Pfizer Study suggests Covid-19 Vaccine to blame for huge increase in Hepatitis among Children as UK Government launches Urgent Investigation

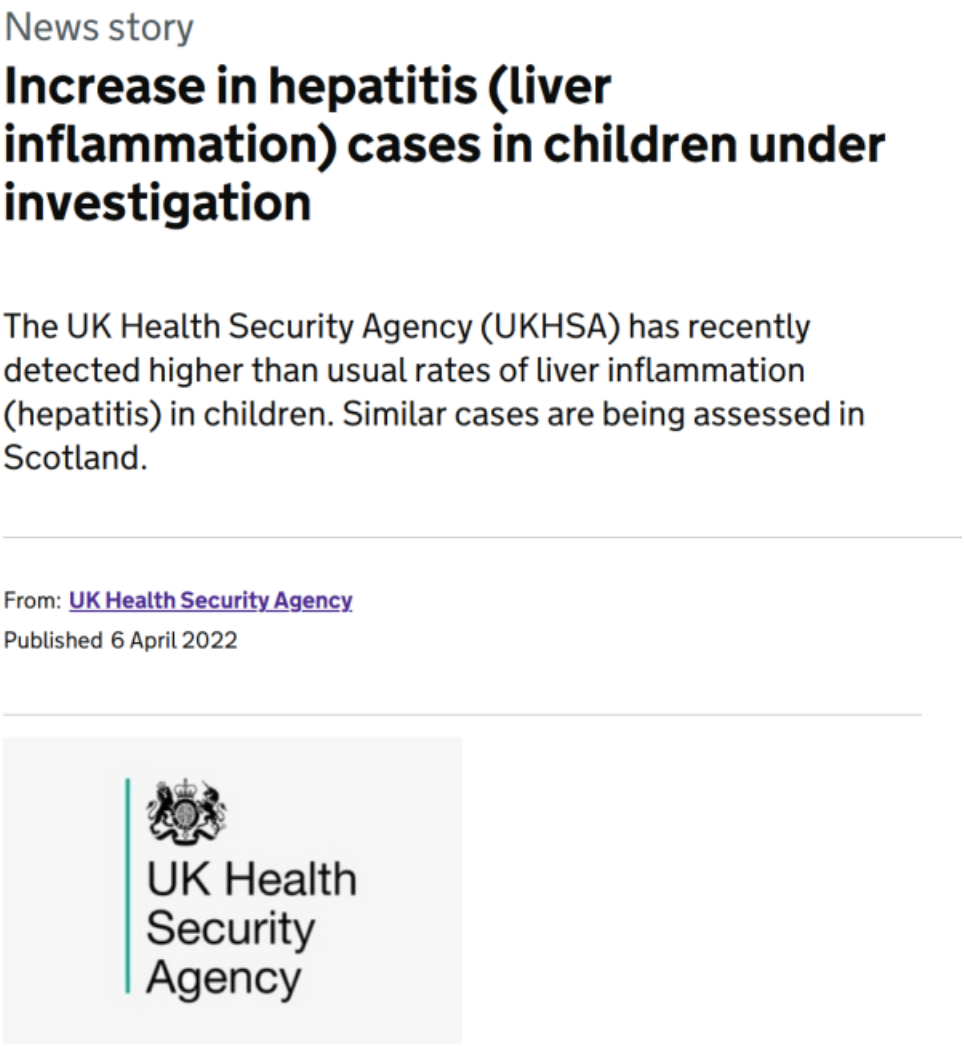
dailyexpose.uk/2022/04/09/pfizer-vaccine-causes-hepatitis-children-uk-gov-investigates/

By The Exposé

April 9, 2022

The UK Health Security Agency has announced that it has recently detected higher than usual rates of liver inflammation (hepatitis) among children, but have ruled out the common viruses that cause hepatitis so have therefore launched an urgent investigation.

The very first place they should be looking is at the experimental Pfizer Covid-19 injection that has outrageously and unncessarily been offered to children as young as five. Why? Because Pfizer's own study proves that the mRNA jab accumulates in the liver causing hepatitis.



Source

The UK Health Security Agency (UKHSA) has recently detected higher than usual rates of liver inflammation (hepatitis) in children. Similar cases are also being assessed in Scotland.

