MERCOLA
Take Control of Your Health

Doctors Predict Epidemic of Prion Brain Diseases

Analysis by Dr. Joseph Mercola | April 29, 2024

STORY AT-A-GLANCE

- Mounting research suggests a serious side effect of the COVID mRNA jabs could be dementia, and the prions that cause it may be contagious
- Frameshifting, as we now know occurs in the COVID shots, can induce prion production and lead to neurodegenerative diseases such as Alzheimer's and Creutzfeldt-Jakob disease (CJD)
- Sid Belzberg's prions.rip website, which collected data on neurological side effects post-jab, found a notably high incidence of diagnosed CJD cases, suggesting an alarming trend
- A series of articles highlight biases in clinical trials and observational studies, suggesting COVID-19 vaccines' safety and effectiveness have been massively overstated
- The Global COVID Vaccine Safety Project study — funded by the U.S. Centers for Disease Control and Prevention — reveals significant side effects, including myocarditis, pericarditis, and blood clots, underscoring the need for reevaluation of COVID vaccine risks and benefits

According to mounting data, one of the more serious side effects of the COVID mRNA jabs appears to be dementia, and worse yet, this previously untransmissible disease may now be "contagious," transmissible by way of prions.

In my 2021 interview with Stephanie Seneff, Ph.D., she explained why she suspected the COVID shots may eventually result in an avalanche of neurological prion-based diseases

such as Alzheimer's. She also published a paper detailing those mechanisms in the May 10, 2021, issue of the International Journal of Vaccine Theory. As she explained in that paper:[1]

> *"A paper published by J. Bart Classen (2021) proposed that the spike protein in the mRNA vaccines could cause prion-like diseases, in part through its ability to bind to many known proteins and induce their misfolding into potential prions.*
>
> *Idrees and Kumar (2021) have proposed that the spike protein's S1 component is prone to act as a functional amyloid and form toxic aggregates ... and can ultimately lead to neurodegeneration."*

In summary, the take-home from Seneff's paper is that the COVID shots, offered to hundreds of millions of people, are instruction sets for your body to make a toxic protein that will eventually wind up concentrated in your spleen, from where prion-like protein instructions will be sent out, leading to neurodegenerative diseases.

What Are Prions?

The term "prion" derives from "proteinaceous infectious particle." Prions are known to cause a variety of neurodegenerative diseases in animals and humans, such as Creutzfeldt-Jakob disease (CJD) in humans, bovine spongiform encephalopathy (BSE or "mad cow disease") in cattle, and chronic wasting disease in deer and elk.

These diseases are collectively referred to as transmissible spongiform encephalopathies (TSEs). They're characterized by long incubation periods, brain damage, the formation of holes in the brain giving it a sponge-like appearance, and failure to induce an inflammatory response.

> **"Infectious prions propagate by transmitting their misfolded protein state to normal variants of the same protein."**

In short, prions are infectious agents composed entirely of a protein material that can fold in multiple, structurally distinct ways, at least one of which is transmissible to other prion proteins, leading to a disease that is similar to viral infections but without nucleic acids.

Unlike bacteria, viruses, and fungi, which contain nucleic acids (DNA or RNA) that instruct their replication, prions propagate by transmitting their misfolded protein state to normal variants of the same protein.

According to the prion disease model, the infectious properties of prions are due to the ability of the abnormal protein to convert the normal version of the protein into the misfolded form, thereby setting off a chain reaction that progressively damages the nervous system.

Prions are remarkably resistant to conventional methods of sterilization and can survive extreme conditions that would normally destroy nucleic acids or other pathogens, which is part of why prion diseases are so difficult to treat.

More Evidence mRNA Shots Can Trigger Dementia

Today, there's even more evidence to support Seneff's theory. In August 2022, tech entrepreneur Sid Belzberg wrote[2] about prions.rip, a website he'd set up to collect data on the neurological side effects of the jabs. (This site is no longer live.)

Within a few months, the site had received about 15,000 hits and gathered 60 reports from people who got the jab and suffered neurological deficits shortly thereafter, including six cases of diagnosed CJD.

