidisciplinary clinic.

RESEARCH LETTER

Stage III Hypertension in Patients After mRNA-Based SARS-CoV-2 Vaccination

Sylvain Meylan¹, Françoise Livio, Maryline Foerster, Patrick James Genoud, François Marguet, Gregoire Wuerzner¹, on behalf of the CHUV COVID Vaccination Center

explicitly as an adverse event in both safety/immunogenicity trials. However, both phase I/II and III clinical trials for the mRNA vaccines included predominantly younger populations with a mean and median age of 31 and 52 years for the BNT162b2 vaccine⁴ and 31 and 51 for the mRNA-1273 vaccine.⁵ Although more data are needed to understand the extent and the mechanism of hypertension after mRNA-based vaccination, our data indicate that in elderly patients with a history of hypertension or significant prior cardiovascular comorbidities, prevaccination control of blood pressure and post-vaccination monitoring, including symptom screening, may be warranted.

September 17, 2021

America's Uniqueness Starts and Ends with the US Constitution

by [Paul Engel](#) | Sep 17, 2021

Decades of ignorance and apathy by the American people have reduced the supreme law of the land to an anachronism, a throwback to a time when rights, freedom, and liberty were important to them. Today, Americans seem more interested in being taken care of than...

COVID and Your Health

COVID Investigation: CDC Profits Off of the Chaos They

Weaponized COVID-19 Vaccine: Knife to the Heart

by [Dr. Peter McCullough](#) | Jun 16, 2021 | [Healthcare](#), [Politics](#),

COVID-19 vaccine-induced myocarditis or heart injury is a real and significant risk for young persons under age 30 years who are needlessly vaccinated. Many people this age have already had COVID-19 and are immune or maybe in the childbearing years where the vaccine...



Podcast

DISCUSSION

Principal findings

The main finding of this study was the cardiac adverse event (CAE) rates of 162/million and 94/million post- Pfizer-BioNTech BNT162b2 vaccination dose two for the 12-15- and 16–17-year-old boys, respectively. Approximately 86% of these resulted in hospitalization for both age groups. We included a case-finding method in VAERS which utilized the symptom “chest pain”

Conclusion

Our report found post-vaccination CAE rates following dose two of 162.2 and 94.0/million for boys 12-15 and 16-17, respectively. For boys with no underlying health conditions, the chance of either CAE, or hospitalization for CAE, after their second dose of mRNA vaccination are considerably higher than their 120-day risk of COVID-19 hospitalization, even at times of peak disease prevalence. The long-term consequences of this vaccine-associated cardiac inflammation are not yet fully defined and should be studied. In lieu of pediatric vaccination mandates, the US and adverse reactions

Figure 4. Symptom onset interval of Cardiac Adverse Events in days following vaccination among recipients with elevated troponin, by age

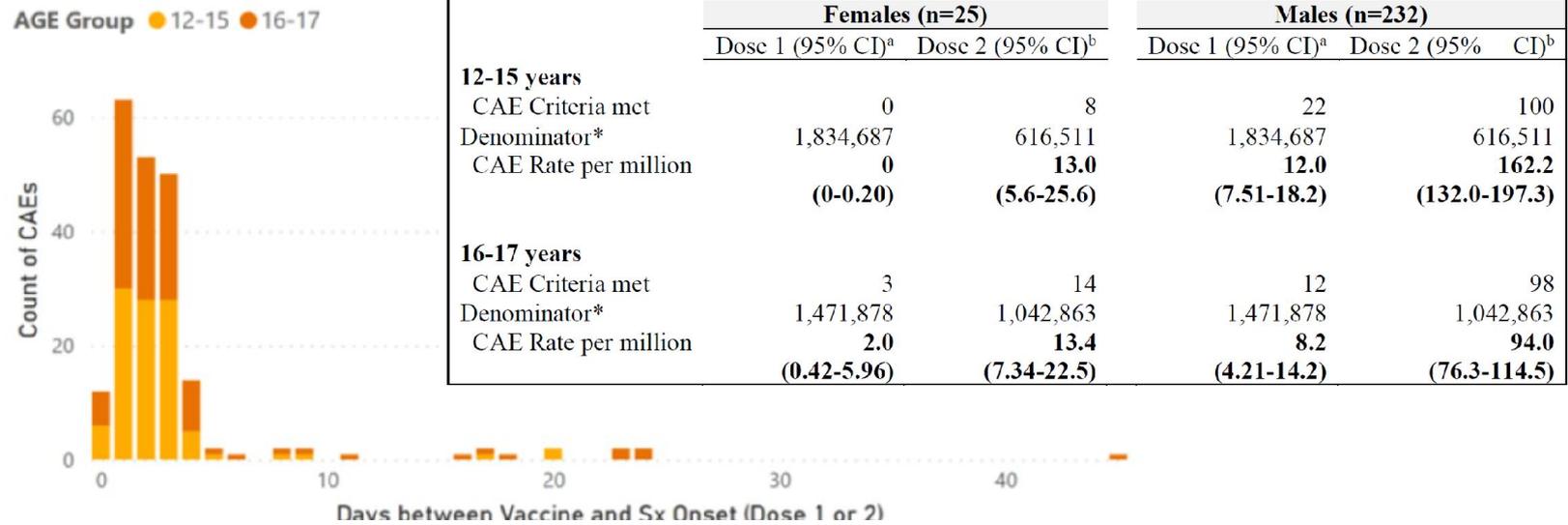
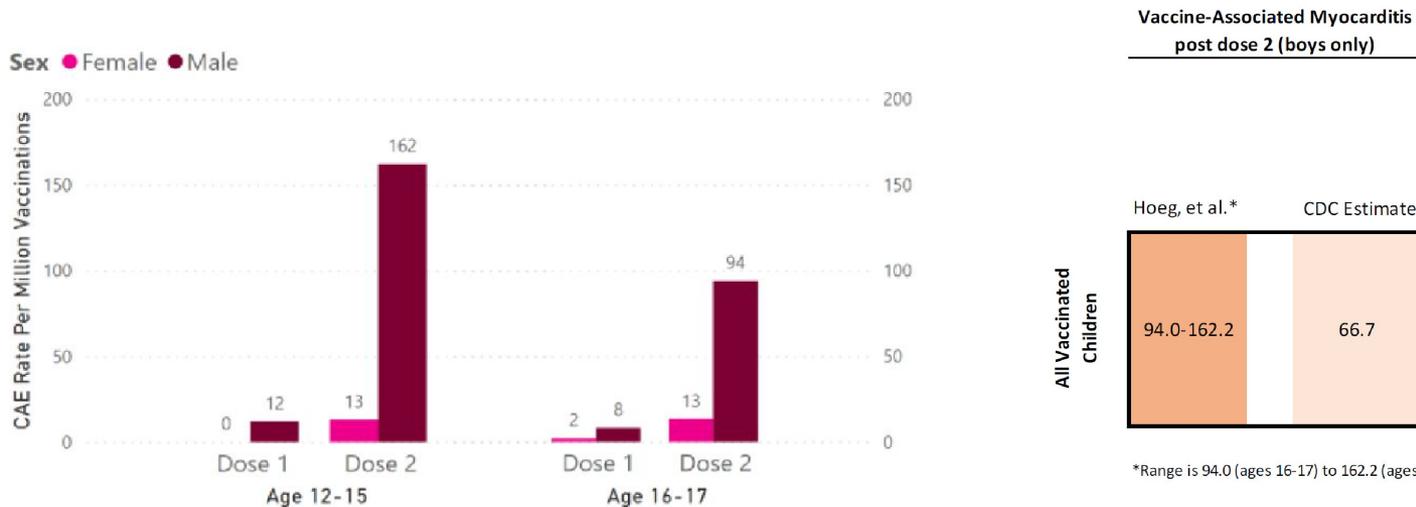


Figure 1. Cardiac Adverse Event (CAE) rate per million vaccinated persons, by age and sex and vaccination dose





September 8, 2021

News Highlights

The War Between Nationalists and Globalists

by [Karen Schoen](#)



COVID-19 Investigation: Empirical

Without Protection from Pharmaceutical Laws, Vaccines Will Do More Harm

by [Dr. Peter McCullough](#) | Jul 5, 2021 | [Healthcare](#), [Politics](#),



September 17, 2021

Covid-19, Social Standing, and the New World Order

by **Wallace Garneau**



The Unholy Alliance Between Big Pharma's Vaccines and Drugs and the FDA

by **Blaise Vanne**



COVID-19 Vaccines Not Safe for Human Use on Either Side of the Atlantic

by **Dr. Peter McCullough** | Jun 19, 2021 | Healthcare, Politics

Since the majority of the deaths occur within a few days of the vaccine administration, if the vaccine did not directly “cause” the death, it was undoubtedly in the causal pathway of these temporally related fatalities. Common narratives include vaccine-induced fatal heart attacks, strokes, blood clots, and blood disorders. 5,888 Americans have died and confirmed by the CDC, and possibly tens of thousands not reported or still backlogged at the CDC...



URGENT PRELIMINARY REPORT OF YELLOW CARD DATA ON VACCINES ADVERSE EVENTS REPORTED IN THE UK

CONCLUSION:
"An immediate halt to the vaccination programme is required whilst a full and independent safety analysis is undertaken to investigate the full extent of the harms."
Dr Tess Lawrie



"I would, therefore, like to draw your attention to the high number of covid-19 vaccine-attributed deaths and ADRs that have been reported via the Yellow Card system between the 4th January 2021 and the 26th May 2021. In total, 1,253 deaths and 888,196 ADRs (256,224 individual reports) were reported during this period.

The nature and variety of ADRs reported to the Yellow Card System are consistent with the potential pathologies described in this paper and supported by other recent scientific papers on vaccine-induced harms, which are mediated through the vaccine spike protein product (2,3). It is now apparent that these products in the blood stream are toxic to humans."

Tess (MBBCh, DFRH, PhD), as director of E-BMC Ltd, is committed to improving the quality of healthcare through rigorous research. Her range of research expertise, based on research experience in both developing and developed countries, uniquely positions her to evaluate and design research for a variety of healthcare settings. Tess is a frequent member of technical teams responsible for developing international guidelines. Her peer-reviewed publications have received in excess of 3000 citations and her ResearchGate score is among the top 5% of ResearchGate members. This report is supported by EbMC Squared CIC.

The MHRA now has more than enough evidence on the Yellow Card system to declare the COVID-19 vaccines unsafe for use in humans. Preparation should be made to scale up humanitarian efforts to assist those harmed by the COVID-19 vaccines and to anticipate and ameliorate medium to longer term effects. As the mechanism for harms from the vaccines appears to be similar to COVID-19 itself, this includes engaging with numerous international doctors and scientists with expertise in successfully treating COVID-19.



FULL REPORT AVAILABLE: WWW.E-BMC.CO.UK



TRANSFORMATIVE HEALTH JUSTICE SUPPORTS THE CALL MADE FOR A DECLARATION, AND HUMANITARIAN EFFORTS TO SUPPORT VICTIMS

September 17, 2021

New Israeli Covid Data Destroys Anthony Fauci and the CDC

by [Dr. Joel S. Holmes](#)

New Israeli Covid data destroys Anthony Fauci and the Centers for Disease Control and Prevention with their lies that the unvaccinated are driving the pandemic. And as always, the Marxist media are all too willing to protect Fauci and the out-of-control CDC by not...



Citizen Petition Urges FDA Against Premature Full Approval of Covid Vaccines

by [Dr. Peter McCullough](#) | Jun 6, 2021 | [Healthcare](#), [Politics](#)

Please see the notice to the US FDA from prominent leaders indicating the products are not sufficiently safe nor effective for full FDA approval. There are several action links for you to take an initiative. Many open, unanswered questions surrounding the efficacy and safety of COVID-19 vaccines must be answered before the FDA considers granting a full approval...



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- **Failure of COVID-19 Vaccines to Stop SARS-CoV-2**
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

The findings in this report are subject to at least six limitations. First, this analysis did not consider children, immunocompromised adults, or VE against COVID-19 that did not result in hospitalization. Second, the CIs for the Janssen VE estimates were wide because of the relatively small number of patients who received this vaccine. Third, follow-up time was limited to approximately 29 weeks since receipt of full vaccination, and further surveillance of VE over time is warranted. Fourth, although VE estimates were adjusted for relevant potential confounders, residual confounding is possible. Fifth, product-specific VE by variant, including against Delta variants (B.1.617.2 and AY sublineages), was not evaluated. Finally, antibody levels were measured at only a single time point 2–6 weeks after vaccination and changes in antibody response over time as well as cell-mediated immune responses were not assessed.



