# COVID-19 Vaccine Ingredients

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On 20 August 2021 Dr. Robert Young published his team's findings after analysing the four dominant COVID-19 "vaccines" using Phase Contrast Microscopy, Transmission and Scanning Electron Microscopy and Energy-Dispersive X-ray Spectroscopy. Their findings both confirm and expand upon the prior investigations carried out by Dr. Pablo Campra (University of Almeria, Spain) and Dr. Juan F. Gastón Añaños (Hospital de Barbastro, Spain). These findings are summarised in the table below.

Many of these substances were observed as being bonded to graphene oxide nanoparticles. GO nanoparticles are necrotic, able to pass into or through physiological barriers including (but not limited to) the blood-air barrier, the blood-testis barrier, the blood-brain barrier, and the blood-placenta barrier. Over a period of several months after intramuscular injection, as much as 75% of the GO nanoparticle "delivery platform", and most of the substances listed below, are transported extensively throughout the bodies of mammals, into the blood, brain and other organs. Some of the many toxic effects of graphene oxide are myocarditis and blood clotting.

## COVID-19 Vaccine Identified Ingredients

| Identified Ingredients | Pfizer | AstraZeneca | Janssen | Moderna |
|---|---|---|---|---|
| Aluminium (Al) | Yes | | | Yes |
| Bismuth (Bi) | Yes | | | |
| Cadmium (Cd) | | | | Yes |
| Calcium (Ca) | | | | Yes |
| Carbon (C) | Yes | | | Yes |
| Chloride ($CL^-$) | Yes | | | |
| Chlorine (Cl in saline solution) | Yes | Yes | Yes | Yes |
| Chromium (Cr) | Yes | Yes | Yes | |
| Copper (Cu) | Yes | Yes | | Yes |
| Graphene oxide | Yes | Yes | Yes | Yes |
| Iron (Fe) | Yes | Yes | Yes | Yes |
| Lead (Pb) | | | | Yes |
| Magnesium (Mg) | | | | Yes |
| Manganese (Mn) | | | Yes | |
| Nickel (Ni) | | Yes | Yes | |
| Nitrogen (N) | Yes | | | Yes |
| Oxygen (O) | Yes | | | Yes |
| Phosphorous (P) | Yes | | | Yes |
| Potassium (K) | | | | Yes |
| Selenium (Se) | | | | Yes |
| Silicon (Si) | Yes | Yes | Yes | Yes |
| Sodium (Na in saline solution) | Yes | Yes | Yes | Yes |
| Sulfur (S) | Yes | Yes | | |
| Tin (Sn) | | Yes | | |
| Titanium (Ti) | Yes | | | Yes |
| Trypanosoma (parasite) | Yes | Possible | | |

| Identified Ingredients | Pfizer | AstraZeneca | Janssen | Moderna |
|---|---|---|---|---|
| Vanadium (Va) | Yes | | | |

Source : https://www.drrobertyoung.com/post/transmission-electron-microscopy-reveals-graphene-oxide-in-cov-19-vaccines

These findings are compositionally consistent with some of the declared contents of the Pfizer and Moderna products. I imagine that further quantitative analysis of the contents should make it possible to identify the likely chemical compounds which have *not* been explicitly identified by the manufacturers (via mass-spectrometry and molar mass derivations). Considering the experiment that was carried out in Kenya in 2014 (and more here), I suspect that Human chorionic gonadotropin (hCG) (composed primarily of carbon, hydrogen, nitrogen and oxygen) is possibly one of them.

The discovery of stainless steel in the Moderna vaccines in Japan could account for at least some of the iron, carbon, nitrogen, aluminium, silicon, titanium, copper and/or selenium detected in that particular chimera. Moderna are claiming that the stainless steel inclusions were accidental contamination and limited to some batches manufactured by Laboratorios Farmacéuticos Rovi headquartered in Madrid.