> *"Normally this disease affects 1 in a 1,000,000 people,"* Belzberg wrote.[3] *"To get 6 cases you would need 6,000,000 hits to the site assuming everyone reports. The chances of getting 1 case in 15,000 hits is 1 in 66. To see 6 cases in 1 group of 15,000 is 1/66^6 or 1 in 82,000,000,000, or 20 times more likely to win a Powerball lottery! ...*

To reiterate, CJD is an exceptionally rare disease that is now a known and established severe adverse reaction (SAE) from the DEATHVAX™. Injecting this slow kill bioweapon can cause ailments that are about as likely to develop in the real word as getting struck by lightning twice. The proof is now irrefutable."

Frameshifting Can Result in Prion Production

In mid-December 2023, researchers reported[4,5,6] that the replacing of uracil with synthetic methylpseudouridine in the COVID shots — a process known as codon optimization — can cause frameshifting, a glitch in the decoding, thereby triggering the production of off-target aberrant proteins.

The antibodies that develop as a result may, in turn, trigger off-target immune reactions. According to the authors, off-target cellular immune responses occur in 25% to 30% of people who have received the COVID shot. But that's not all.

According to British neuroscientist Dr. Kevin McCairn, this frameshifting phenomenon has also been linked to harmful prion production — and that frame shifted prions, specifically, are infectious and can be transmitted from one person to another. As reported in the Journal of Theoretical Biology in 2013:[7]

"A quantitatively consistent explanation for the titres of infectivity found in a variety of prion-containing preparations is provided on the basis that the etiological agents of transmissible spongiform encephalopathy comprise a very small population fraction of prion protein (PrP) variants, which contain frameshifted elements in their N-terminal octapeptide-repeat regions ...

Frameshifting accounts quantitatively for the etiology of prion disease. One per million frameshifted prions may be enough to cause disease. The HIV TAR-like element in the PRNP mRNA is likely an effector of frameshifting."

McCairn explained this mechanism in a February 19, 2023, interview with Health Alliance Australia (video above). In it, he noted:

> *"Mis-folded proteins caused by prions can impact every level organ and tissue system in the body ... [They] bioaccumulate and are resistant to degradation, thereby building up ..."*

Prions may in fact be the primary molecule that is being "shed" by COVID jab recipients, and if those prions are due to frameshifting, that could be very bad news indeed, considering their implication in dementia.

Another doctor who believes we'll be facing an "epidemic of prion disease" is Dr. David Cartland. In late February 2024, he posted[8] 13 scientific papers linking the COVID jabs, prion diseases and CJD, noting that was just a "small selection" of what's available in the medical literature.

Prions Implicated in Long COVID as Well

According to genomics expert Kevin McKernan, Ph.D., prions are also involved in long COVID (or as McKernan calls it, "long vax").[9] In one 2024 study,[10] 96.7% of long COVID sufferers had received the jab. In an interview with the Front Line COVID-19 Critical Care Alliance (FLCCC), McKernan stated:[11]

> *"If you frameshift over the stop codons, you're going to be making proteins that are spike-mito proteins. When I talk to a lot of the long vax patients I hear of all these things that remind me of my time in the mitochondrial disease sequencing space ..."*

McKernan claims he tried to publish a paper on this in 2021 with Dr. Peter McCullough, but the editor of the journal "stepped in and torpedoed the paper."[12]

World's Largest Side Effect Analysis Has Been Published

In related news, the largest study[13] to date on the side effects of the COVID jabs was published in the journal Vaccine in February 12, 2024, and it confirms what I and many

other alternative news sources have been saying all along, namely that the mRNA jabs are the most dangerous medical products to ever hit the market.

The study — performed by the Global COVID Vaccine Safety (GCoVS) Project and funded by the U.S. Centers for Disease Control and Prevention, Public Health Ontario and the Canadian Health Research Institute — evaluated the risk of "adverse events of special interest" (AESI) following COVID-19 “vaccination.”