September 8, 2021

COVID-19 Investigation: Empirical Evidence For Preventative Strategies

by [Dr. Henry Ealy](#)



The Taliban's Goal in Governing

Failure of Vaccines and Truth Revealed

by [Dr. Peter McCullough](#) | Jul 19, 2021 | [Healthcare](#), [Politics](#),

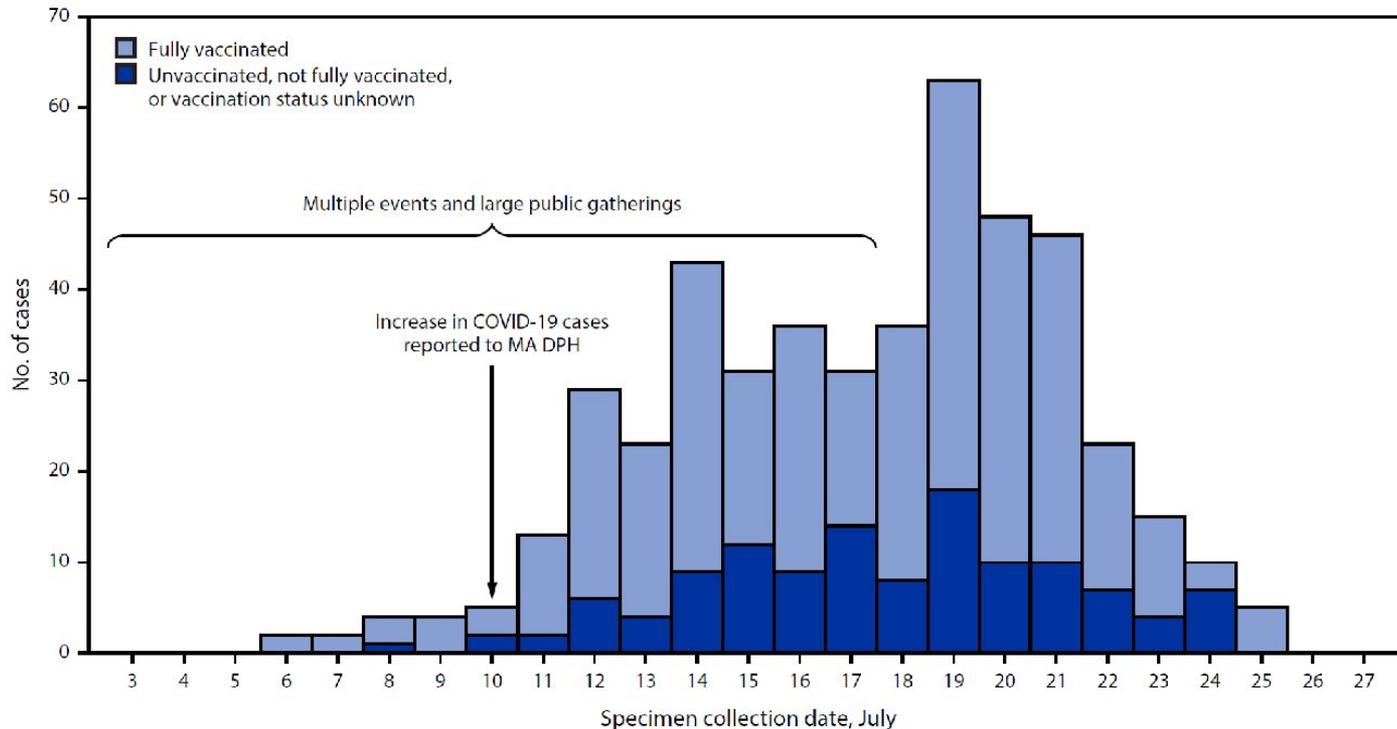
The HMS Queen Elizabeth reported an outbreak of 100 COVID-19 cases among 3700 fully vaccinated, socially distanced, and masked sailors. The lessons are clear for the military: they should reserve testing for only sick sailors and not put any stock on the vaccines as they clearly have failed. Mass vaccination, when it hits...



Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhika Gharpure, DVM²; Samira Sami, DrPH²; Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen R. Gallagher PhD¹; Timelia Fink¹; Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD³; Daniel J. Park, PhD³; Katherine J. Siddle, PhD³; Vaira Harik, MS⁴; Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁵; Amanda Kearns⁵; A. Scott Laney, PhD²

FIGURE 1. SARS-CoV-2 infections (N = 469) associated with large public gatherings, by date of specimen collection and vaccination status* — Barnstable County, Massachusetts, July 2021



Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence

Arjun Puranik¹⁺, Patrick J. Lenehan¹⁺, Eli Silvert¹, Michiel J.M. Niesen¹, Juan Corchado-Garcia¹, John C. O'Horo², Abinash Virk², Melanie D. Swift², John Halamka², Andrew D. Badley², A.J. Venkatakrishnan¹, Venky Soundararajan¹

¹ Inference, Cambridge, Massachusetts 02139, USA

² Mayo Clinic, Rochester, Minnesota 55902, USA

which either the Alpha or Delta variant was highly prevalent. We defined cohorts of vaccinated and unvaccinated individuals from Minnesota (n = 25,589 each) matched on age, sex, race, history of prior SARS-CoV-2 PCR testing, and date of full vaccination. Both vaccines were highly effective during this study period against SARS-CoV-2 infection (mRNA-1273: 86%, 95%CI: 81-90.6%; BNT162b2: 76%, 95%CI: 69-81%) and COVID-19 associated hospitalization (mRNA-1273: 91.6%, 95% CI: 81-97%; BNT162b2: 85%, 95% CI: 73-93%). However, in July, the effectiveness against infection was considerably lower for mRNA-1273 (76%, 95% CI: 58-87%) with an even more pronounced reduction in effectiveness for BNT162b2 (42%, 95% CI: 13-62%). Notably, the Delta variant prevalence in Minnesota increased from 0.7% in May to over 70% in July whereas the Alpha variant prevalence decreased from 85% to 13% over the same time period.

Failure of Pfizer-BNT Vaccine in Israel

ISRAEL CONFIRMED CASES, JULY 4 TO JULY 31

Age Group	Cases Fully Vaccinated	Cases Unvaccinated	Percent of Cases Fully Vaccinated	Percentage of Population Fully Vaccinated
20–29	2689	795	77.2%	71.9%
30–39	3176	881	78.3%	77.4%
40–49	3303	635	83.9%	80.9%
50–59	2200	359	86.0%	84.4%
60–69	2200	187	92.2%	86.9%
70–79	1384	100	93.3%	92.8%
80–89	540	61	89.9%	91.2%
90+	142	20	87.7%	89.7%
TOTAL	TOTAL	TOTAL	AVERAGE	AVERAGE
20–90+	15634	3038	86.0%	84.4%

Source 1: <https://data.gov.il/dataset/covid-19/resource/9b623a64-f7df-4d0c-9f57-09bd99a88880>

Source 2: <https://datadashboard.health.gov.il/COVID-19/general>

On May 25, 2021, this report was posted online as an MMWR Early Release.

CDC COVID-19 Vaccine Breakthrough Case Investigations Team ([View author affiliations](#))

[View suggested citation](#)

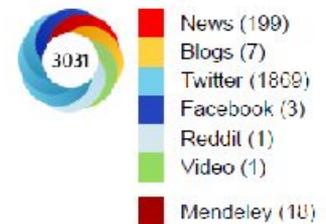
COVID-19 vaccines are a critical tool for controlling the ongoing global pandemic. The Food and Drug Administration (FDA) has issued Emergency Use Authorizations for three COVID-19 vaccines for use in the United States.* In large, randomized-controlled trials, each vaccine was found to be safe and efficacious in preventing symptomatic, laboratory-confirmed COVID-19 (1-3). Despite the high level of vaccine efficacy, a small percentage of fully vaccinated persons (i.e. received all recommended doses of an FDA-authorized COVID-19 vaccine) will develop symptomatic or asymptomatic infections with SARS-CoV-2, the virus that causes COVID-19 (2-8).

CDC is working with state and territorial health departments to investigate SARS-CoV-2 infections among persons who are fully vaccinated and to monitor trends in case characteristics and SARS-CoV-2 variants identified from persons with these infections. For this surveillance, a vaccine breakthrough infection is defined as the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥ 14 days after receipt of all recommended doses of an FDA-authorized COVID-19 vaccine. State health departments voluntarily report vaccine breakthrough infections to CDC.¹ When possible, genomic sequencing is performed on respiratory specimens that test positive for SARS-CoV-2 RNA (9).

A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021. Among these cases, 6,446 (63%) occurred in females, and the median patient age was 58 years (interquartile range = 40-74 years). Based on preliminary data, 2,725 (27%) vaccine breakthrough infections were asymptomatic, 995 (10%) patients were known to be hospitalized, and 160 (2%) patients died. Among the 995 hospitalized patients, 289 (29%) were asymptomatic or hospitalized for a reason unrelated to COVID-19. The median age of patients who died was 82 years (interquartile range = 71-89 years); 28 (18%) decedents were asymptomatic or died from a cause unrelated to COVID-19. Sequence data were available from 555 (5%) reported cases, 356 (64%) of which were identified as SARS-CoV-2 variants of concern,⁵ including B.1.1.7 (199; 56%), B.1.429 (88; 25%), B.1.427 (28; 8%), P.1 (28; 8%), and B.1.351 (13; 4%).

Article Metrics

Altmetric:



Citations: 0

Views: 105,509

Views equals page views plus PDF downloads

[Metric Details](#)

References

Related Materials

PDF [171K]

COVID-19 Vaccine Breakthrough Case Investigation and Reporting



As of July 26, 2021, [more than 163 million people](#) in the United States had been fully vaccinated against COVID-19.

During the same time, CDC received reports from 49 U.S. states and territories of 6,587 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died.

Hospitalized or fatal vaccine breakthrough cases reported to CDC	6,587	
Female	3,193	(48%)
People aged ≥65 years	4,868	(74%)
Asymptomatic infections	1,219	(19%)
Hospitalizations*	6,239	(95%)
Deaths†	1,263	(19%)

COVID-19 Vaccine Breakthrough Case Investigation and Reporting



Hospitalized or fatal COVID-19 vaccine breakthrough cases reported to CDC as of August 23, 2021

As of August 23, 2021, more than 171 million people in the United States had been fully vaccinated against COVID-19.

During the same time, CDC received reports from 49 U.S. states and territories of 11,050 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died.

	Deaths [Total=2,063]		Hospitalized, non-fatal [Total=8,987]	
Females	919	(45%)	4,300	(48%)
People aged ≥65 years	1,801	(87%)	6,268	(70%)
Asymptomatic or not COVID-related*	440	(21%)	2,205	(25%)

*Patient had no symptoms of COVID-19 or their hospitalization or death was not COVID-related

Previous data on all vaccine breakthrough cases reported to CDC from January–April 2021 are [available](#).

1 COVID-19-associated hospitalizations among vaccinated and unvaccinated adults ≥ 18 years – COVID-
2 NET, 13 states, January 1 – July 24, 2021

3 Authors:

4 Fiona P. Havers, MD, MHS^{1,2}; Huong Pham, MPH¹; Christopher A. Taylor, PhD¹; Michael Whitaker, MPH¹;
5 Kadam Patel, MPH^{1,3}; Onika Anglin, MPH^{1,3}; Anita K. Kambhampati, MPH⁴; Jennifer Milucky, MSPH¹;
6 Elizabeth Zell, MStat^{1,4}; Shua J. Chai, MD, MPH^{5,6}; Pam Daily Kirley, MPH⁶; Nisha B. Alden, MPH⁷; Isaac
7 Armistead, MD MPH⁷; Kimberly Yousey-Hindes, MPH, CPH⁸; James Meek, MPH⁹; Kyle P. Openo, DrPH^{9,10};

The COVID-19 Hospitalization Metric in the Pre- and Post-vaccination Eras as a Measure of Pandemic Severity: A Retrospective, Nationwide Cohort Study

Nathanael Fillmore
VA Boston Healthcare System

23% of Americans
Hospitalized with COVID-19
have been vaccinated

28 ¹¹ Michigan Department of Health and Human Services, Lansing, MI
29 ¹⁴ Minnesota Department of Health, St. Paul, MN
30 ¹⁵ New Mexico Department of Health, Santa Fe, NM
31 ¹⁶ New York State Department of Health, Albany, NY
32 ¹⁷ University of Rochester School of Medicine and Dentistry, Rochester, NY
33 ¹⁸ Ohio Department of Health, Columbus, OH
34 ¹⁹ Public Health Division, Oregon Health Authority, Portland, OR
35 ²⁰ Vanderbilt University Medical Center, Nashville, TN
36 ²¹ Salt Lake County Health Department, Salt Lake City, UT
37

Posted Date: September 13th, 2021

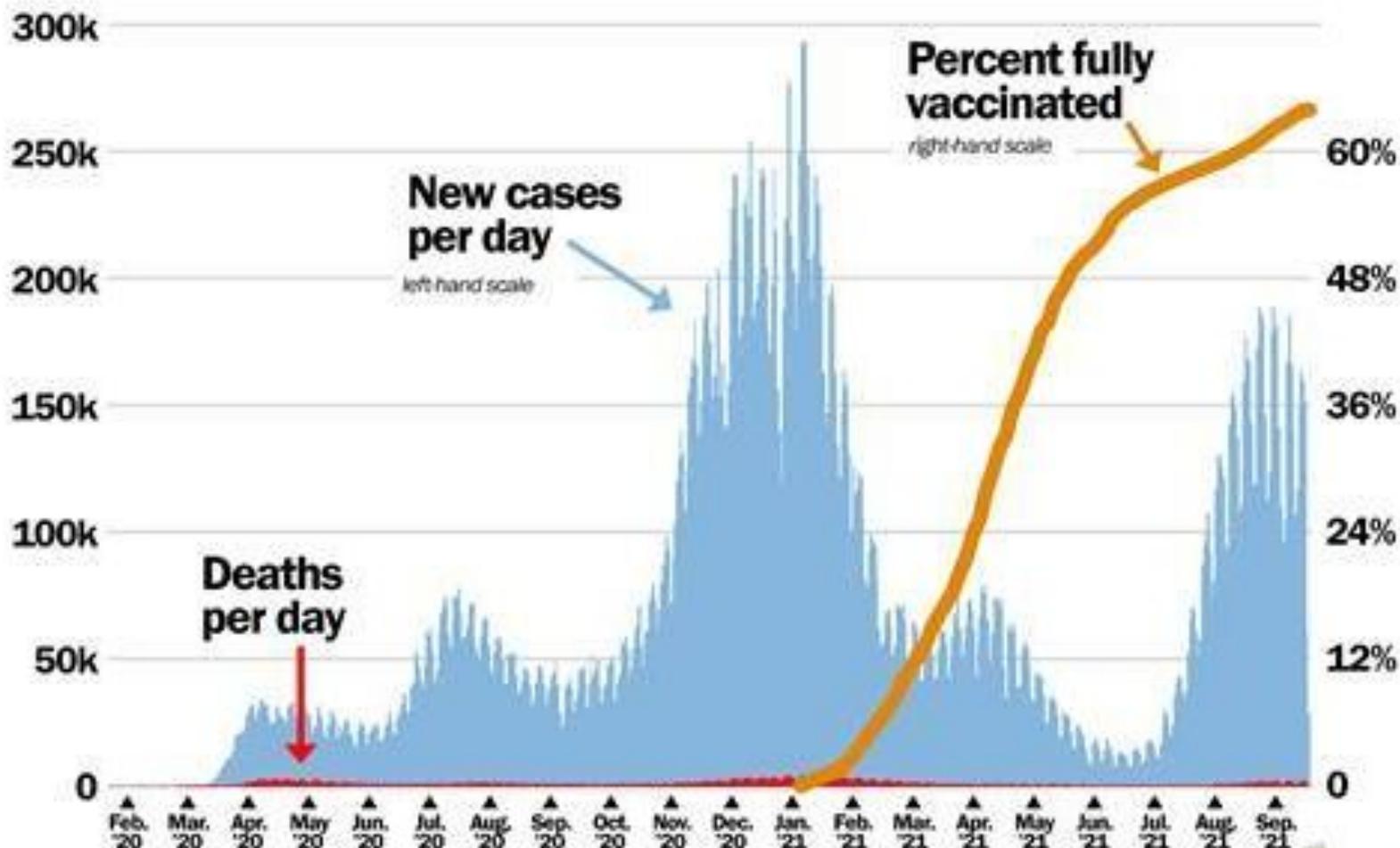
DOI: <https://doi.org/10.21203/rs.3.rs-898254/v1>

License:  This work is licensed under a Creative Commons Attribution 4.0 International License.
[Read Full License](#)

39 Corresponding author:

40 Fiona Havers, MD, MHS
41 1600 Clifton RD, MS H24-6

United States COVID-19 CASES, DEATHS, VACCINATION



CDC. Data as of Sept. 22, 2021. Percent of population 12 and older "fully vaccinated."