Hepatitis is a condition that affects the liver and may occur for a number of reasons, including several viral infections common in children. However, **in the cases under investigation the common viruses that cause hepatitis have not been detected.**

Hepatitis symptoms include:

- dark urine
- pale, grey-coloured poo
- itchy skin
- yellowing of the eyes and skin (jaundice)
- muscle and joint pain
- a high temperature
- feeling and being sick
- feeling unusually tired all the time
- loss of appetite
- tummy pain

UKHSA is allegedly working swiftly with the NHS and public health colleagues across the UK to investigate the potential cause. But it would appear they need not look any further than the experimental Pfizer Covid-19 injection they have outrageously been giving to children. Because Pfizer's own study confirms the mRNA jab accumulates in the liver causing hepatitis.

It was assumed that the Covid-19 vaccine's spike protein would remain at the injection site and last up to several weeks like other proteins produced in the body.

But as we all know assumptions make an ass out of u and me, and Pfizer's own study shows this is not the case and that spike proteins circulate in the body following mRNA Covid-19 vaccination, and the highest concentration ends up in the liver.

> "The greatest mean concentration outside the injection site was observed in the liver, with values of 27.916 µg equiv lipid/g (equivalent to 21.5 % dose) in males and 30.411 µg equiv lipid/g (equivalent to 18.4 % dose) in females"

Results expressed as total lipid concentration (µg lipid equiv/g (mL)) and % of administered dose

Sample	Total Lipid Concentration (µg lipid equiv/g (or mL))							% of Administered Dose						
	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h
Injection site	128.253	393.810	311.177	338.039	212.760	194.855	164.929	19.851	52.620	31.574	28.383	21.862	29.126	24.625
Kidneys	0.391	1.161	2.046	0.924	0.590	0.426	0.425	0.050	0.124	0.211	0.109	0.075	0.054	0.057
Large intestine	0.013	0.048	0.093	0.287	0.649	1.104	1.338	0.008	0.025	0.065	0.192	0.405	0.692	0.762
Liver	0.737	4.625	10.972	16.547	26.544	19.240	24.288	0.602	2.871	7.330	11.863	18.050	15.439	16.155
Lung	0.492	1.210	1.834	1.497	1.151	1.039	1.093	0.052	0.101	0.178	0.169	0.122	0.101	0.101
Lymph node (man)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	-	-	-	-	-	-	-

Source – Page 23

The Japanese regulatory agency's bio-distribution study of the Pfizer vaccine shows that the contents of the Covid-19 injection travels from the injection site, through the bloodstream, and ends up in various organs such as the liver, spleen, adrenal glands, and ovaries for at least 48 hours after injection.

9 TABLES

Table 1 Mean (Sexes-Combined) Concentration and Recovery of Total Radioactivity in Whole Blood, Plasma and Tissues Following Single Intramuscular Administration of [^{3}H]-08-A01-C01 to Wistar Han Rats

Target Dose Level: 50 µg mRNA/Animal; 1.29 mg Total Lipid/Animal

Results expressed as total lipid concentration (µg lipid equiv/g (mL)) and % of administered dose