## COVID-19 Vaccine Declared Ingredients

| Declared Ingredients | Chemical Composition | Pfizer | Moderna |
|---|---|---|---|
| Active Ingredients | | | |
| Comirnaty mRNA | $C_{15}H_{31}N_3O_{13}P_2$ (DNA/variable) | Yes | |
| mRNA-1273 mRNA | $C_{15}H_{31}N_3O_{13}P_2$ (DNA/variable) | | Yes |
| Lipids | | | |
| Cholestrol | $C_{27}H_{46}O$ | Yes | Yes |
| 1,2-distearoyl-sn-glycero-3-phosphocholine (DSPC) | $C_{44}H_{88}NO_8P$ | Yes | Yes |
| ((4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2- hexyldecanoate) (ALC-3015) | $C_{48}H_{95}NO_5$ | Yes | |
| 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide (ALC-0159) | $H-(O-CH_2-CH_2)n-OH$ | Yes | |

| Declared Ingredients | Chemical Composition | Pfizer | Moderna |
|---|---|---|---|
| Lipid SM-102 | $C_{44}H_{87}NO_5$ | | Yes |
| 1,2-dimyristoyl-rac-glycero-3-methoxypolyethylene glycol-2000 (PEG2000-DMG) | $(C_2H_4O)nC_{32}H_{62}O_5$ | | Yes |
| Buffers | | | |
| potassium chloride | KCl | Yes | |
| monobasic potassium phosphate | $KH_2PO_4$ | Yes | |
| sodium chloride | NaCl | Yes | |
| basic sodium phosphate dihydrate | $Na_2HPO_4$ | Yes | |
| tromethamine (tris(hydroxymethyl)aminomethane) | $C_4H_{12}ClNO_3$ | | Yes |
| tromethamine hydrochloride | $C_4H_{11}NO_3$ | | Yes |
| acetic acid | $C_2H_4O_2$ | | Yes |
| sodium acetate | $C_2H_3NaO_2$ | | Yes |
| water | $H_2O$ | Yes | Yes |
| Other | | | |
| sucrose | $C_{12}H_{22}O_{11}$ | Yes | Yes |

EDIT – 9 September : Corrected some formula in this table. The list of undeclared components below remains unchanged.

The components which *do not* appear to have been declared include:

Aluminium (Al)
Bismuth (Bi)
Cadmium (Cd)
Chromium (Cr)
Copper (Cu)
Iron (Fe)
Lead (Pb)
Magnesium (Mg)
Manganese (Mn)
Nickel (Ni)

Selenium (Se)
Silicon (Si)
Sulfur (S)
Tin (Sn)
Titanium (Ti)
Vanadium (V)
Graphene oxide ($C_{140}H_{42}O_{20}$)

…which includes the blood parasite, Trypanosoma cruzi (Chagas disease) or possibly Trypanosoma brucei (African sleeping sickness), as indicated in the most recent MHRA reports (reproduced below) and one VAERS report. Trypanosoma is composed of carbon, oxygen, chromium, sulphur, aluminium, chloride and nitrogen.

# Case Series Drug Analysis Print

## Name: COVID-19 mRNA Pfizer- BioNTech vaccine analysis print

Report Run Date: 26-Aug-2021 Data Lock Date: 25-Aug-2021 18:30:56
Earliest Reaction Date: 13-Apr-1968 MedDRA Version: MedDRA 24.0