September 17, 2021

Money Can Buy You A Seat In Congress

by **Rob and Andrew** | Sep 17,
2021

Some would argue that money and one's last name are not contributing factors when it comes to an election. However, oftentimes regardless of a candidate's experience, money and having the right last name can make the difference between winning and losing an election....

What to Expect if the Tyranny in Australia Hits Home

by **Cathi Chamberlain** | Sep 17,
2021

If you aren't stockpiling food and supplies right now, you may be in for a very uncomfortable future. Just ask Australians. Like a thief in

By Pushing Mass Vaccination, Governments Have Created Evolutionary Pressures on SARS-CoV-2

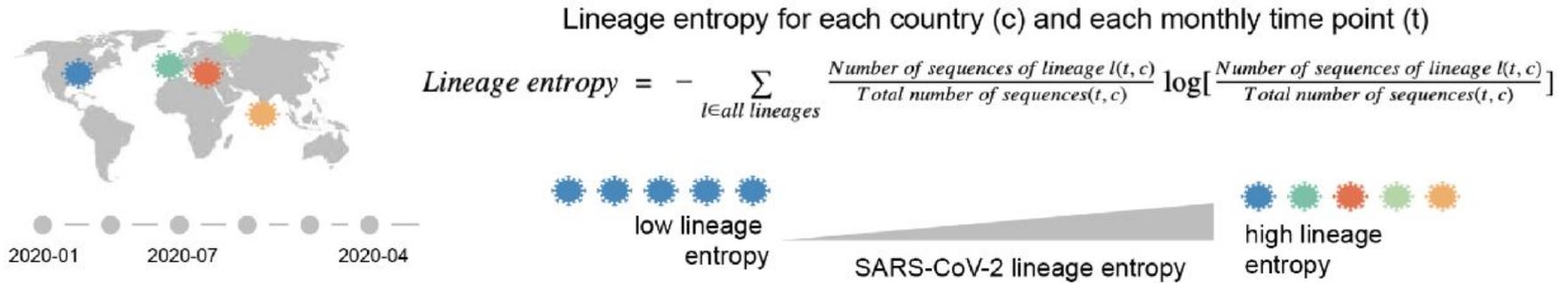
by **Dr. Peter McCullough** | Jul 20, 2021 | [Healthcare](#), [Politics](#),

Now fully vaccinated persons are contracting COVID-19 in large numbers, probably with the Delta variant. They cover vaccine safety, and when considering the failure of efficacy and the fatal and nonfatal serious safety concerns with all of the vaccines, Dr. McCullough concludes that we should shut down the ill-fated mass vaccination program...

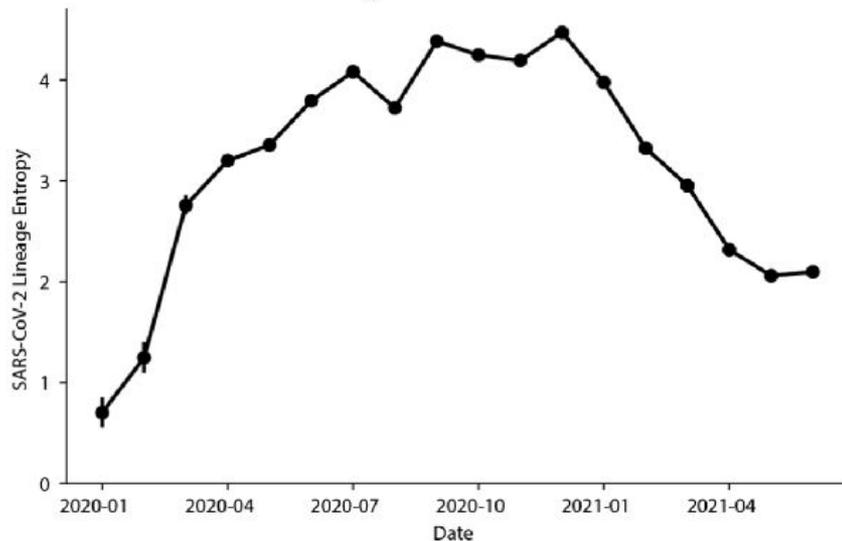


Indiscriminate Vaccination is Reducing the Diversity of Strains and Producing Dominant Variants

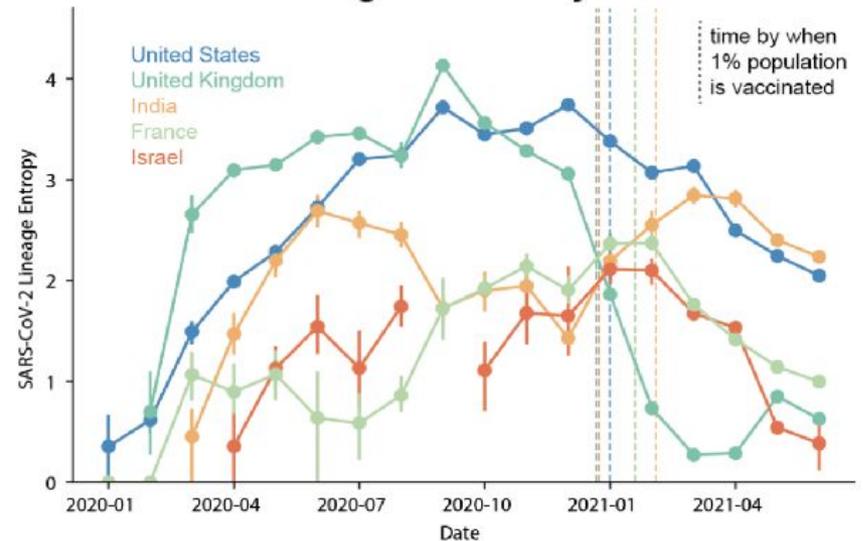
a Estimating diversity of SARS-CoV-2 genomes using lineage entropy



b The diversity in SARS-CoV-2 lineages is declining across the world



c The diversity in SARS-CoV-2 lineages is declining at a country level



September 17, 2021

Iran's Brewing Christian Volcano

by [Malcolm Out Loud](#) | Sep 17, 2021

The turning point of the Middle East may very well center around the Iranian people. Iran's population is about 85,000,000, of whom 58,000,000 (almost 70%) are below the age of 42 years who have not known any rule except the tyrannical theocracy of Islamic Sharia....

Governments Have Lost the War Against the Virus

by [Bryan Hyde](#) | Sep 17, 2021

The idea that the political class has leveraged fear over the Covid-19 pandemic into control over the public isn't just a conspiracy theory. Scott

Column

Don't Fool with the Diversity of Mother Nature

by [Dr. Peter McCullough](#) | Jul 10, 2021 | [Healthcare](#), [Politics](#)

Anytime diversity is reduced in biological systems, it leads to instability in ecological systems. It can be the breeding ground for large evolutionary changes, including large mutations and more aggressive variants. The Niesen report found that there was a much greater degree of immunity or "epitopes" on B-cells and T-cells among those unvaccinated, implying that immunity was far more robust than those vaccinated...



Antigenic minimalism of SARS-CoV-2 is linked to surges in COVID-19 community transmission and vaccine breakthrough infections

A.J. Venkatakrishnan^{1**}, Praveen Anand²⁺, Patrick Lenehan¹, Pritha Ghosh², Rohit Suratekar², Abhishek Siroha², Dibyendu Roy Chowdhury¹, John C. O'Horo³, Joseph D. Yao³, Bobbi S. Pritt³, Andrew Norgan³, Ryan T. Hurt³, Andrew D. Badley³, John D. Halamka³, Venky Soundararajan^{1,2*}

¹ nference, Cambridge, Massachusetts 02139, USA

² nference Labs, Bengaluru, Karnataka, India

³ Mayo Clinic, Rochester, Minnesota 55902, USA

Antigenic minimalism of SARS-CoV-2 is linked to surges in community transmission and vaccine breakthrough infections

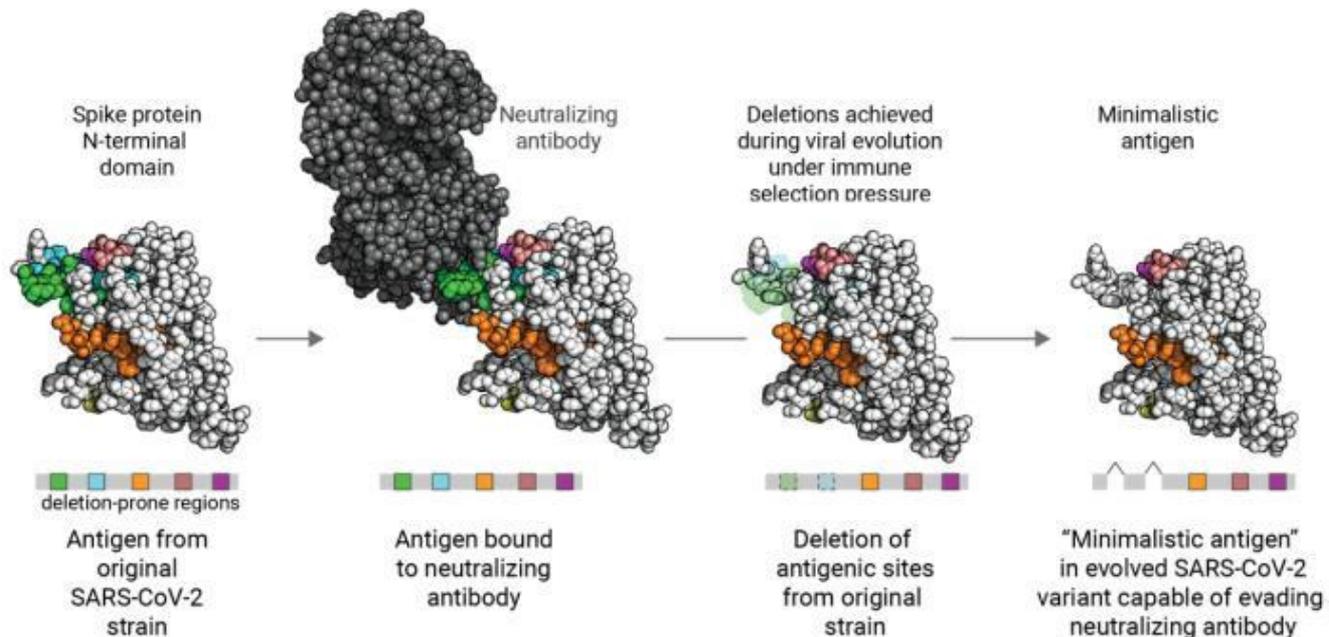


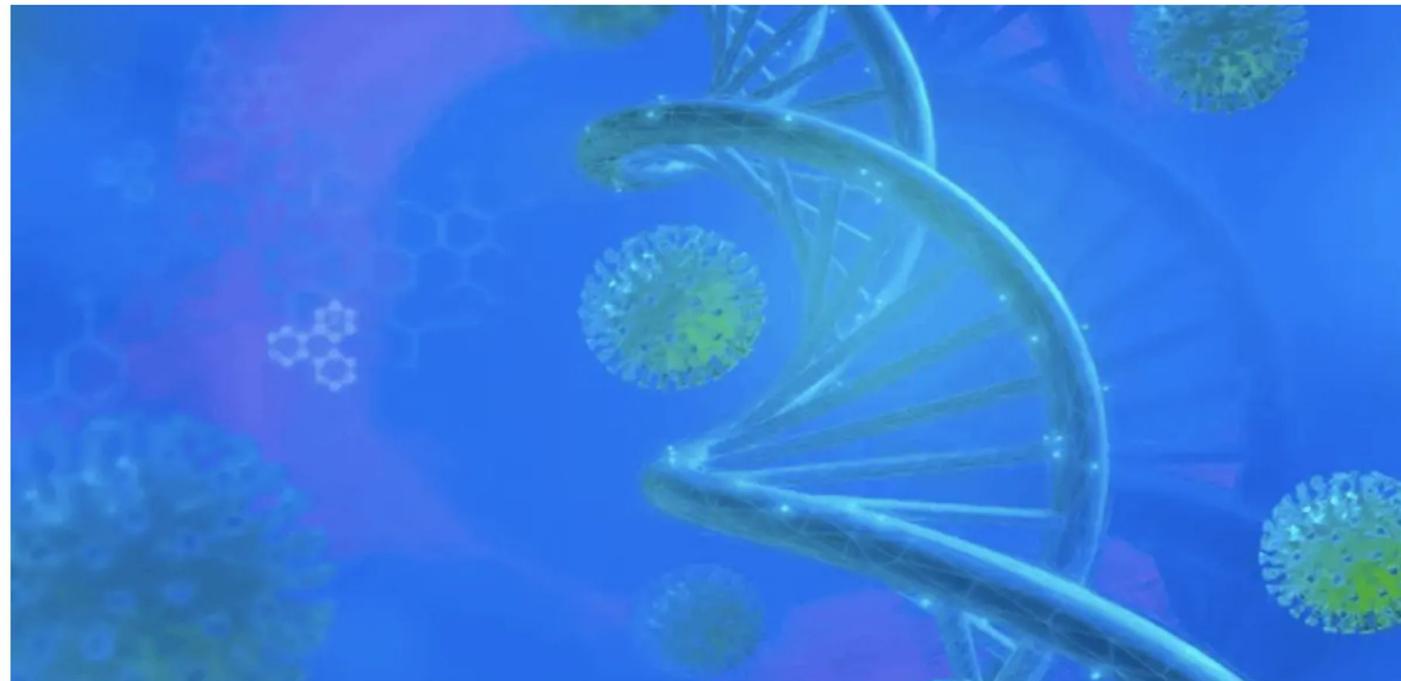
Figure 6. Schematic overview of the evolution of SARS-CoV-2 N-terminal domain using deletion mutations to evade immune response. The deletion mutations occur concurrently with other substitution mutations (not highlighted) in the background.