Data from 10 sites in eight countries (Argentina, Australia, Canada, Denmark, Finland, France, New Zealand and Scotland) were included, encompassing more than 99 million jabbed individuals.

Of the thousands of side effects Pfizer listed in its confidential report of post-authorization adverse events submitted to the U.S. Food and Drug Administration,[14] the GCoVS focused on 13 AESIs that fall into three primary categories: Neurological, hematologic (blood-related) and cardiovascular conditions.

They calculated the AESI risk for each of the 13 AESIs based on the number of observed versus expected (OE) incidents occurring up to 42 days after injection. The “expected” number of side effects were based on vaccine adverse event data from 2015 to 2019. These rates were then compared to the adverse event rates observed in those who got one or more of the COVID jabs, either Pfizer's BNT162b2, Moderna's mRNA-1273, or AstraZeneca's ChAdOx1.

Largest Study to Date Confirms COVID Jab Dangers

The analysis[15] revealed several concerning side effects, including increased risks of myocarditis, pericarditis, blood clots in the brain, and various neurological conditions. Here’s a quick summary of the findings:

- **Myocarditis and pericarditis:**
    - **Pfizer vaccine —** OE ratios for myocarditis were 2.78 and 2.86 after the first and second shots, with the risk remaining doubled after the third and fourth

shots.

  - **Moderna vaccine —** OE ratios for myocarditis were 3.48 and 6.10 after the first and second shots. Doses 1 and 4 also showed OE ratios of 1.74 and 2.64 for pericarditis.

  - **AstraZeneca vaccine —** OE ratio for pericarditis was 6.91 after the third shot.
- **Blood clots in the brain (cerebral venous sinus thrombosis, CVST):**

  - An OE of 3.23 for CVST was observed after the first AstraZeneca shot.

  - A significant increase in CVST risk was also noted after the second Pfizer dose.

- **Neurological conditions:**

  - **Guillain-Barré syndrome —** An OE ratio of 2.49 was observed following the AstraZeneca jab.

  - **Transverse myelitis —** Risk nearly doubled with the AstraZeneca shot.

  - **Acute disseminated encephalomyelitis —** OE ratios of 3.78 (Moderna) and 2.23 (AstraZeneca) were noted.

These findings really underscore the potential for serious side effects from the COVID shots, including conditions that may lead to other consequences in the longer term, such as stroke, heart attack, paralysis and death.

Effectiveness and Safety Was Wildly Exaggerated in Trials

Considering those findings, it's no surprise to find that effectiveness and safety were exaggerated in clinical trials and observational studies. In a guest post on Dr. Robert Malone's Substack, Raphael Lataster, Ph.D., writes:[16]

> *"An unofficial series of four crucially important medical journal articles, two by me, appearing in major academic publisher Wiley's Journal of Evaluation in Clinical Practice reveals that claims made about COVID-19 vaccines'*

effectiveness and safety were exaggerated in the clinical trials and observational studies, which significantly impacts risk-benefit analyses.

Also discussed are the concerning topics of myocarditis, with evidence indicating that this one adverse effect alone means that the risks outweigh the benefits in the young and healthy; and perceived negative effectiveness, which indicates that the vaccines increase the chance of COVID-19 infection/hospitalization/death, to say nothing about other adverse effects."

Summary of Papers

The four papers in question include:

1. "Sources of Bias in Observational Studies of COVID-19 Vaccine Effectiveness" published in the Journal of Evaluation in Clinical Practice in March 2023, co-authored by BMJ editor Peter Doshi, Ph.D., statistician Kaiser Fung and biostatistician Mark Jones, which concluded that "case-counting window bias" had a significant effect on effectiveness estimates.[17]

   As explained by Lataster, this "concerns the 7 days, 14 days, or even 21 days after the jab where we are meant to overlook jab-related issues, such as COVID infections, for some odd reason as 'the vaccine has not had sufficient time to stimulate the immune system.'

   This may strike you as quite bizarre since all of the 'fully vaccinated' must go through the process of being 'partially vaccinated,' sometimes even more than once. To make matters worse, the unvaccinated do not get such a 'grace period,' meaning that there is also a clear bias at play.

