To the Kansas Senate Committee on Public Health & Welfare:

I am providing my testimony in opposition to HB2205, the requirement for meningitis vaccination.

You CANNOT allow this legislation to go forward. It will undoubtedly end up harming our children, according to the science on the Meningitis B "vaccines."

This published research report for the Trumenba meningitis Serogroup "vaccine" says it all:
http://link.springer.com/article/10.1208/s12248-016-9979-x

This "vaccine" is not a vaccine at all, but a “triacylated lipoprotein”: a fungal-type toxin (TLR2/1 agonist), or Pam3cys, or LYMErix. This is about as far from a vaccine as you can get. Pam3Cys/Pam3CSK4 is used to cause experimental sepsis. The manufacturer's own research states that the vaccine was non-immunogenic WITHOUT the Pam3Cys. There is plenty of data on the immune modulating effects of Pam3Cys. What it does is cause SEPSIS and then post-sepsis, which is a state of immunosuppression. IF THE STATE OF KANSAS MANDATES THESE VACCINES, THE STATE WILL BE SET UP FOR FINANCIAL RUIN AS THE LAWSUITS ROLL IN FROM VICTIMS OF THESE VACCINES.

"The immune-enhancing effect of the N-terminal lipids of rLP2086s was demonstrated previously by comparing the results of the lipidated and non-lipidated recombinant fHbp molecules in the serum bactericidal antibody assay, which measures the capability of the antibodies in the sera of immunized mice to kill target meningococcal strains in a complement-dependent fashion (11,19). The mechanism for the immune-enhancing effect studied with other bacterial lipopeptides and lipoproteins suggests lipoprotein recogni- tion of TLR receptors on cells of the innate immune system (20–23). In this study, the interactions of rLP2086 with TLR2 and/or TLR2/TLR1 complexes on cell surfaces, and the subsequent cell activation, were confirmed using HEK293 hTLR2 cells that express human TLR2 and TLR1. Upon TLR2 activation, the cells express secreted embryonic alkaline phosphatase (SEAP), which can be quantitated. In this assay, the tri-acylated lipopeptide Pam3CSK4, which is a standard TLR2/TLR1 agonist, and PBS were used as the positive and negative controls, respectively. The Trumenba sample, containing equal amounts of rLP2086-A05 and rLP2086-B01 lipoproteins, stimulated HEK293 hTLR2 cells in a dose-dependent manner similar to the activity observed with Pam3CSK4 (Fig. 6a)."

"CONCLUSIONS
Trumenba is a well-characterized vaccine composed of two recombinant bacterial lipoproteins, NmB rLP2086-A05 and rLP2086-B01, which are ***tri-acylated with fatty acids*** of 14–19 carbon atoms in length. Both lipoproteins self-associate and exhibit a micelle-like quaternary structure due to the hydrophobicity of the N-terminal lipids, which enhances stability of the product (CMC ~0.2 mg/mL or ~7 μM). The N-terminal lipid motif was previously indicated to be ***critical to the immune enhancement*** (11). It is

demonstrated in this work that the lipids interact with the TLR2/TLR1 complex, which stimulates cell activation. Further, the two O-linked fatty acids are responsible for all the activation effect via their ***exclusive interactions with TLR2***. It is, therefore, concluded that ***Trumenba is a self-adjuvanting vaccine, with the lipid motif of the lipoprotein components playing the role of adjuvant.*** It is the first example of a licensed vaccine that has a documented adjuvant activity incorporated into its target antigens. One of the novelties of Trumenba is the dual role of the N-terminal lipids in stabilizing the higher-order structure of rLP2086 and in the self-adjuvanticity of the vaccine."

Additionally, it starts to fail on the second dose, like LYMErix, where "fail" means that it causes the very disease it is supposed to prevent, via IMMUNOSUPPRESSION (the reverse of protection):

One month following the third dose, 81.0% (95% confidence interval [CI] = 78.0%–83.7%) of subjects in group 1 and 83.9% (CI = 81.1%–86.4%) of subjects in group 2 had a composite response to all four strains tested (2,18). One month following the second of 3 doses, approximately 50% of the subjects in each study group had a composite response to all four strains.

And the *reported* AEs were very high:
The most common solicited adverse reactions observed in the 7 days after receipt of MenB-4C in the clinical trials were pain at the injection site (≥83%), myalgia (≥48%), erythema (≥45%), fatigue (≥35%), headache (≥33%), induration (≥28%), nausea (≥18%), and arthralgia (≥13%) (19). Immunogenicity and safety data regarding MenB-4C when coadministered with vaccines routinely administered to U.S. adolescents are not available.

https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm

"Trumenba is a self-adjuvanting vaccine, with the lipid motif of the lipoprotein components playing the role of adjuvant.” —This seems to be the thrust of the patent infringement lawsuit that GSK filed against Pfizer. The “self-adjuvanting” claim is based on the lipid moiety being the immunogenic part, which is actually the toxic portion.

http://www.fiercepharma.com/vaccines/gsk-sues-pfizer-for-menb-vaccine-patent-infringement-ireland-report-says

So, it would appear on the surface that Trumenba and Bexsero are the same fake vaccine.

To clarify, my claim is that these meningitis vaccines are not vaccines at all - there does not seem to be a proper qualification of them. Previous validations for attempts at meningitis B vaccines using the whole antigen seemed to not work out (51%? efficacy? that is not a vaccine, but a crap shoot). We're not even sure what this vaccine is. One report appears to state that the main antigen is a porin, which is even more toxic than OspA or Pam3Cys, alone, or some variation of a porin plus Pam3Cys attached (this is what the combination of Borrelia P66 plus OspA was - a porin attached to an Osp, or a ligand for a certain type of tissue plus a thing that pokes a hole in a host cell to suck out nutrients - a porin).