September 8, 2021

Delta Making Waves

by [Dr. Peter McCullough](#) | Jul 28, 2021 | [Healthcare](#), [Politics](#),



Vaccine Report Card From CDC/FDA is Long Overdue!

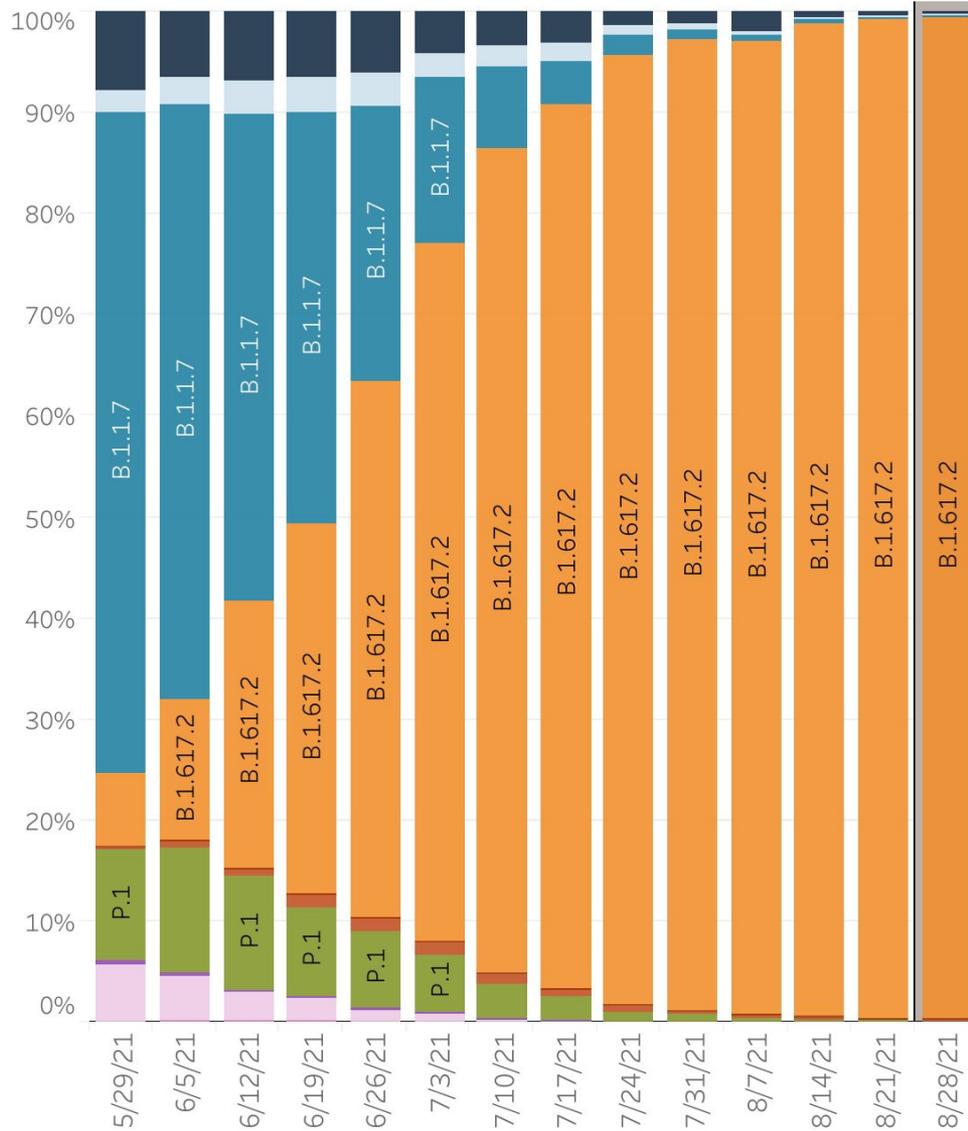
by [Dr. Peter McCullough](#) | Sep 6,
2021

The US vaccine program is crumbling with disagreement at the FDA over boosters given the very low effectiveness and ephemeral protection from the Pfizer–BioNTech COVID-19 vaccine. Pfizer–BioNTech COVID-19 vaccine at 39% and 42% protection against Delta in Israel and...

United States: 5/23/2021 – 8/28/2021

United States: 8/22/2021 – 8/28/2021 NOWCAST

** **



Collection date, week ending

USA

WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.1%	0.0-0.4%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.1%	0.0-0.4%
Delta	B.1.617.2	VOC	99.1%	98.1-99.8%
	AY.2	VOC	0.2%	0.0-0.6%
	AY.1	VOC	0.1%	0.0-0.4%
Eta	B.1.525	VOI	0.0%	0.0-0.2%
Iota	B.1.526	VOI	0.0%	0.0-0.2%
Kappa	B.1.617.1	VOI	0.0%	0.0-0.2%
N/A	B.1.621		0.2%	0.0-0.6%
	B.1.617.3	VOI	0.0%	0.0-0.2%
Other	Other*		0.3%	0.0-0.8%

* Enumerated lineages are VOI/VOC or are circulating >1% in at least one HHS region during at least one two week period; remaining lineages are aggregated as "Other".

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

Sublineages of P.1 and B.1.351 are aggregated with the parent lineage and included in parent lineage's proportion. AY.3-AY.12 are aggregated with B.1.617.2

Delta Viral Load in Vaccinated and Unvaccinated Individuals

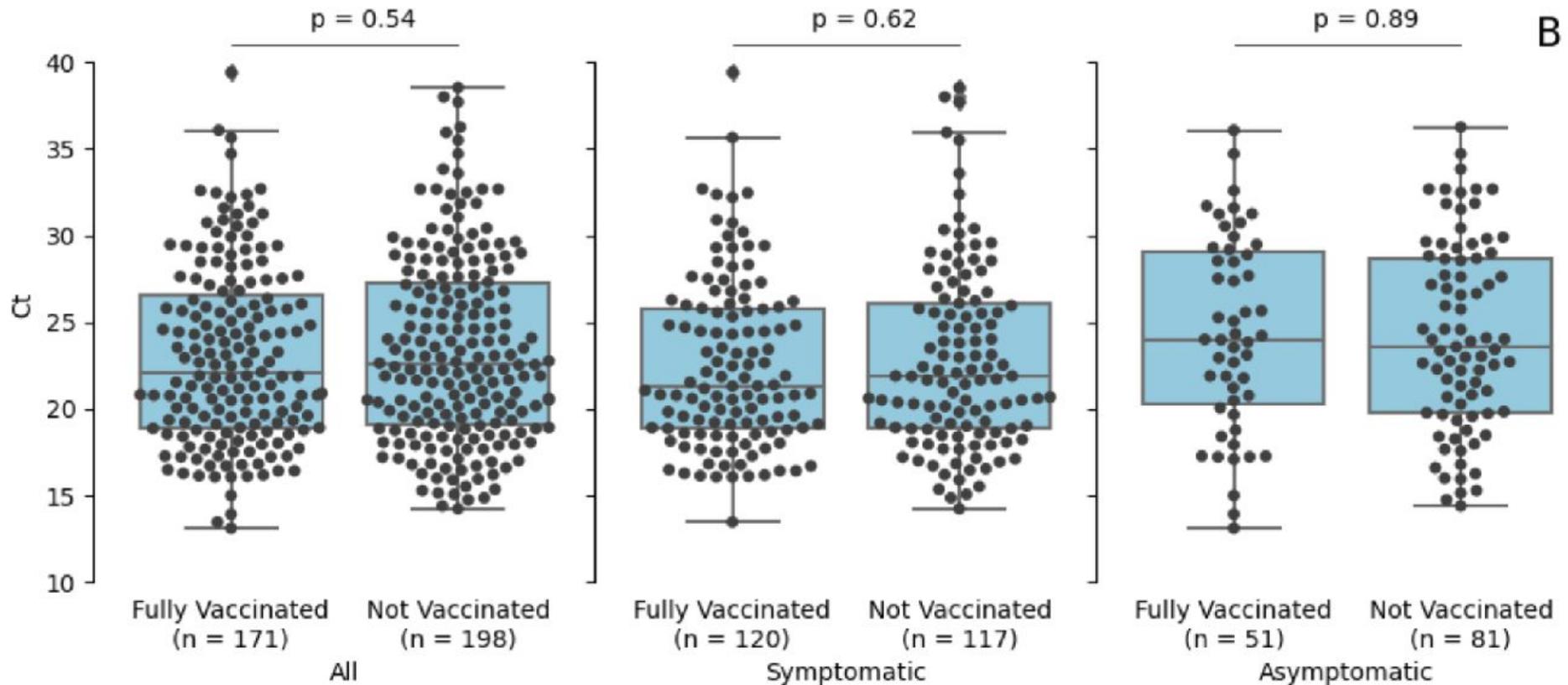


Figure 1. SARS-CoV-2 cycle threshold values in asymptomatic, symptomatic, vaccinated, and unvaccinated individuals in California. SARS-CoV-2 reverse transcription-polymerase

Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- **Pivot to Early Therapy for High-Risk COVID-19**
- Freedom At Risk
- Censorship of Scientific Discourse
- Conclusions

Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)



Contagion Control
"Stop the Spread"

Early Home
Treatment
Via Telemedicine "Safety Net for Survival"

Late-Stage
Hospitalization

Vaccination
"Herd Immunity"

↓ Hospitalizations/Death"

September 8, 2021

News Highlights

The War Between Nationalists and Globalists

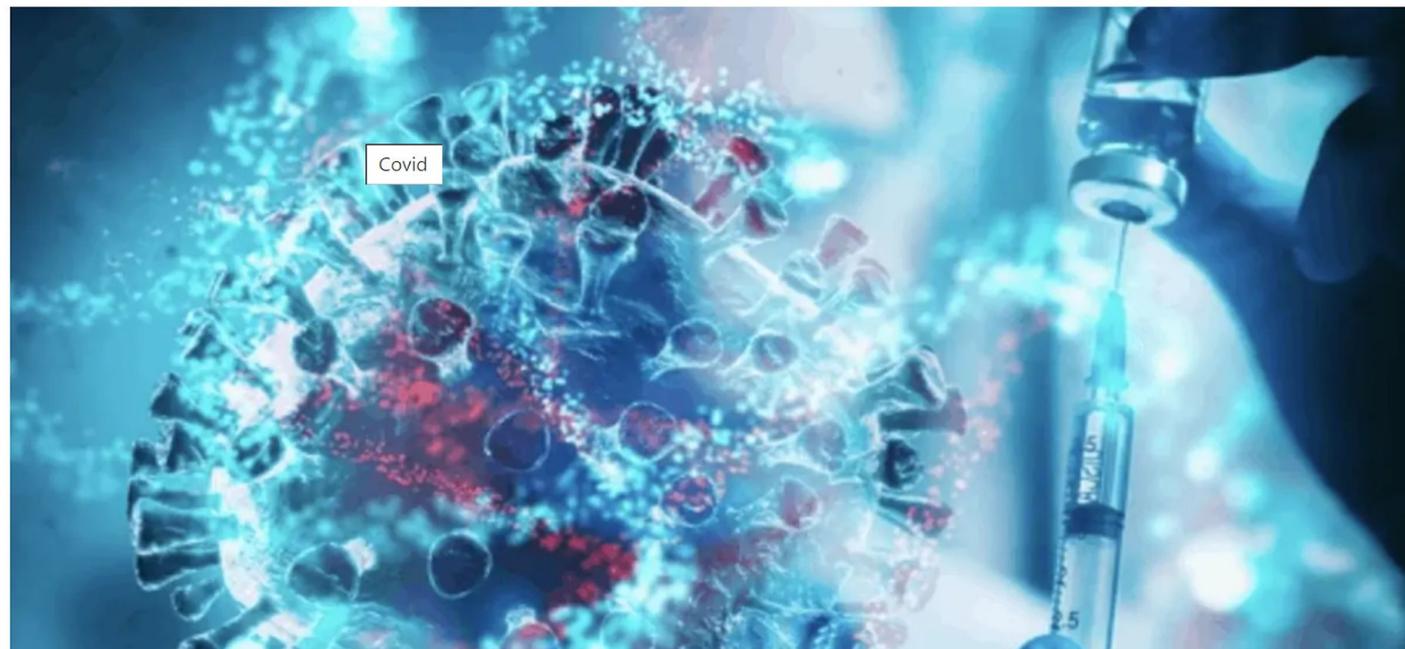
by [Karen Schoen](#)