Sample	Total Lipid Concentration (µg lipid equiv/g (or mL))							% of Administered Dose						
	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h
Adipose tissue	0.057	0.100	0.126	0.128	0.093	0.084	0.181	-	-	-	-	-	-	-
Adrenal glands	0.271	1.484	2.719	2.888	6.803	13.772	18.209	0.001	0.007	0.010	0.015	0.035	0.066	0.106
Bladder	0.041	0.130	0.146	0.167	0.148	0.247	0.365	0.000	0.001	0.001	0.001	0.001	0.002	0.002
Bone (femur)	0.091	0.195	0.266	0.276	0.340	0.342	0.687	-	-	-	-	-	-	-
Bone marrow (femur)	0.479	0.960	1.237	1.236	1.836	2.492	3.771	-	-	-	-	-	-	-
Brain	0.045	0.100	0.138	0.115	0.073	0.069	0.068	0.007	0.013	0.020	0.016	0.011	0.010	0.009
Eyes	0.010	0.035	0.052	0.067	0.059	0.091	0.112	0.000	0.001	0.001	0.002	0.002	0.002	0.003
Heart	0.282	1.029	1.402	0.987	0.790	0.451	0.546	0.018	0.056	0.084	0.060	0.042	0.027	0.030
Injection site	128.253	393.810	311.177	338.039	212.760	194.855	164.929	19.851	52.620	31.574	28.383	21.862	29.126	24.625
Kidneys	0.391	1.161	2.046	0.924	0.590	0.426	0.425	0.050	0.124	0.211	0.109	0.075	0.054	0.057
Large intestine	0.013	0.048	0.093	0.287	0.649	1.104	1.338	0.008	0.025	0.065	0.192	0.405	0.692	0.762
Liver	0.737	4.625	10.972	16.547	26.544	19.240	24.288	0.602	2.871	7.330	11.863	18.050	15.439	16.155
Lung	0.492	1.210	1.834	1.497	1.151	1.039	1.093	0.052	0.101	0.178	0.169	0.122	0.101	0.101
Lymph node (man)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	-	-	-	-	-	-	-
Lymph node (mes)	0.050	0.146	0.530	0.489	0.689	0.985	1.366	-	-	-	-	-	-	-
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	-	-	-	-	-	-	-
Ovaries (females)	0.104	1.339	1.638	2.341	3.088	5.240	12.261	0.001	0.009	0.008	0.016	0.025	0.037	0.095
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003	0.007	0.014	0.015	0.015	0.011	0.019
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000	0.001	0.001	0.001	0.000	0.000	0.001
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001	0.001	0.002	0.003	0.003	0.004	0.003
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003	0.007	0.008	0.008	0.005	0.006	0.009
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	-	-	-	-	-	-	-

- =Partial tissue taken therefore not applicable

Source – Page 23

In animals that received the BNT162b2 injection, reversible hepatic effects were observed, including enlarged liver, vacuolation, increased gamma-glutamyl transferase (γGT) levels, and increased levels of aspartate transaminase (AST) and alkaline phosphatase (ALP) [**source**].

According to the researchers' transient hepatic effects induced by LNP delivery systems have been reported previously [sources **1**,**2**,**3**,**4**]

Gross pathology and organ weights: At 100ug BNT162b2 V8 and 30ug BNT162b2 V9, the tissue at the injection site was thickened/enlarged with oedema and erythema at the end of exposure in a reversible manner. The spleen was enlarged (reversible) with up to 60% for both vaccine variants and doses. There was also an enlargement of the draining and inguinal lymph nodes at 100ug (BNT162b2 V8). Overall, there were signs of a significant immune response which is likely linked to the test substance. There was a trend of slightly enlarged liver in females at 100ug (BNT162b2 V8) but not at 30ug (BNT162b2 V9).

Histopathology: At 100ug BNT162b2 V8, there were observations of various inflammatory signs at the injection site (e.g. fibrosis, myofiber degeneration, oedema, subcutis inflammation and epidermis hyperplasia). Also, there was inflammation of the perineural tissue of the sciatic nerve and surrounding bone in most rats at d17. The bone marrow demonstrated increased cellularity and the lymph nodes showed plasmacytosis, inflammation and increased cellularity. The spleen demonstrated increased haematopoiesis in half the animals at d17. The liver showed hepatocellular periportal vacuolation at d17 (fully reversed during recovery) which may be related to hepatic clearance of ALC0315. Histopathology assessment of 30ug BNT162b2 V9 generated similar results as 100ug BNT162b2 V8 although not on as extensive level (possibly due to a lesser dose). Minimal to moderate inflammation and oedema was observed at the injection site (usually resolved after ~3d). There was minimal to moderate increased

Source – Page 49

This was the driver for Aldén, et al from the Department of Clinical Sciences, Lund University, to examine the effect of BNT162b2 on a human liver cell line in vitro and investigate if BNT162b2 can be reverse transcribed into DNA through endogenous mechanisms. They published their paper in Current Issues of Molecular Biology.