| Reaction Name | Total | Fatal |
|---|---|---|
| **Infections** Infections cont'd | | |
| ***Treponema infections*** | | |
| Syphilis | 2 | 0 |
| ***Trypanosomal infections*** | | |
| African trypanosomiasis | 2 | 0 |
| ***Tuberculous infections*** | | |
| Latent tuberculosis | 1 | 0 |
| Lymph node tuberculosis | 1 | 0 |
| Pulmonary tuberculosis | 1 | 0 |
| Tuberculosis | 1 | 0 |
| Tuberculosis of central nervous system | 1 | 0 |
| ***Upper respiratory tract infections*** | | |
| Acute sinusitis | 4 | 0 |
| Chronic sinusitis | 1 | 0 |
| Croup infectious | 1 | 0 |
| Epiglottitis | 1 | 0 |
| Laryngitis | 24 | 0 |
| Nasopharyngitis | 788 | 0 |
| Peritonsillar abscess | 2 | 0 |
| Pharyngitis | 27 | 0 |
| Rhinitis | 36 | 0 |
| Sinusitis | 123 | 0 |
| Tonsillitis | 90 | 0 |
| Tracheitis | 4 | 0 |
| Tracheostomy infection | 1 | 0 |
| Upper respiratory tract infection | 6 | 0 |
| ***Urinary tract infections*** | | |
| Cystitis | 61 | 0 |
| Kidney infection | 34 | 0 |
| Pyelonephritis | 2 | 0 |
| Urinary tract infection | 154 | 0 |
| ***Vascular infections*** | | |
| Haematoma infection | 1 | 0 |
| Infected lymphocele | 1 | 0 |
| Infusion site infection | 1 | 0 |
| Lymphangitis | 7 | 0 |
| ***Viral infections NEC*** | | |
| Arthritis viral | 1 | 0 |
| Conjunctivitis viral | 2 | 0 |
| Encephalitis viral | 4 | 1 |
| Eye infection viral | 2 | 0 |
| Gastroenteritis viral | 21 | 0 |
| Hepatitis viral | 2 | 0 |
| Meningitis viral | 8 | 0 |
| Meningoencephalitis viral | 1 | 0 |
| Oral viral infection | 1 | 0 |
| Pleurisy viral | 1 | 0 |
| Pneumonia viral | 2 | 1 |
| Post viral fatigue syndrome | 37 | 0 |
| Sweating fever | 77 | 0 |
| Vestibular neuronitis | 23 | 0 |
| Viral diarrhoea | 2 | 0 |
| Viral infection | 40 | 0 |
| Viral labyrinthitis | 3 | 0 |

# Case Series Drug Analysis Print

## Name: COVID-19 vaccine AstraZeneca analysis print

Report Run Date: 26-Aug-2021 Data Lock Date: 25-Aug-2021 18:30:56
Earliest Reaction Date: 03-Feb-1921 MedDRA Version: MedDRA 24.0

| Reaction Name | Total | Fatal |
|---|---|---|
| **Infections** Infections cont'd | | |
| Vaccination site pustule | 5 | 0 |
| ***Staphylococcal infections*** | | |
| Furuncle | 54 | 0 |
| Staphylococcal bacteraemia | 2 | 0 |
| Staphylococcal infection | 1 | 0 |
| Staphylococcal scalded skin syndrome | 1 | 0 |
| Staphylococcal sepsis | 4 | 1 |
| Toxic shock syndrome staphylococcal | 1 | 0 |
| Vulvovaginitis staphylococcal | 1 | 0 |
| ***Streptococcal infections*** | | |
| Cellulitis streptococcal | 1 | 0 |
| Erysipelas | 1 | 0 |
| Meningitis pneumococcal | 4 | 1 |
| Pharyngitis streptococcal | 9 | 0 |
| Pneumonia pneumococcal | 1 | 0 |
| Scarlet fever | 1 | 0 |
| Streptococcal infection | 2 | 0 |
| Tonsillitis streptococcal | 1 | 0 |
| ***Tinea infections*** | | |
| Body tinea | 8 | 0 |
| Tinea cruris | 2 | 0 |
| Tinea infection | 2 | 0 |
| Tinea pedis | 4 | 0 |
| Tinea versicolour | 2 | 0 |
| ***Treponema infections*** | | |
| Neurosyphilis | 1 | 0 |
| Syphilis | 3 | 0 |
| ***Trypanosomal infections*** | | |
| African trypanosomiasis | 6 | 0 |
| ***Tuberculous infections*** | | |
| Disseminated Bacillus Calmette-Guerin infection | 1 | 0 |
| Erythema induratum | 1 | 0 |
| Latent tuberculosis | 1 | 0 |
| Lymph node tuberculosis | 3 | 0 |
| Meningitis tuberculous | 1 | 0 |
| Pulmonary tuberculosis | 2 | 0 |
| Tuberculosis | 4 | 0 |
| ***Upper respiratory tract infections*** | | |
| Acute sinusitis | 6 | 0 |
| Chronic sinusitis | 14 | 0 |
| Croup infectious | 1 | 0 |
| Epiglottitis | 1 | 0 |
| Laryngitis | 36 | 0 |
| Nasal vestibulitis | 1 | 0 |
| Nasopharyngitis | 1863 | 0 |
| Peritonsillar abscess | 1 | 0 |
| Pharyngeal abscess | 1 | 0 |
| Pharyngitis | 38 | 0 |
| Rhinitis | 52 | 0 |
| Sinobronchitis | 1 | 0 |
| Sinusitis | 373 | 0 |
| Tonsillitis | 86 | 0 |
| Tracheitis | 2 | 0 |