COVID-19 Investigation: Empirical

Vaccinated or Not, Acute COVID-19 in High-Risk Patients Demands Early Treatment

by [Dr. Peter McCullough](#) | Aug 17, 2021 | [Healthcare](#), [Politics](#),



SARS-CoV-2 infection and the COVID-19 pandemic: a call to action for therapy and interventions to resolve the crisis of hospitalization, death, and handle the aftermath

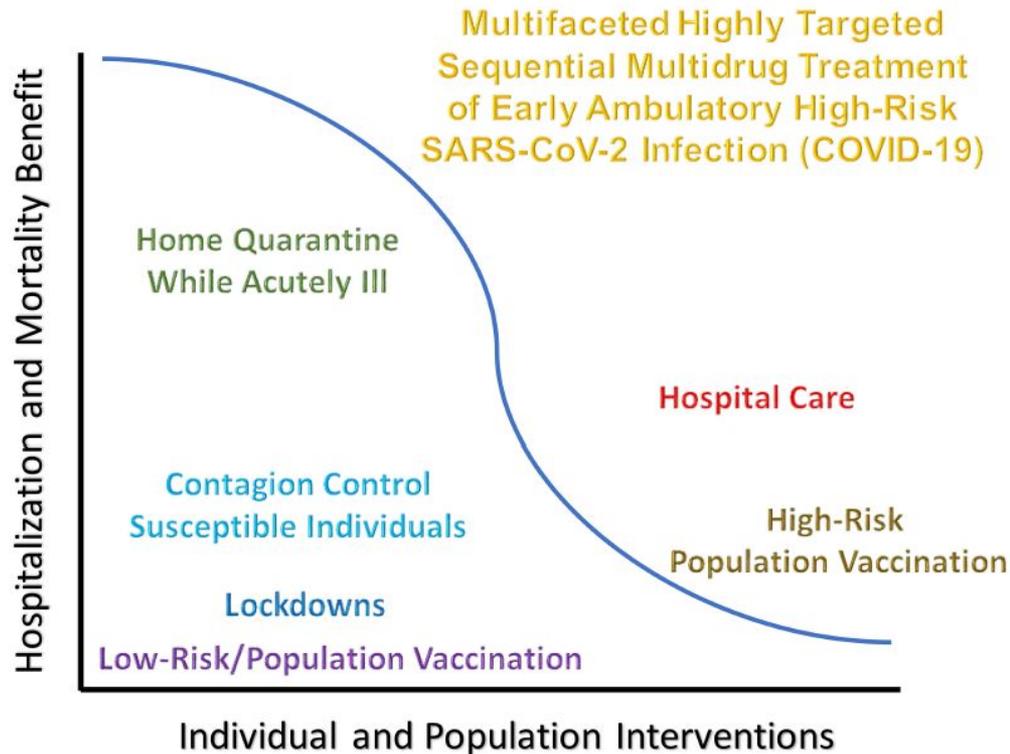


Fig. 1. Relative benefit of reduction in COVID-19 hospitalization for individual and population interventions taken as part of the pandemic response.

DOI:10.31083/

This is an open access article under the CC BY 4.0 license (<https://creativecommons.org/licenses/by/4.0/>).

Submitted: 23 February 2021 Revised: 24 February 2021 Accepted: 30 March 2021 Published:

Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection

Peter A. McCullough, MD, MPH,^{a,b,c} Ronan J. Kelly, MD,^a Gaetano Ruocco, MD,^d Edgar Lerma, MD,^e James Tumlin, MD,^f Kevin R. Wheelan, MD,^{a,b,c} Nevin Katz, MD,^g Norman E. Lepor, MD,^h Kris Vijay, MD,ⁱ Harvey Carter, MD,^j Bhupinder Singh, MD,^k Sean P. McCullough, BS,^l Brijesh K. Bhambi, MD,^m Alberto Palazzuoli, MD, PhD,ⁿ Gaetano M. De Ferrari, MD, PhD,^o Gregory P. Milligan, MD, MPH,^a Taimur Safder, MD, MPH,^a Kristen M. Tesson, PhD,^b Dee Dee Wang, MD,^p John E. McKinnon, MD,^q William W. O'Neill, MD,^r Marcus Zervos, MD,^s Harvey A. Risch, MD, PhD^t

^aBaylor University Medical Center, Dallas, Tex; ^bBaylor Heart and Vascular Institute, Dallas, Tex; ^cBaylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas, Tex; ^dCardiology Division, Regina Montis Regalis Hospital, Mondovì, Cuneo, Italy; ^eChrist Advocate Medical Center, Chicago, Ill; ^fEmory University School of Medicine, Atlanta, Ga; ^gJohns Hopkins School of Medicine, Baltimore, Md; ^hCedars Sinai Medical Center, Los Angeles, Calif; ⁱAbrazo Arizona Heart Hospital, Abrazo Health System, Phoenix, Ariz; ^jCarter Eye Center, Dallas, Tex; ^kCardiovascular Society of America, Phoenix, Ariz; ^lUniversity of Texas McGovern Medical School, Houston, Tex; ^mBakersfield Heart Hospital, Bakersfield, Calif; ⁿUniversity of Siena, Le Scotte Hospital Viale Bracci, Siena, Italy; ^oUniversity of Torino, Torino, Italy; ^pHenry Ford Hospital, Detroit, Mich; ^qYale University School of Public Health, New Haven, Conn.

ABSTRACT

Approximately 9 months of the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2 [COVID-19]) spreading across the globe has led to widespread COVID-19 acute hospitalizations and death. The rapidity and highly communicable nature of the SARS-CoV-2 outbreak has hampered the design and execution of definitive randomized, controlled trials of therapy outside of the clinic or hospital. In the absence of clinical trial results, physicians must use what has been learned about the pathophysiology of SARS-CoV-2 infection in determining early outpatient treatment of the illness with the aim of preventing hospitalization or death. This article outlines key pathophysiological principles that relate to the patient with early infection treated at home. Therapeutic approaches based on these principles include 1) reduction of reinoculation, 2) combination antiviral therapy, 3) immunomodulation, 4) antiplatelet/antithrombotic therapy, and 5) administration of oxygen, monitoring, and telemedicine. Future randomized trials testing the principles and agents discussed will undoubtedly refine and clarify their individual roles; however, we emphasize the immediate need for management guidance in the setting of widespread hospital resource consumption, morbidity, and mortality.

© 2020 The Authors. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license. (<http://creativecommons.org/licenses/by-nc-nd/4.0/>) • The American Journal of Medicine (2020) 000:1–7

KEYWORDS: Ambulatory treatment; Anticoagulant; Anti-inflammatory; Antiviral; COVID-19; Critical care; Epidemiology; Hospitalization; Mortality; SARS-CoV-2

Funding: None.

Conflicts of Interest: None.

Authorship: All authors had access to the data and a role in writing this manuscript.

Requests for reprints should be addressed to Peter A. McCullough, MD, MPH, Baylor Heart and Vascular Institute, 621 N. Hall St, H030, Dallas, TX, 75226.

E-mail address: petermccullough@gmail.com

The pandemic of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 [COVID-19]) is rapidly expanding across the world with each country and region developing distinct epidemiologic patterns in terms of frequency, hospitalization, and death. There has been considerable focus on 2 major areas of response to the pandemic: containment of the spread of infection and reducing inpatient mortality.

Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19)

Peter A. McCullough^{1,*}, Paul E. Alexander², Robin Armstrong³, Cristian Arvinte⁴, Alan F. Bain⁵, Richard P. Bartlett⁶, Robert L. Berkowitz⁷, Andrew C. Berry⁸, Thomas J. Borody⁹, Joseph H. Brewer¹⁰, Adam M. Brufsky¹¹, Teryn Clarke¹², Roland Derwand¹³, Aletta Eck¹⁴, John Eck¹⁴, Richard A. Eisner¹⁵, George C. Fareed¹⁶, Angelina Farella¹⁷, Silvia N. S. Fonseca¹⁸, Charles E. Geyer, Jr.¹⁹, Russell S. Gonnering²⁰, Karladine E. Graves²¹, Kenneth B. V. Gross²², Sabine Hazan²³, Kristin S. Held²⁴, H. Thomas Hight²⁵, Stella Immanuel²⁶, Michael M. Jacobs²⁷, Joseph A. Ladapo²⁸, Lionel H. Lee²⁹, John Littell³⁰, Vette Lozano³¹, Harpal S. Mangat³², Ben Marble³³, John E. McKinnon³⁴, Lee D. Merritt³⁵, Jane M. Orien³⁶, Ramin Oskoui³⁷, Donald C. Pompan³⁸, Brian C. Procter³⁹, Chad Prodromos⁴⁰, Juliana Cepelovicz Rajter⁴¹, Jean-Jacques Rajter⁴², C. Venkata S. Ram⁴³, Salette S. Rios⁴³, Harvey A. Risch⁴⁴, Michael J. A. Robb⁴⁵, Molly Rutherford⁴⁶, Martin Scholz⁴⁷, Marilyn M. Singleton⁴⁸, James A. Tumlin⁴⁹, Brian M. Tyson⁵⁰, Richard G. Urso⁵¹, Kelly Victoria⁵², Elizabeth Lee Vliet⁵³, Craig M. Wax⁵⁴, Alexander G. Wolfkoff⁵⁵, Vicki Woolf⁵⁶ and Vladimir Zelenko⁵⁷

¹Baylor University Medical Center, Baylor Heart and Vascular Institute, Baylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas, 75226, TX, USA

²Department of Health Research Methods, Evidence and Impact, McMaster University, Hamilton, L8S 4L8, Ontario, Canada

³Armstrong Medical Group, Texas City, 75510, TX, USA

⁴North Suburban Medical Center and Vibra Hospital, Thornton, 80229, Colorado, USA

⁵Chicago Health and Wellness Alliance, Chicago, 60603, IL, USA

⁶Recipient of the Texas HHS Meritorious Service Award, 78751, Texas, USA

⁷PianoPsych, LLC, Natick, 01760, MA, USA

⁸Division of Gastroenterology, Department of Medicine, Larkin Community Hospital, S. Miami, 33143, FL, USA

⁹Centre for Digestive Diseases, Five Dock, 2046, NSW, Australia

¹⁰Infectious Diseases, St. Luke's Hospital, Kansas City, 64111, MO, USA

¹¹University of Pittsburgh, Department of Medicine, Pittsburgh, 15213, PA, USA

¹²Clarke Neurology, Newport Beach, 92660, CA, USA

¹³Alexion Pharma Germany GmbH, 80687, Munich, Germany

¹⁴Affordable Health, Inc., Piscataway, 08854, NJ, USA

¹⁵Eisner Laser Center, Macon, 31210, GA, USA

¹⁶Pioneers Medical Center, Brawley, 92227, CA, USA

¹⁷Privia Medical Group, Webster, 24510, TX, USA

¹⁸Hapvida HMO, Ribeirão Preto, 14015-130, SP, Brazil

¹⁹Houston Methodist Cancer Center, Houston, 77030, TX, USA

²⁰The Medical College of Wisconsin, Milwaukee, 53226, WI, USA

²¹Personal Healthcare Network, Kansas City, 64116, MO, USA

²²Fusion Clinical Multimodal, Inc., Philadelphia, 19019, PA, USA

²³Ventura Clinical Trials, PROGENABIOME, Malibu Specialty Center, Ventura, 93003, CA, USA

²⁴Stone Oak Ophthalmology, Immediate Past President, Association of American Physicians and Surgeons, San Antonio, 78258, TX, USA

²⁵Cardiosound, Atlanta, 30342, GA, USA

²⁶Rehoboth Medical Center, Houston, 77083, TX, USA

²⁷Complex Primary Care Medicine, Pensacola, 32507, FL, USA

²⁸University of California Los Angeles, Los Angeles, 90095, CA, USA

²⁹Emergency Medicine, Phoenix, 85016, AZ, USA

³⁰Family Medicine, Kissimmee, 34741, FL, USA

³¹Lozano Medical Clinic, Dallas, 75218, TX, USA

³²Howard University College of Medicine, Mangat and Kaur, Inc., Germantown, 20876, MD, USA

³³President, MyFreeDoctor.com Pensacola Beach, 3256, FL, USA

³⁴Department of Medicine, Henry Ford Hospital, Wayne State University School of Medicine, Detroit, 48202, MI, USA

³⁵Orthopaedic and Spinal Surgery, Private Practice, Lake City, 51449, IA, USA

³⁶Internal Medicine, Executive Director, Association of American Physicians and Surgeons, Tucson, 85716, AZ, USA

³⁷Taxhall Cardiology, PC, Washington, 20016, DC, USA

³⁸Orthopaedic Surgery, Salinas, 93907, CA, USA

³⁹McKinney Family Medicine, McKinney, 75070, TX, USA

⁴⁰Illinois Sports Medicine and Orthopaedic Center, Glenville, 60025, IL, USA

⁴¹Pulmonary and Sleep Consultants, Ft. Lauderdale, 33316, FL, USA

⁴²MediCity Medical College, 500005, Hyderabad, India

⁴³University of Brasilia, Brasilia, 70910-900, DF, Brazil

⁴⁴Department of Chronic Disease Epidemiology, Yale School of Public Health, New Haven, 06510, CT, USA

⁴⁵Robb Oto-Neurology Clinic, Phoenix, 85012, AZ, USA

⁴⁶Bluegrass Family Wellness, Crestwood, 40014, KY, USA

⁴⁷Heinrich Heine University, Düsseldorf, 40225, Germany

⁴⁸Past Pres. Association of American Physicians and Surgeons, Tucson, 85716, AZ, USA

