Monoclonal Antibody Immune Therapy Introduces Risk of Mutation of Novel Zoonotic RNA-Virus Species; Unintended Consequences of the Enhanced Function of CoVID-19 and Mass Vaccination, By Keidi Obi Awadu, Dec. 2020, Conscious Rasta Report

A spectrum of minimally-regulated and extraordinary pharmacological procedures has created an unprecedented environment for the potential emergence of the most dangerous infectious pathogens to have ever affected humans and other species. Currently propagated across a large global environment are procedures such as gene editing, gain-of-function experiments, monoclonal immune therapy, the use of non-human species in vaccine cultures, mutagenic chemotherapies, unintended amino acid sequence mutations, antibiotic-resistant pathogens, and other modern medical therapeutic approaches. It seems inevitable that these procedures, in unusual combinations, raise the specter of unintended and highly aggressive pathogenic mutations. The world's current microbiological regulatory environment is inadequate to prevent spontaneous mutation of new pathogenic species of infectious superbugs of the future. Under a worst-scenario outcome, this could lead to the world's sixth extinction-level event.

Did the rush to distribute mass vaccination for CoVID-19 create the world's sixth extinction-level event?

Keywords: chemotherapy, metastatic cancers, monoclonal antibodies (mAbs), immunotherapy, CRISPR, unintended gene edits, gain-of-function (GOF), spontaneous mutation, mutagenesis, zoonotic species, mouse hepatic virus (MHV), rat coronavirus (RCoV), laboratory standardization, environmental mutagens, genetic toxicity, enhanced pathogenicity, expedited pharmacological trials, ACT Accelerator, Emergency Use Authorization (EUA), COVAX (led by WHO), GAVI, and CEPI, immune enhancement

Abstract

The impact of the global CoVID-19 (Novel Coronavirus 2019) pandemic on human health has created an unprecedented effort to deploy numerous vaccines to combat the epidemic. With more than 50 CoVID-19 vaccine candidates in trials worldwide, there arises a concern that the standardization of CoVID-19 research and tools is inadequate for such a momentous endeavor. The first antiviral immunotherapy vaccines have been deployed under Emergency Use Authorization after accelerated trials for efficacy and safety. These vaccines are using a newly-developed approach to triggering immunity by utilizing monoclonal antibody treatment. This paper concerns itself with the risks of in vivo mutation of this, or other, zoonotic virus species with the potential to be dangerous to human health. The introduction of new pharmacology branches such as monoclonal antibody immune therapy, and gene editing procedures such as CRISPR, has known risks. It is unknown how these new techniques might interact amongst a vast spectrum of toxic environmental stressors that have been shown to cause DNA and RNA gene mutagenesis. We also look at the risk of gain-of-function experiments with the potential to trigger mutation of pathogenic agents, whether intended or unintended, resulting in

enhanced pathogenicity. Could it be possible that relaxation of funding regulation on gain-of-function research in December 2017 could be the foundation for the emergence of CoVID-19 exactly two years later? Another area of our investigation is the relationship between vaccination and the unexpected reactive condition known as immune enhancement, wherein animals or humans receiving vaccination who were later exposed to the pathogenic agent developed more serious diseases than those unvaccinated. Because there are so many variables involved in a rush to mass vaccinate hundreds of millions of people with this accelerated program of newly-developed procedures, this paper raises concern that the risk of unintended consequences of the current CoVID-19 global vaccination program merits the most extreme caution. Current understanding of virology, epidemiology, immunology, and the evolution of emerging threats from zoonotic species should require a heightened level of safety precautions that are not presently being administered.

Two and three months into worldwide distribution of the COVAX vaccination, more recent reports have raised the alarm over the incidence of blood clotting among those recently vaccinated. As early as November 17, 2020, six weeks before widespread vaccination began, there were published warnings about association between autoimmune antibodies, acute and chronic inflammation, blood clotting, and subsequent episodes of myocardial, cerebral, and pulmonary embolisms.

Research

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With more than 50 CoVID-19 vaccine candidates in trials worldwide[12], there remains the concern that the standardization of CoVID-19 research and tools is inadequate for such a momentous endeavor.[34] (Imperiale and Casadevall, 2020)

The first antiviral immunotherapy vaccines have been deployed in the United States under Emergency Use Authorization (EUA) after accelerated trials for efficacy and safety. Injection of health professionals began in the U.S. on December 14, 2020. Injections were performed using the Pfizer-BioNTech COVID-19 Vaccine.[5]

Several of these vaccines being authorized through the EAU, including the Pfizer vaccine, are using a newly-developed approach to triggering immunity by using treatment with monoclonal antibodies (mAbs).[6] It is proposed that mAbs could provide benefits over conventional pharmacological chemotherapies "in terms of potency, dosing frequency, and specificity" for targeted antigen response ((Catapanoab, Papadopoulosc, 2013). In the current global response to the SARS-CoV-2 (CoVID-19) pandemic, the use of mouse-derived mAbs has become ubiquitous.[7] Published research from prestious medical journals such as the Journal of