# Case Series Drug Analysis Print

## Name: COVID-19 vaccine brand unspecified analysis print

Report Run Date: 26-Aug-2021 Data Lock Date: 25-Aug-2021 18:30:56
Earliest Reaction Date: 06-Feb-2020 MedDRA Version: MedDRA 24.0

| Reaction Name | Total | Fatal |
|---|---|---|
| **Infections** | | |
| ***Abdominal and gastrointestinal infections*** | | |
| Appendicitis | 1 | 0 |
| ***Bacterial infections NEC*** | | |
| Arthritis bacterial | 1 | 0 |
| ***Breast infections*** | | |
| Mastitis | 1 | 0 |
| ***Caliciviral infections*** | | |
| Norovirus infection | 1 | 0 |
| ***Central nervous system and spinal infections*** | | |
| Encephalitis | 1 | 0 |
| Meningitis aseptic | 1 | 0 |
| ***Coronavirus infections*** | | |
| COVID-19 | 16 | 0 |
| Suspected COVID-19 | 1 | 0 |
| ***Eye and eyelid infections*** | | |
| Eye infection | 1 | 0 |
| ***Fungal infections NEC*** | | |
| Fungal infection | 1 | 0 |
| ***Herpes viral infections*** | | |
| Genital herpes | 2 | 0 |
| Herpes zoster | 9 | 0 |
| Oral herpes | 2 | 0 |
| ***Infections NEC*** | | |
| Infection | 5 | 0 |
| Localised infection | 1 | 0 |
| ***Infectious transmissions*** | | |
| Vaccine virus shedding | 1 | 0 |
| ***Influenza viral infections*** | | |
| Influenza | 13 | 0 |
| ***Lower respiratory tract and lung infections*** | | |
| Lower respiratory tract infection | 3 | 1 |
| Pneumonia | 5 | 3 |
| ***Mumps viral infections*** | | |
| Mumps | 1 | 0 |
| ***Sepsis, bacteraemia, viraemia and fungaemia NEC*** | | |
| Sepsis | 1 | 0 |
| ***Staphylococcal infections*** | | |
| Furuncle | 1 | 0 |
| ***Trypanosomal infections*** | | |
| African trypanosomiasis | 1 | 0 |
| ***Upper respiratory tract infections*** | | |
| Nasopharyngitis | 8 | 0 |
| Sinusitis | 1 | 0 |
| Tonsillitis | 1 | 0 |
| ***Urinary tract infections*** | | |
| Kidney infection | 2 | 0 |
| Urinary tract infection | 3 | 0 |
| ***Viral infections NEC*** | | |
| Gastroenteritis viral | 1 | 0 |
| Sweating fever | 1 | 0 |
| Viral infection | 2 | 0 |
| **Infections SOC TOTAL** | **89** | **4** |