⁴⁹NephroNet Clinical Trials Consortium, Buford, 30518, GA, USA

⁵⁰All Valley Urgent Care, El Centro, 92243, CA, USA

⁵¹Houston Eye Associates, Houston 77025, TX, USA

⁵²Victory Health, LLC, 80487, Colorado, USA

⁵³Vive Life Center, 85728, Arizona & Texas, USA

⁵⁴Family Medicine, Mullica Hill, 08062, NJ, USA

⁵⁵CMO Emergency Hapvida Saude, HMO, Fortaleza, 60140061, CE, Brazil

⁵⁶National Healthcare Coalition, Family Medicine, Eagle, 83616, ID, USA

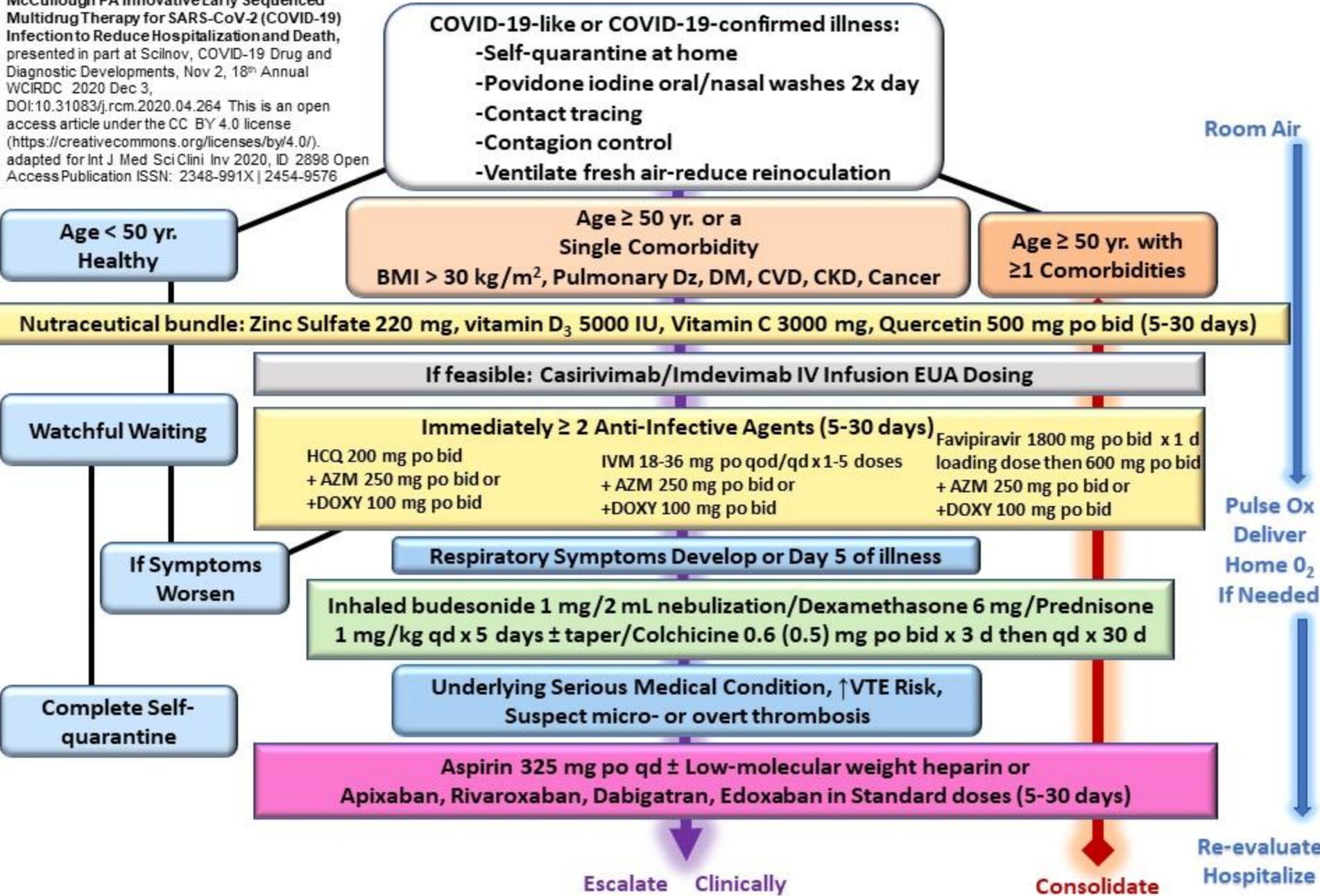
⁵⁷Affiliate Physician, Columbia University Irving Medical Center, New York City, 10032, NY, USA

*Correspondence: petermccullough@gmail.com (Peter A. McCullough)

DOI:10.31083/j.

This is an open access article under the CC BY 4.0 license (<https://creativecommons.org/licenses/by/4.0/>).

McCullough PA Innovative Early Sequenced Multidrug Therapy for SARS-CoV-2 (COVID-19) Infection to Reduce Hospitalization and Death, presented in part at Scilnov, COVID-19 Drug and Diagnostic Developments, Nov 2, 18th Annual WCIRDC 2020 Dec 3, DOI:10.31083/j.rcm.2020.04.264 This is an open access article under the CC BY 4.0 license (<https://creativecommons.org/licenses/by/4.0/>), adapted for Int J Med Sci Clin Inv 2020, ID 2898 Open Access Publication ISSN: 2348-991X | 2454-9576



BMI=body mass index, Dz=disease, DM=diabetes mellitus, CVD=cardiovascular disease, CKD=chronic kidney disease, yr=years, HCO=hydroxychloroquine, AZM=azithromycin, DOXY=doxycycline, IVM=ivermectin, VTE=venous thrombo-embolic, EUA=Emergency Use Authorization (U.S. administration)

Understanding Unapproved Use of Approved Drugs "Off Label"



Understanding Unapproved
Use of Approved Drugs "Off
Label"

Has your healthcare provider ever talked to you about using an FDA-approved drug for an unapproved use (sometimes called an "off-label" use) to treat your disease or medical condition?



Content current as of:
02/05/2018

Why might an approved drug be used for an unapproved use?

From the FDA perspective, once the FDA approves a drug, healthcare providers generally may prescribe the drug for an unapproved use when they judge that it is medically appropriate for their patient. You may be asking yourself why your healthcare provider would want to prescribe a drug to treat a disease or medical condition that the drug is not approved for. **One reason is that there might not be an approved drug to treat your disease or medical condition.** Another is that you may have tried all approved treatments without seeing any benefits. In situations like these, you and your healthcare provider may talk about using an approved drug for an unapproved use to treat your disease or medical condition.

A Guide to Home-Based COVID Treatment

Step-By-Step Doctors' Plan
That Could Save Your Life

Editors: Jane M. Orient, M.D. &
Elizabeth Lee Vliet, M.D.



September 17, 2021

Crushing the Lifeblood of Medical Science

by [Dr. Peter McCullough](#)

In this issue of The McCullough Report, we have some grave news about a concerning set of developments that have taken the COVID-19 crisis response and its consequences to the world to a whole new level. With the backdrop that free speech and scientific discourse is...

MCCULLOUGH REPORT

Treat the Viral Infection, Handle the Pandemic Crisis

by [Dr. Peter McCullough](#) | May 11, 2021 | [Healthcare](#), [Politics](#),

Sick COVID-19 patients don't feel better with masks and it's either too late or they have been failed by the vaccination. We need real doctors helping frightened patients in need to get through the crisis. We need to cut through all the fear, panic, hubris, and false narrative and getting to the truth of what is really going on during the pandemic...



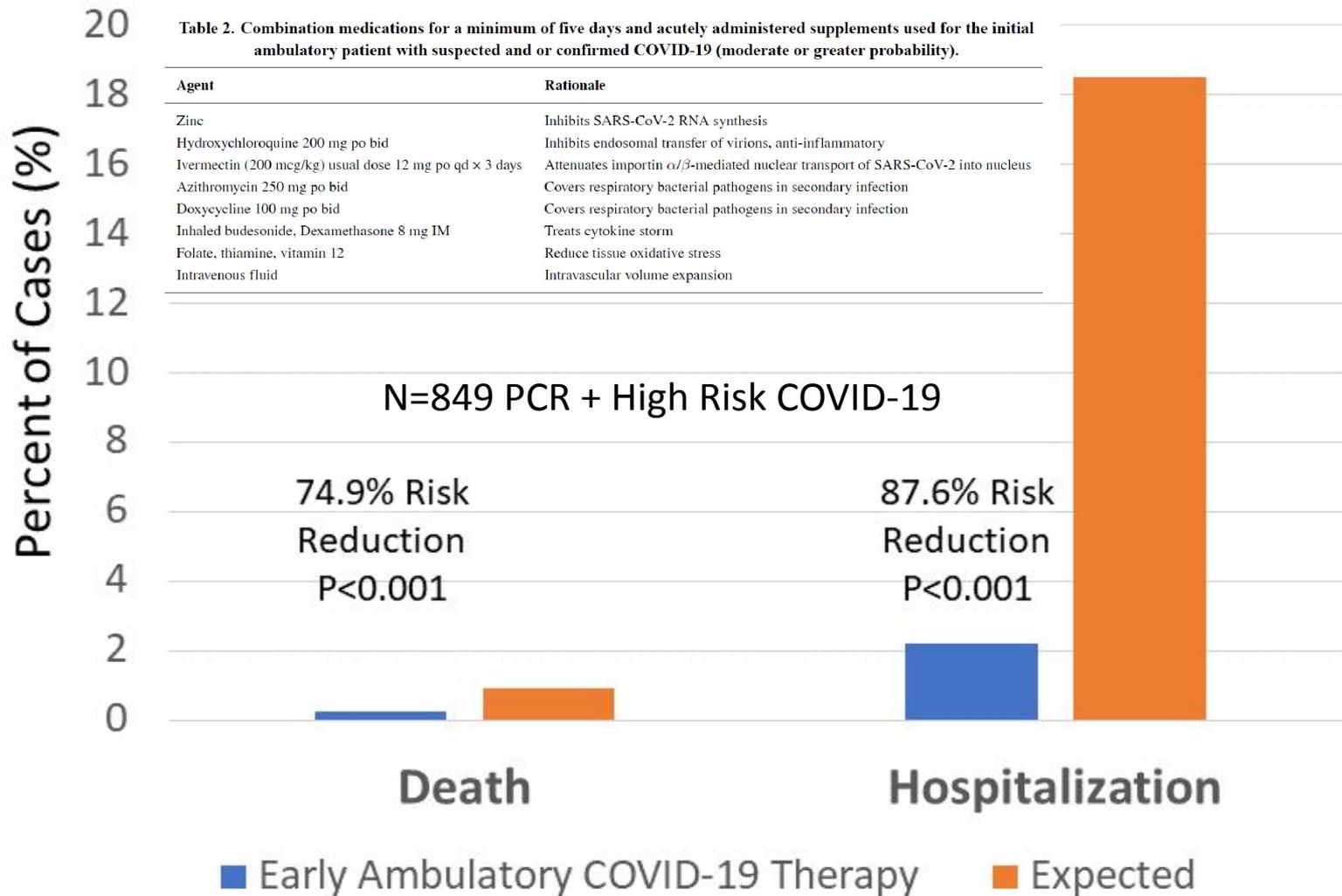


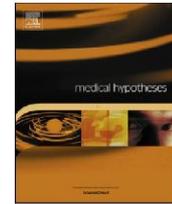
Early Ambulatory Multidrug Therapy Reduces Hospitalization and Death in High-Risk Patients with SARS-CoV-2 (COVID-19)

Brian Procter¹, Casey Ross¹, Vaness Pickard¹, Erica Smith¹, Courtney Hanson¹, and Peter A. McCullough²

Table 2. Combination medications for a minimum of five days and acutely administered supplements used for the initial ambulatory patient with suspected and or confirmed COVID-19 (moderate or greater probability).

Agent	Rationale
Zinc	Inhibits SARS-CoV-2 RNA synthesis
Hydroxychloroquine 200 mg po bid	Inhibits endosomal transfer of virions, anti-inflammatory
Ivermectin (200 mcg/kg) usual dose 12 mg po qd × 3 days	Attenuates importin α/β -mediated nuclear transport of SARS-CoV-2 into nucleus
Azithromycin 250 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Doxycycline 100 mg po bid	Covers respiratory bacterial pathogens in secondary infection
Inhaled budesonide, Dexamethasone 8 mg IM	Treats cytokine storm
Folate, thiamine, vitamin 12	Reduce tissue oxidative stress
Intravenous fluid	Intravascular volume expansion

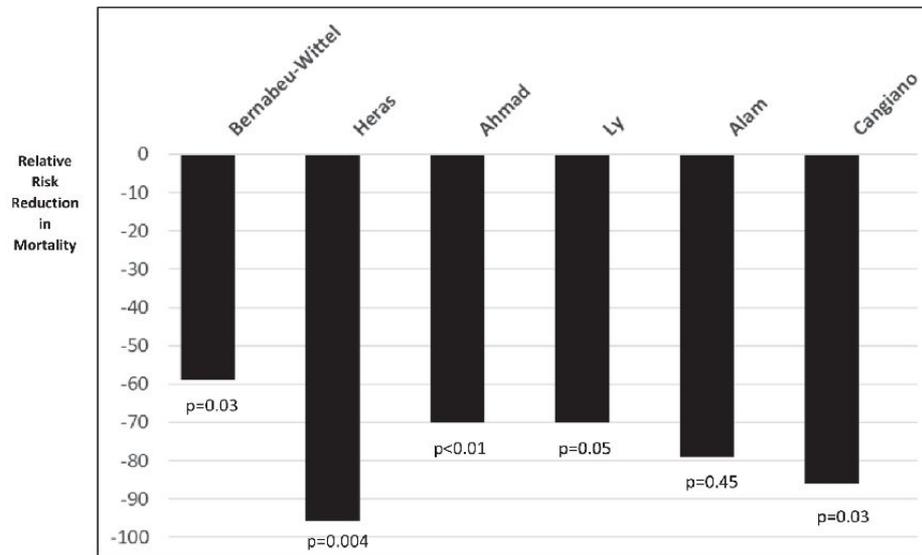




Early multidrug treatment of SARS-CoV-2 infection (COVID-19) and reduced mortality among nursing home (or outpatient/ambulatory) residents

Paul E. Alexander^{a,*}, Robin Armstrong^b, George Fareed^c, John Lotus^d, Ramin Oskoui^e, Chad Prodromos^d, Harvey A. Risch^f, Howard C. Tenenbaum^g, Craig M. Wax^h, Parvez Daraⁱ, Peter A. McCullough^j, Kulvinder K. Gill^k

RR=0.41 (0.36-0.95) RR=0.044 (0.006-0.35) RR=0.30 (0.13-0.71) RR=0.30 (0.35-0.99) RR=0.21 (0.43-1.45) RR=0.14 (0.02-0.83)
 HCQ-based Steroids Anticoagulants HCQ+/-AZM HCQ+/-DOXY HCQ+AZM DOXY HCQ+ anticoagulants



Note: p-values are comparisons to control groups, as per each study
 HCQ: hydroxychloroquine, AZM: azithromycin, DOXY:doxycycline

Fig. 1. Relative risk reduction in mortality risk in nursing home COVID patients using early prehospital combined and sequenced multi-drug treatment (SMDT).