Open Access Article

Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line

by Markus Aldén [1], Francisko Olofsson Falla [1], Daowei Yang [1], Mohammad Barghouth [1], Cheng Luan [1], Magnus Rasmussen [2] and Yang De Marinis [1,*]

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Academic Editor: Stephen Malnick

Curr. Issues Mol. Biol. **2022**, *44*(3), 1115-1126; https://doi.org/10.3390/cimb44030073

Received: 18 January 2022 / Revised: 19 February 2022 / Accepted: 23 February 2022 / Published: 25 February 2022

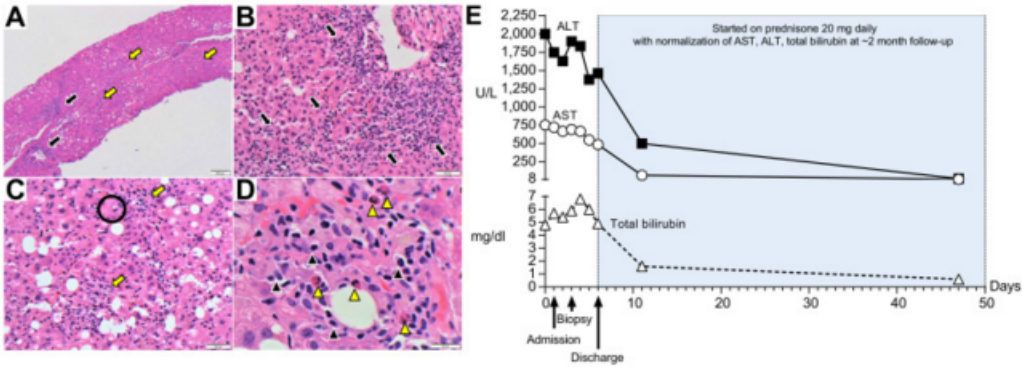
Source

The authors of the paper found that when the mRNA Pfizer vaccine enters the human liver cells, it triggers the cell's DNA which is inside the nucleus, to increase the production of the LINE-1 gene expression to make mRNA.

The mRNA then leaves the nucleus and enters the cell's cytoplasm, where it translates into LINE-1 protein. A segment of the protein called the open reading frame-1, or ORF-1, then goes back into the nucleus, where it attaches to the vaccine's mRNA and reverse transcribes into spike DNA.

Through conducting the study they also found spike proteins expressed on the surface of the liver cells that researchers say may be targeted by the immune system and possibly cause autoimmune hepatitis, as "there [have] been case reports on individuals who developed autoimmune hepatitis after BNT162b2 vaccination."

The authors were referring to the first reported case of a healthy 35-year-old female who developed autoimmune hepatitis a week after her first dose of the Pfizer COVID-19 vaccine. This led to a study being conducted in which the authors concluded there is a possibility that "spike-directed antibodies induced by vaccination may also trigger autoimmune conditions in predisposed individuals".



(A) Low-magnification (40x) shows pan-lobular hepatitis (black arrows: portal inflammation and yellow arrows: lobular inflammation).

The researchers Bril *et al* (2021) found that "severe cases of SARS-CoV-2 infection are characterised by an auto-inflammatory dysregulation that contributes to tissue damage," which the virus's spike protein appears to be responsible for. They also reported that histology revealed the presence of eosinophils, which are more commonly seen with drug or toxin-induced liver injury, although can also be found in cases of autoimmune hepatitis.

> We have recently treated a 35-year-old Caucasian female in her third month postpartum, who developed autoimmune hepatitis after COVID-19 vaccination. During pregnancy, she was diagnosed with gestational hypertension and started on labetalol 100 mg bid. C-section was performed without any complications, and patient was discharged from the hospital on labetalol for blood pressure control. She resumed her job as a healthcare provider in mid-December, and received her first dose of Pfizer-BioNTech COVID-19 vaccine on January 4th. After 1 week, she started developing generalized pruritus, then choluria, and finally noticed jaundice, presenting to the emergency room on day +13 after COVID-19 vaccination.

They argued that "It is also possible that we could be in the presence of a vaccine-related drug-induced liver injury with features of autoimmune hepatitis [….] symptoms developed 6 days after vaccination, which instinctively appears as a short period of time. However, latency periods after vaccination of just days have been observed in prior reports".

We wonder if Chris Whitty will be able to sleep at night once the UKHSA proves the Covid-19 injection is to blame for this sudden increase in hepatitis among children? Afterall, not a single child would have been given the Covid-19 injection if it were not for the Chief Medical Officer for England overruling the Joint Committee on Vaccination and Immunisation which had previously concluded the benefits do not outweigh the risks.

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