## Details for VAERS ID: 1382321-1

| Event Information | | | |
|---|---|---|---|
| **Patient Age** | 61.00 | **Sex** | Female |
| **State / Territory** | Missouri | **Date Report Completed** | 2021-06-08 |
| **Date Vaccinated** | 2021-01-08 | **Date Report Received** | 2021-06-08 |
| **Date of Onset** | 2021-02-05 | **Date Died** | |
| **Days to onset** | 28 | | |
| **Vaccine Administered By** | Work * | **Vaccine Purchased By** | Not Applicable * |
| **Mfr/Imm Project Number** | vsafe | **Report Form Version** | 2 |
| **Recovered** | Yes | **Serious** | No |

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"Not Applicable" will appear when information is not available on this report form version.

| Event Categories | |
|---|---|
| **Death** | No |
| **Life Threatening** | No |
| **Permanent Disability** | No |
| **Congenital Anomaly / Birth Defect *** | No |
| **Hospitalized** | No |
| **Days in Hospital** | None |
| **Existing Hospitalization Prolonged** | No |
| **Emergency Room / Office Visit **** | N/A |
| **Emergency Room *** | No |
| **Office Visit *** | Yes |

* VAERS 2.0 Report Form Only
** VAERS-1 Report Form Only
"N/A" will appear when information is not available on this report form version.

| Vaccine Type | Vaccine | Manufacturer | Lot | Dose | Route | Site |
|---|---|---|---|---|---|---|
| COVID19 VACCINE | COVID19 (COVID19 (PFIZER-BIONTECH)) | PFIZER\BIONTECH | EL1284 | 2 | IM | RA |

| Symptom |
|---|
| ANTIBODY TEST |
| BLOOD TEST |
| UNEVALUABLE EVENT |

| Adverse Event Description |
|---|
| Back in Dec before my 1st shot 12/18/20, I donated blood, confirmed my blood was good and sent to the hospital. Then I got my second shot 1/8/21 and a little bit after that I donated blood again (02/05/2021), this time sent a letter that my blood tested positive for Trypanosoma Cruzi and that they can?t use my blood and that I should see my Doc. I went to see my Infectious Disease 4/8/21 Doctor and he did all the tests and they came back negative. He said I didn?t have anything and he thinks it was a reaction from the vaccine that caused the antibodies test to be positive. |

The recommended temperature range for storage and transportation of Pfizer's chimera is -70°C±10°C and the maximum room temperature storage time is indicated as being no more than 6 hours.

Source : https://www.pfizer.com/news/hot-topics/covid_19_vaccine_u_s_distribution_fact_sheet
Source : https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/storage-summary.pdf

Trypanosoma samples are cryogenically preserved for laboratory storage and transportation in a temperature range of -80˚C to -60˚C and seem to remain viable at room temperature for up to 6 hours.

Source : https://www.intechopen.com/chapters/52895
Source : https://www.researchgate.net/publication/285417680_DURATION_OF_STORAGE_AND_TEMPERATURE_ON_THE_VIABILITY_AND_INFECTIVITY_OF_TRYPANOSOMA_BRUCEI…

The mainstream media have been pushing stories about potential outbreaks of Chagas disease (Trypanosoma cruzi) for several months already.

> "Texas is now engaged in a major conflict with Covid-19. However, it will not be the only sickness the state will have to cope with within 2021. The state also faces a possible outbreak of Chagas Disease."
>
> Source : https://www.natureworldnews.com/articles/47211/20210825/chagas-disease-texas-faces-new-deadly-outbreak-amidst-covid-pandemic.htm

There has been some recent media reporting around snake venom as possible source of compounds for treating "COVID". There's similar research looking at scorpion venom as a treatment for Chagas. This makes sense if we're dealing with a living parasite, against which these complex toxins are effective.

This may also explain the effectiveness of the anti-parasitic drug Ivermectin, which has demonstrated promising results as a possible treatment for both Trypanosoma brucei and Trypanosoma cruzi.