<https://doi.org/10.1016/j.mehy.2021.110622>
 Received 6 February 2021; Received in revised form 25 May 2021; Accepted 2 June 2021
 Available online 5 June 2021
 0306-9877/© 2021 Published by Elsevier Ltd.



New York, USA

writingblock@protonmail.com Twitter:
@writingblock

Cite this as: *BMJ* 2021;374:n2101

<http://dx.doi.org/10.1136/bmj.n2101>

Published: 13 September 2021

Vaccinating people who have had covid-19: why doesn't natural

“If natural immunity is strongly protective, as the evidence to date suggests it is, then vaccinating people who have had covid-19 would seem to offer nothing or very little to benefit, logically leaving only harms—both the harms we already know about as well as those still unknown,” says Christine Stabell Benn, vaccinologist and professor in global health at the University of Southern Denmark. The CDC has acknowledged the small but serious risks of heart inflammation and blood clots after vaccination, especially in younger people. The real risk in vaccinating people who have had covid-19 “is of doing more harm than good,” she says.

A large study in the UK³² and another that surveyed people internationally³³ found that people with a history of SARS-CoV-2 infection experienced greater rates of side effects after vaccination. Among 2000 people who completed an online survey after vaccination, those with a history of covid-19 were 56% more likely to experience a severe side effect that required hospital care.³³

September 17, 2021

The Unholy Alliance Between Big Pharma's Vaccines and Drugs and the FDA

by [Blaise Vanne](#) | Sep 15, 2021

Today, Pharma companies underwrite three-quarters of the FDA's budget for scientific reviews (ProPublica) and fund nearly 50% of the FDA's total annual budget through PDUFA fees. In exchange, the agency increasingly fast-tracks expensive drugs and vaccines with...

The Taliban and the War on Terror

by [Malcolm Out Loud](#) | Sep 15,

Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

by [Dr. Peter McCullough](#) | Sep 12, 2021 | [Healthcare](#), [Politics](#)



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- **Freedom At Risk**
- Censorship of Scientific Discourse
- Conclusions

September 17, 2021

America's Uniqueness Starts and Ends with the US Constitution

by [Paul Engel](#) | Sep 17, 2021

Decades of ignorance and apathy by the American people have reduced the supreme law of the land to an anachronism, a throwback to a time when rights, freedom, and liberty were important to them. Today, Americans seem more interested in being taken care of than...

COVID and Your Health

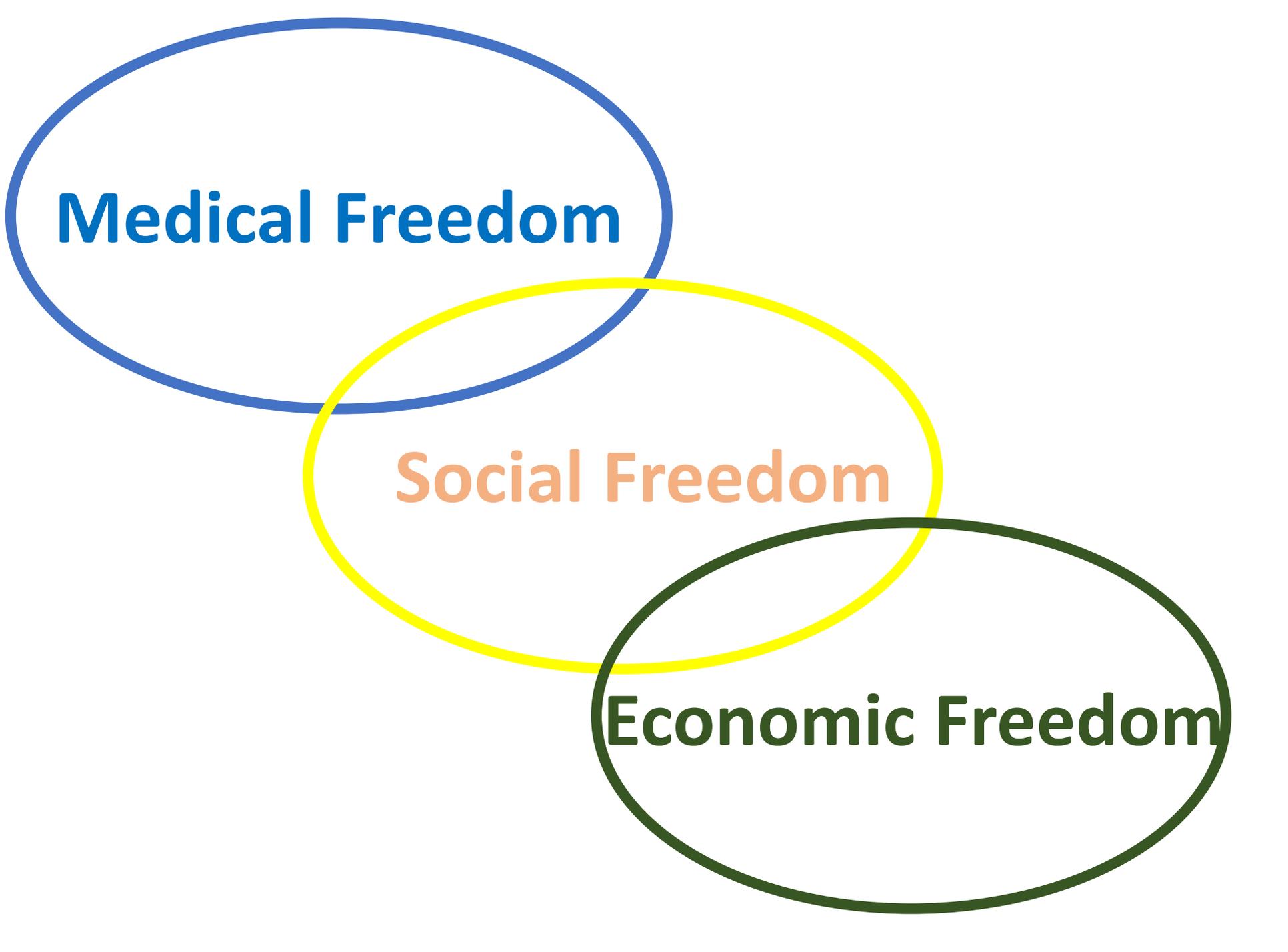
COVID Investigation: CDC Profits Off of the Chaos They

Your Freedom Can be Won Back at the End of a Hypodermic Needle

by [Dr. Peter McCullough](#) | Jun 12, 2021 | [Healthcare](#), [Politics](#)

This sounds like a science fiction movie, but it is happening in real life before our very eyes. The line of truth appears to be the vaccine, who will succumb and take it, and who will not. The first wave of either intentional or accidental bioterrorism was with the COVID-19 respiratory illness. The second wave is more insidious and broadly applied to a population prepared by months of fear and isolation...





Medical Freedom

Social Freedom

Economic Freedom



A GOVERNMENT
THAT HIDES CURES
SO THEY CAN BUY
'VACCINES' FOR HUGES
IS CRIMINAL
IVECTERMIN
HYDROXYCHLORQUINE
BUDESONIDE
VIT. D³ ALL WORK

SAVE
OUR
CHILDREN

The Bakersfield Californian

FRIDAY, SEPTEMBER 24, 2021 • BAKERSFIELD.COM

Woman sues Adventist Health to force ivermectin treatment for her husband

BY SAM MORGEN
smorgen@bakersfield.com

A local woman is suing Adventist Health to force the hospital to treat her husband with ivermectin, a medication for parasitic diseases that some have proposed as a treatment for COVID-19.

In a lawsuit filed in Kern County Superior Court, the plaintiff says her husband is sedated

and on a ventilator in the intensive care unit at Adventist Health Bakersfield. She seeks a judge's order to force the hospital to provide treatment she claims has been prescribed by a doctor.

"(The husband) is literally on death's doorstep and there (are) no further COVID-19 treatment protocols for the Defendant Hospital to administer to him and

(the plaintiff) does not want to see her husband die," the lawsuit says. "She is doing everything she

COVID-19
PANDEMIC

can to give him a chance to survive." The Californian is not publishing the patient and plaintiff's names in order to protect the family's medical privacy.

can to give him a chance to survive."

The Californian is not

The lawsuit says Dr. See-Ru-ern Kitt prescribed ivermectin to the patient, but the hospital has not administered the treatment, claiming it is outside the hospital's protocols and would not help.

Ivermectin, a medication approved to treat parasitic diseases in humans and animals, has risen to prominence as a proposed remedy for COVID-19. The Cen-

ters for Disease Control and Prevention reports prescriptions for the drug have increased 24-fold since the beginning of the pandemic, reaching 88,000 per week by Aug. 13.

National health authorities say there is no conclusive evidence supporting claims ivermectin is

Please see **LAWSUIT | A3**

September 17, 2021

What to Expect if the Tyranny in Australia Hits Home

by [Cathi Chamberlain](#) | Sep 17, 2021

If you aren't stockpiling food and supplies right now, you may be in for a very uncomfortable future. Just ask Australians. Like a thief in the night, their western freedoms, once the envy of the world, have been stripped away. Tens of thousands of Aussies are...

Iran's Brewing Christian Volcano

by [Malcolm Out Loud](#) | Sep 17, 2021

The turning point of the Middle East may very well center around the Iranian people. Iran's

Public and Private Outrage Over Ineffective, Unsafe, Forced Vaccination

by [Dr. Peter McCullough](#) | Sep 3, 2021 | [Healthcare](#), [Politics](#)

When more than 25% of the population takes the ill-advised COVID-19 vaccine, this promotes a super-dominant mutant that can easily evade the vaccines' weak protection, which has happened with Delta. India has shown the world the only way to deal with Delta is not more vaccination, but early multidrug treatment...



Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- **Censorship of Scientific Discourse**
- Conclusions

September 17, 2021

SHOP TO THE RIGHT



IT'S TIME TO SUPPORT SMALL BUSINESS, LIST YOUR PRODUCTS OR SERVICES WITH SHOP TO THE RIGHT - STOP SUPPORTING THE AMAZON'S OF THE WORLD.

Covid Extortion by Bureaucrat Bullies

by **Paul Engel** | Sep 16, 2021

According to the Merriam-

U.S. Senators Pound Social and Mainstream Media on Censorship

by **Dr. Peter McCullough** | Jun 14, 2021 | [Media](#), [Politics](#),

Several U.S. Senators, including Homeland Security and Governmental Affairs minority Chairman Senator Ron Johnson, came out to pummel social and mainstream media for intentionally suppressing information to the American people that lead to the truth that SARS-CoV-2, a weapon of bioterrorism, was unleashed from a lab in Wuhan, China. This dramatic press briefing culminated in a call for Fauci to step down...



September 17, 2021

COVID and Your Health

Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

by [Dr. Peter McCullough](#)

There is recent research on the fact that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and have recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by...



Podcast

Crushing the Lifeblood of Medical Science

by [Dr. Peter McCullough](#) | Aug 3, 2021 | [Feature 1](#), [Healthcare](#), [Politics](#),

The case at hand is the failure of the COVID-19 vaccines to stop the Delta variant and the emerging sources of data leading to the conclusion that the vaccines are not generally safe. So at a time of major moves by federal agencies, health systems, and schools to call for mandates of the COVID-19 vaccines, there is concern that the only voice left to discuss the risks and benefits...



MCCULLOUGH REPORT

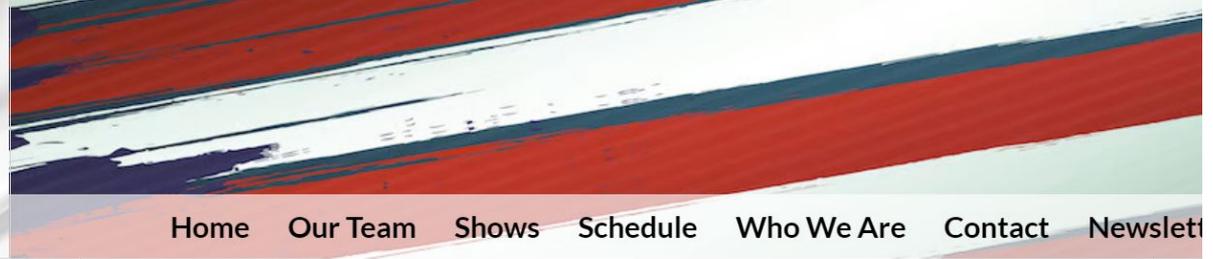


Important: Joint Statement from ABFM, ABIM & ABP on Dissemination of Misinformation

Dear Dr. McCullough,

The Federation of State Medical Boards (FSMB), which supports its member state medical licensing boards, has recently [issued a statement](#) saying that providing misinformation about the COVID-19 vaccine contradicts physicians' ethical and professional responsibilities, and therefore may subject a physician to disciplinary actions, including **suspension or revocation of their medical license.** We at the American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP) support FSMB's position. We also want all physicians certified by our boards to know that such unethical or unprofessional conduct may prompt their respective board to take action that could put their certification at risk.