   In an example using data from Pfizer's clinical trial, the authors show that thanks to this bias, a vaccine with effectiveness of 0%, which is confirmed in the hypothetical clinical trial, could be seen in observational studies as having effectiveness of 48%."

2. "Reply to Fung et. al. on COVID-19 Vaccine Case-Counting Window Biases Overstating Vaccine Effectiveness," authored by Lataster, which discussed how the counting window bias not only affected effectiveness estimates in observational studies but also safety estimates, suggesting a need for reassessment of vaccine safety.[18] The article also addresses "the mysterious rise in non-COVID excess deaths post-pandemic."[19]

3. "How the Case Counting Window Affected Vaccine Efficacy Calculations in Randomized Trials of COVID-19 Vaccines," again co-authored by Doshi and Fung, which detailed how case-counting window issues also overestimated effectiveness in Pfizer and Moderna clinical trials.[20]

4. A second article by Lataster, in which he highlighted and summarized the evidence showing that clinical trials were affected by adverse effect counting window issues that led to exaggerated safety estimates.[21]

"Together, these four articles make clear that claims made about COVID-19 vaccines; effectiveness and safety were exaggerated in the clinical trials and observational studies, whilst also finding time to discuss myocarditis and perceived negative effectiveness, meaning that new analyses are very much needed," Lataster writes.[22]

Resources for Those Injured by the COVID Jab

Based on data from across the world, it's beyond clear that the COVID shots are the most dangerous drugs ever deployed. If you already got one or more COVID jabs and are now reconsidering, you'd be wise to avoid all vaccines from here on, as you need to end the assault on your body. Even if you haven't experienced any obvious side effects, your health may still be impacted long-term, so don't take any more shots.

If you're suffering from side effects, your first order of business is to eliminate the spike protein — and/or any aberrant off-target protein — that your body is producing. Two remedies shown to bind to and facilitate the removal of SARS-CoV-2 spike protein are hydroxychloroquine and ivermectin. I don't know if these drugs will work on off-target proteins and nanolipid accumulation as well, but it probably wouldn't hurt to try.

The Front Line COVID-19 Critical Care Alliance (FLCCC) has developed a post-vaccine treatment protocol called **I-RECOVER**. Since the protocol is continuously updated as more data become available, your best bet is to download the latest version straight from the FLCCC website at covid19criticalcare.com.[23]

For additional suggestions, check out the **World Council for Health's spike protein detox guide**,[24] which focuses on natural substances like herbs, supplements and teas. Sauna therapy can also help eliminate toxic and misfolded proteins by stimulating autophagy.

Sources and References

- [1] International Journal of Vaccine Theory, Practice and Research May 10, 2021; 2(1): 402-444
- [2, 3] 2ndsmartestguyintheworld.com August 18, 2022
- [4] Nature December 6, 2023
- [5] Trial Site News December 7, 2023
- [6] The Telegraph December 6, 2023
- [7] Journal off Theoretical Biology May 2013; 325: 52-61
- [8] Twitter/X Dr. David Cartland February 24, 2024
- [9, 11, 12] LifeSite News March 4, 2024
- [10] Journal of Clinical Medicine 2024; 13(5): 1208
- [13, 15] Vaccine February 12, 2024 [epub ahead of print]
- [14] 5.3.6 Cumulative Analysis of Post-Authorization Adverse Event Reports Received Through 28-Feb-2021, Pages 30-38
- [16, 19, 22] RW Malone MD Substack March 6, 2024
- [17] Journal of Evaluation in Clinical Practice March 26, 2023; 30(1): 30-36
- [18] Journal of Evaluation in Clinical Practice July 4, 2023; 30(1): 82-85
- [20] Journal of Evaluation in Clinical Practice July 15, 2023; 30(1): 105-106
- [21] Journal of Evaluation in Clinical Practice January 18, 2024
- [23] Covid19criticalcare.com
- [24] World Council for Health Spike Protein Detox Guide November 30, 2021