The Mayo Clinic list symptoms of Chagas Disease (T. cruzi) as swelling at the infection site*, *fever**, *fatigue**, *rash**, *body aches**, *eyelid swelling*, *headache**, loss of appetite, *nausea**, *diarrhoea* or *vomiting**, swollen glands, enlargement of your liver or spleen, irregular heartbeat*, heart failure, sudden cardiac arrest, *difficulty swallowing** due to enlarged oesophagus and stomach pain or constipation due to enlarged colon.

The World Health Organization describe the symptoms of African Sleeping Sickness (T. brucei) as *fever**, *headaches**, enlarged lymph nodes, *joint pains**, itching, *changes of behaviour*, *confusion*, *sensory disturbances**, poor coordination* and *disturbance of the sleep cycle*.

Symptoms above which are consistent with those of “COVID-19” (as published by the CDC and WHO) are in *italics*. Those marked with an asterisk (*) are listed by the NICD as possible COVID-19 “vaccine” side-effects.

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Possibly related, several media reports appeared in recent years with regard to warnings from the CDC in 2018 of possible outbreaks of Acute Flaccid Myelitis in young children. Here’s an excerpt from the CDC’s “Transcript for CDC Telebriefing: Update on Acute Flaccid Myelitis (AFM) in the U.S.” dated 17 October, 2018:

> Right now, we know that poliovirus is not the cause of these AFM cases. CDC has tested every stool specimen from the AFM patients, none of the specimens have tested positive for the poliovirus. AFM can be caused by other viruses, such as enterovirus and west nile virus, environmental toxins and a condition where the body’s immune system attacks and destroys body tissue that it mistakes for foreign material. While we know that these can cause AFM, we have not been able to find a cause for the majority of these AFM cases. The reason why we don’t know about AFM — and I am frustrated that despite all of our efforts we haven’t been able to identify the cause of this mystery illness.
>
> – Dr. Nancy Messonnier, Director / CDC National Center for Immunization and Respiratory Diseases

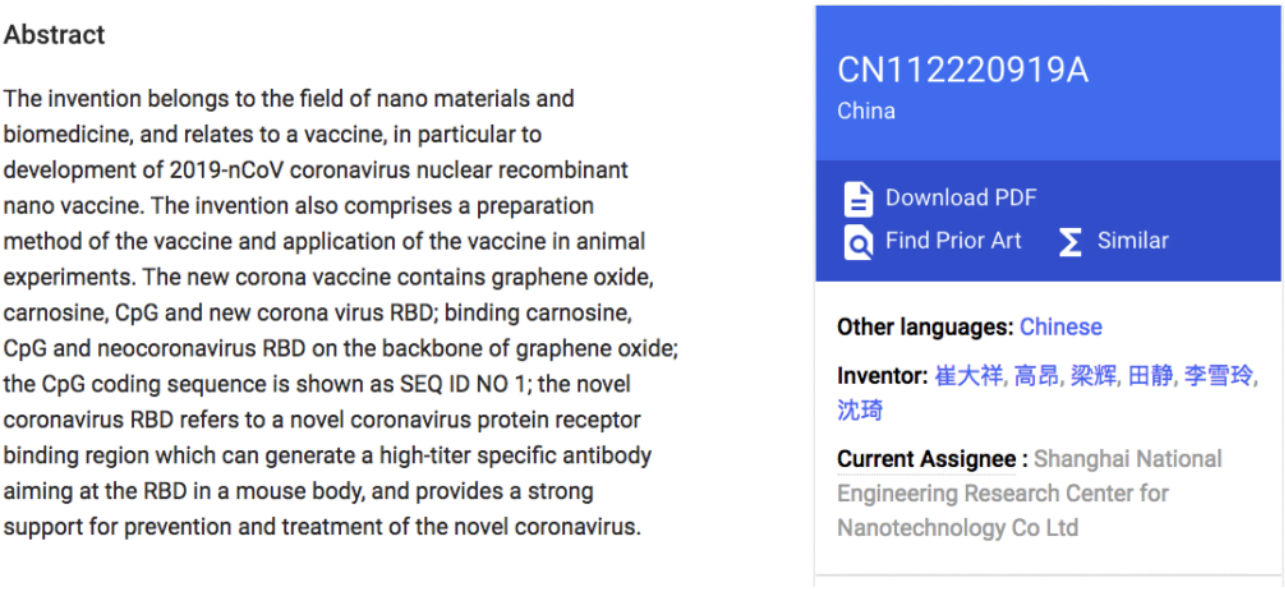
There have been a number of articles and studies published around cases of vaccine-associated Acute Flaccid Paralysis/Myelitis:

1. “Vaccine-induced paralysis calls for action, says study”
2. “Acute Flaccid Paralysis Associated With Circulating Vaccine-Derived Poliovirus—Philippines, 2001”
3. “Vaccine-associated paralytic poliomyelitis: a retrospective cohort study of acute flaccid paralyses in Brazil”
4. “Vaccine-associated paralytic poliomyelitis and other diseases with acute flaccid paralysis syndrome in Belarus”
5. “Measuring polio immunity to plan immunization activities”
6. “Outbreaks of acute flaccid myelitis in the US”

This was the topic of discussion in this interview with Dr. Bryan Ardis.

Source : https://www.bitchute.com/video/KCTOlKev5Rah/

There exists at least one patent for these iatrogenic chimeras. Submitted in September 2020:



## Nano coronavirus recombinant vaccine taking graphene oxide as carrier

### Abstract

The invention belongs to the field of nano materials and biomedicine, and relates to a vaccine, in particular to development of 2019-nCoV coronavirus nuclear recombinant nano vaccine. The invention also comprises a preparation method of the vaccine and application of the vaccine in animal experiments. The new corona vaccine contains graphene oxide, carnosine, CpG and new corona virus RBD; binding carnosine, CpG and neocoronavirus RBD on the backbone of graphene oxide; the CpG coding sequence is shown as SEQ ID NO 1; the novel coronavirus RBD refers to a novel coronavirus protein receptor binding region which can generate a high-titer specific antibody aiming at the RBD in a mouse body, and provides a strong support for prevention and treatment of the novel coronavirus.

CN112220919A
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**Other languages:** Chinese