Expertise matters, and board certified physicians have demonstrated that they have stayed current in their field. Spreading misinformation or falsehoods to the public during a time of a public health emergency goes against everything our boards and our community of board certified physicians stand for. The evidence that we have safe, effective and widely available vaccines against COVID-19 is overwhelming. **We are particularly concerned about physicians who use their authority to denigrate vaccination at a time when vaccines continue to demonstrate excellent effectiveness against severe illness, hospitalization and death.**



September 17, 2021

Covid-19, Social Standing, and the New World Order

by [Wallace Garneau](#) | Sep 15, 2021

I have not had a Covid-19 vaccine. Let me open this article up right out of the gate by saying that. That does not mean I am anti-vaccine, or that I think the Covid-19 vaccines are unsafe or ineffective. I follow the science, and by that, I mean that I follow the...

COVID Q & A with Dr. Peter McCullough, #3

by [Malcolm Out Loud](#) | Sep 15, 2021

We, the general public are so confused and inundated with

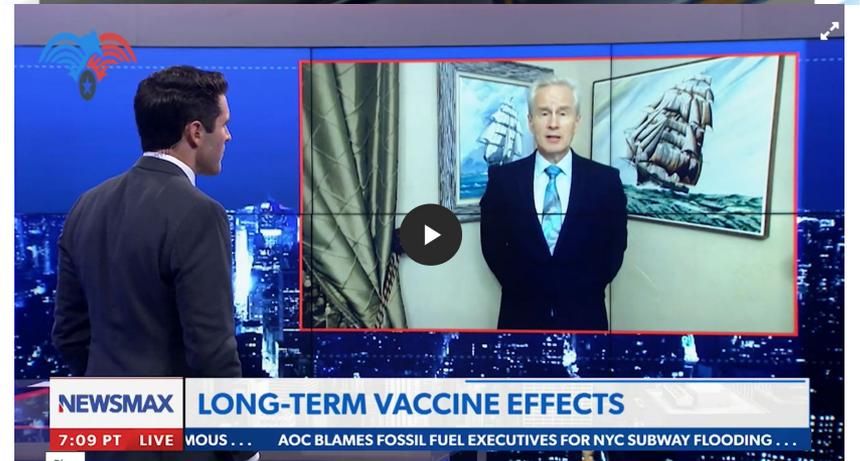
Column

The Hunting of America's Covid-19 Heroes

by [Dr. Peter McCullough](#) | Sep 11, 2021 | [Healthcare](#), [Politics](#)

The process of taking care of patients has become convoluted as heavy-handed public statements by the American Medical Association and public health officials have declared no benefit for hydroxychloroquine and ivermectin despite hundreds of supportive studies, randomized trials, and first-line use in many countries around the world...





Dr. Al Johnson & Dr. Peter McCullough | The Jeff Crilly Show





What LDL-C levels do global cholesterol guidelines recommend for very high-risk ASCVD patients?

ROLL OVER TO LEARN MORE

Sponsored by Amgen Inc. ASCVD=atherosclerotic cardiovascular disease; LDL-C=low-density lipoprotein cholesterol.

ADVERTISEMENT

News > Medscape Medical News

Baylor Gets Restraining Order Against COVID Vaccine Skeptic Doc

Alicia Ault
September 16, 2021

91 Read Comments      [+ Add to Email Alerts](#)

Editor's note: Find the latest COVID-19 news and guidance in Medscape's [Coronavirus Resource Center](#).

The largest nonprofit health system in Texas has secured a temporary [restraining order](#) against cardiologist Peter A. McCullough, MD, MPH, a COVID-19 vaccine skeptic who allegedly continued to claim an affiliation with [Baylor](#)

Explore Physician Salaries [View Now](#)

What LDL-C levels do global cholesterol guidelines recommend for very high-risk ASCVD patients?

ROLL OVER TO LEARN MORE

ASCVD=atherosclerotic cardiovascular disease; LDL-C=low-density lipoprotein cholesterol. Sponsored by Amgen Inc.

ADVERTISEMENT

Recommendations

[Class Action Lawsuit Against](#)





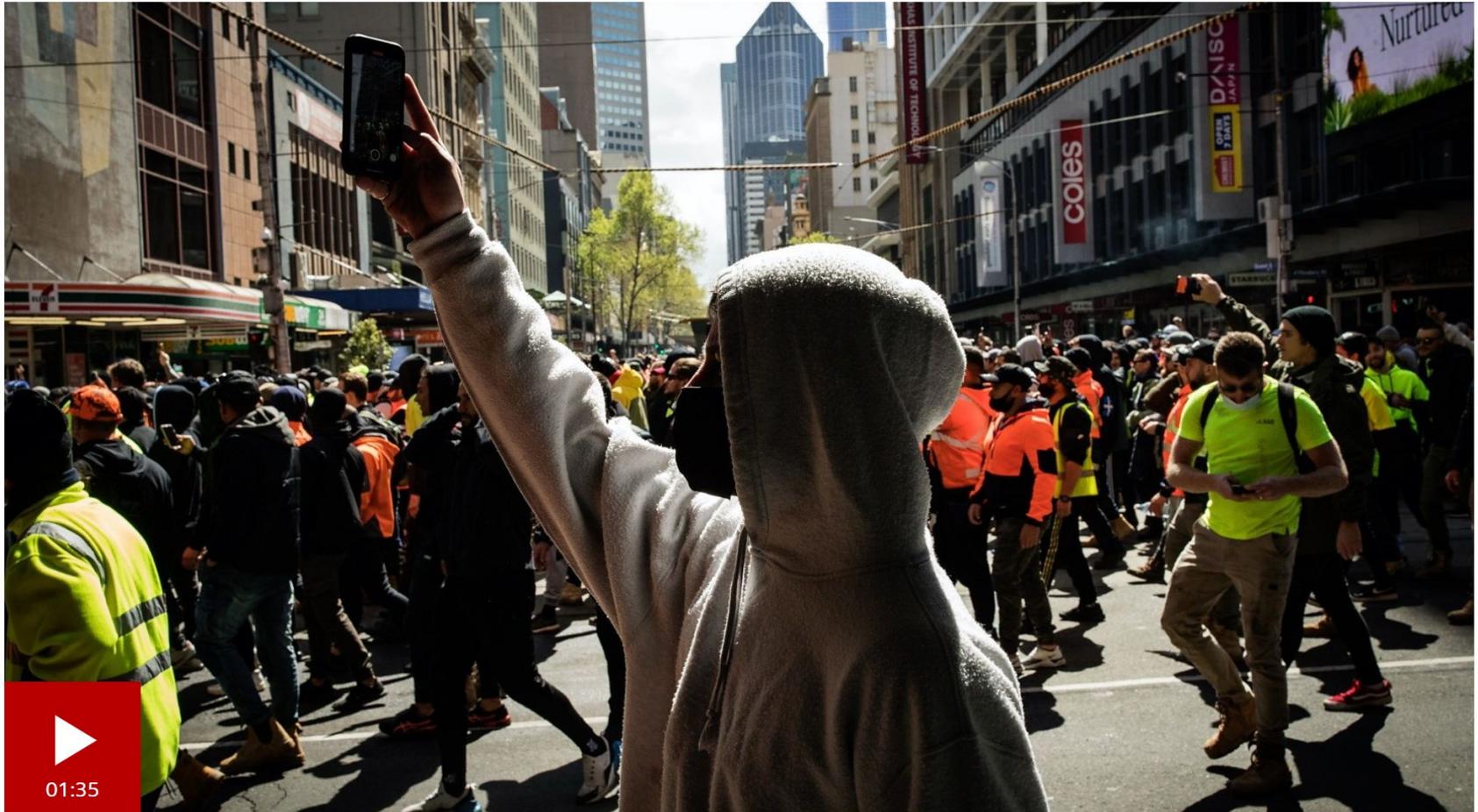
Australia riots over lockdown lead to pepper spray and 235 arrests

► One officer was trampled and several had to be taken to hospital

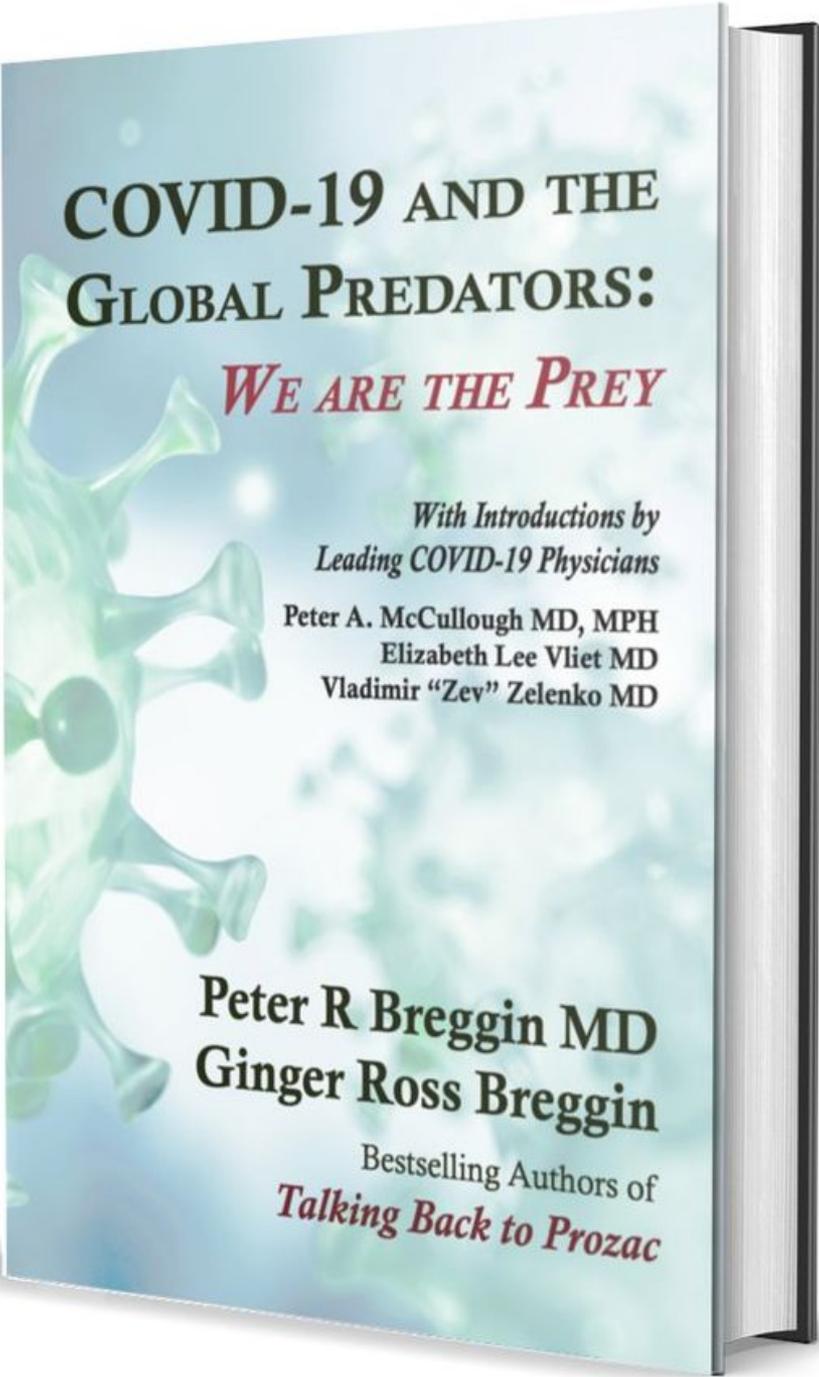


Anti-lockdown protesters clash with Victoria Police in the suburb of Richmond. Photo: Getty

NEWS

[Home](#) | [Coronavirus](#) | [Climate](#) | [Video](#) | [World](#) | [US & Canada](#) | [UK](#) | [Business](#) | [Tech](#) | [Science](#) | [Stories](#)[World](#) | [Africa](#) | [Asia](#) | [Australia](#) | [Europe](#) | [Latin America](#) | [Middle East](#)

Melbourne protests: Third day of violent anti-vaccine demonstrations



COVID-19 AND THE GLOBAL PREDATORS:

WE ARE THE PREY

*With Introductions by
Leading COVID-19 Physicians*

Peter A. McCullough MD, MPH
Elizabeth Lee Vliet MD
Vladimir "Zev" Zelenko MD

**Peter R Breggin MD
Ginger Ross Breggin**

Bestselling Authors of
Talking Back to Prozac

Outline

- New biological products
- COVID-19 Vaccine Safety Review
- Failure of COVID-19 Vaccines to Stop SARS-CoV-2
- Pivot to Early Therapy for High-Risk COVID-19
- Freedom At Risk
- Censorship of Scientific Discourse
- **Conclusions**

Conclusions

- COVID-19 pandemic is a global disaster
- Pathophysiology is complex—not amenable to single drug
- The prehospital phase is the time of therapeutic opportunity
- Hospitalization and late treatment form an inadequate safety net with unacceptably high mortality
- Early ambulatory therapy with a sequenced, multi-drug regimen is supported by available sources of evidence and has a positive benefit-to-risk profile
 - Reduce the risk of hospitalization and death
 - More safely temporize to close the crisis with vaccination and natural herd immunity
- COVID-19 genetic vaccines have an unfavorable safety profile and are not sufficiently effective, thus they cannot be generally supported in clinical practice at this time
- Censorship and reprisal are working to crush freedom of speech, scientific discourse, and medical progress