**Inventor:** 崔大祥, 高昂, 梁辉, 田静, 李雪玲, 沈琦

**Current Assignee :** Shanghai National Engineering Research Center for Nanotechnology Co Ltd

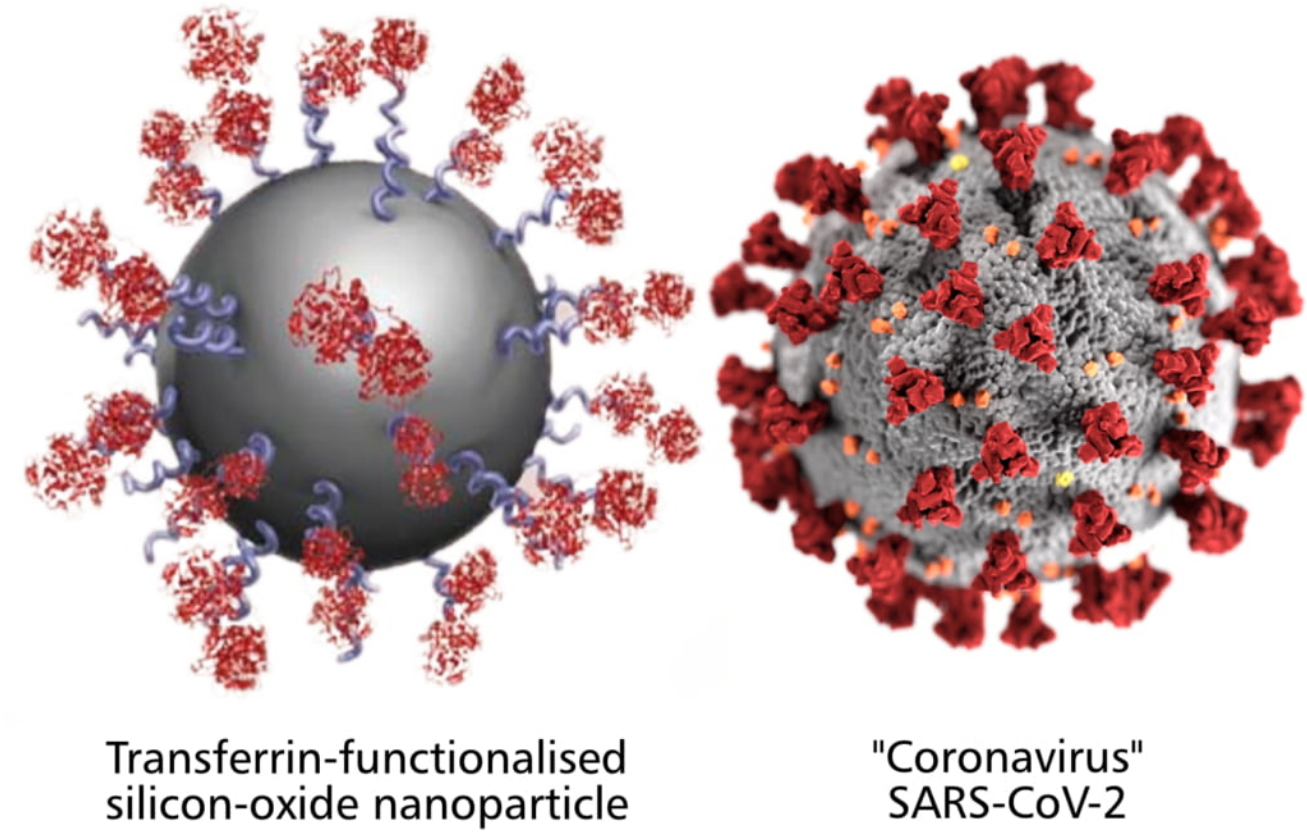
It would appear that most of the pharma-biotech giants have been deeply entwined with their Chinese counterparts for at least 30 years.

> Pfizer has invested more than US$500 million in China since the 1980s, GlaxoSmithKline (GSK) has invested over US$400 million, while AstraZeneca has invested more than US$140 million. AstraZeneca has opened an East Asia clinical trial center in Shanghai, Roche established its first Asian R&D center in Shanghai, Eli Lilly has also opened up a research and development (R&D) facility in Shanghai, and Novo Nordisk has an R&D facility in the Beijing Zhongguancun (ZGC) Life Science Park. GSK and Pfizer have also set up R&D centers in China.
>
> “Biotechnology Parks: China into the Next Future” (2011) – https://www.asiabiotech.com/15/1503/0034_0039.pdf

11 September 2021 :

> “Now, thanks to materials released through a Freedom of Information Act lawsuit by The Intercept against the National Institutes of Health (which were unredacted enough to toss Fauci under the bus), we now know that Fauci-funded EcoHealth Alliance, a New York-based nonprofit headed by Peter Daszak, was absolutely engaged in gain-of-function research to make chimeric SARS-based coronaviruses, which they confirmed could infect human cells.”
> https://www.zerohedge.com/covid-19/massive-foia-release-proves-fauci-funded-wuhan-research-construct-sars-related
> https://theintercept.com/2021/09/06/new-details-emerge-about-coronavirus-research-at-chinese-lab/

Tick-tock… I wonder where these “chimeric” bioweapons ended up?
*I have retracted the TEM images which were previously published here, as I have not been able to confirm the source of the second one. As substitute, the images below serve to illustrate the remarkable visual similarity between nanoparticle protein corona’s (source) and the “coronavirus” SARS-CoV-2 “spike” protein (source).*




## Referenced Materials & Further Reading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