It is admitted in Pfizer's literature that the lipids are what cause the immune response. We will need to find out exactly what the structure of this molecule is, but regardless, it is a TLR2/1 agonist (also admitted in the literature), which is a fungal-type toxin that is used in laboratory experiments to induce sepsis.

This is critical to the claim because of what happens after sepsis, or what happens after the 6-month vaccine trial follow-up period (or in some cases, one month follow up). Post-sepsis victims are permanently immunosuppressed with reactivated herpesviruses (EBV, CMV, HHV-6, zoster, etc.). They're highly susceptible to other opportunistic infections such as bacterial and fungal, in addition to of course the reactivated Epstein-Barr, which is the main driver of what are commonly referred to as the "New Great Imitator" diseases.

All of this (post sepsis syndrome) is extremely fatiguing, yet can produce inflammation in the brain (says the NIH) - and with widespread pain without the typical inflammatory "autoimmune" signs in the body. Post sepsis syndrome is a recognized phenomenon, and it is known that half or more of sepsis survivors have long term sequelae. These patients are, and do, and the NIH says, they fit the model of post-sepsis syndrome. In other words, the terms Chronic Fatigue Syndrome or Chronic Neurologic Lyme are interchangeable with Post Sepsis Syndrome, physiologically. Same disease. CDC enjoys the naming controversy. They've been very happy for no one to see that there is this whole class of outcomes - immunosuppression - because that mechanism reveals how the pediatric "live, attenuated vaccines" become reactivated and are nerve and brain tropic.

As an aside, regarding fungal toxic shock, remember the NECC scandal of 2012 that now is being prosecuted. Victims were injected with fungally contaminated steroid solution. 70 people died and hundreds of survivors are now experiencing chronic fatigue-like illness, or ongoing symptoms that parallel those of the LYMErix victims who were not in the autoimmune class. *** These are the type of victims we expect to find as a result of the fake meningitis vaccines. ***

This model is well documented in the literature in multiple parallels, such as the failed TB and HIV vaccines, brucella, and other mycotoxins. You cannot inject these toxins into humans.

Now, with regard to the Trumenba vaccine, the available trial "data" and monograph are very telling.

The BLA reviewer for the FDA, Dr. Lucia Lee, even stated on p. 64 of the license application, "Lipidated proteins may be associated with unknown or expected AEs. Bivalent rLP2086 is a lipidated protein vaccine." Yes, it's lipidated. Triacylated. Meaning it's a toxin that causes sepsis and subsequent post sepsis syndrome.

http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM421139.pdf

http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM424626.pdf

First of all, the trials were garbage. There were a total of 12 actual controls (saline only) out of the 4500+ participants in seven different trials. There is no real data because the "control" groups were given Gardasil, Tdap, or a combination of Trumenba with Gardasil or Tdap.

In Table 1 on the monograph, they only looked at pain at the injection site--no real adverse events. "Local adverse events" only compare to saline alone. Which we know would include just 12 subjects.

The reported adverse events are extremely high; in fact the trials for infants were halted because just 1/6 of the standard dose caused fever in more than 60%. More than 40% fatigue on the monograph. That is a major red flag.

The "Unsolicited Adverse Events" are what really make this clear. The majority of unsolicited (or not counted as real) adverse events that are listed are exactly the outcomes we see with post-sepsis, post-Lyme, post-LYMErix, post-fungally-contaminated injectables: chronic flu-like (EBV) symptoms, respiratory infections, fatigue, symptoms of encephalopathy (delirium), cognitive difficulties, etc. Was the reviewer referring to these symptoms in her comment, "Lipidated proteins may be associated with unknown or expected AEs. Bivalent rLP2086 is a lipidated protein vaccine," as a way of covering herself?

For college students, the main victims of this crime, those are symptoms that are easily written off as being due to stress, or dismissed as psychological. The contact I spoke with from the vaccine opposition community made this connection immediately without my suggesting it, because she has a college-aged daughter who has seen the effects of these fake vaccines. Kids are getting sick from the vaccine, being prescribed antidepressants and committing suicide.

We don't know if Dr. Latov knows about this mechanism. Richard Hotchkiss at WUSTL appears to be one of the foremost researchers on sepsis, and publishes frequently about reactivation of herpesviruses in the immunosuppression phase of sepsis. Other experts on tolerance and cross tolerance are Clifford Harding at Case Western Reserve and Andrei Medvedev (forget where he is now, Maryland or UConn). Cross tolerance means, once exposed to fungal antigens like OspA or Pam3Cys, you cant fight off other kinds of infections, like viral, like the Chronic Fatiguing Epstein-Barr.

We can see all of this from the data that is not hidden. How much worse can it get when we are availed the hidden data? Pfizer has falsely claimed that Trumenba (rLP2086) is a vaccine. We don't know. It is the opposite, or worse. We would expect that it basically causes LYMErix disease, and then also ends up being blamed on the victim. We don't see any evidence at all that it prevents the disease it is meant to prevent. Seems to just produce "extra complement."

Here is a trial from 1995 on a similar "OMV" (outer membrane vesicle) vaccine. https://www.ncbi.nlm.nih.gov/pubmed/7483804 A PDF of the full report is available at that link.

It basically says that this was not a vaccine based on prevention results: no antibodies after 6 months. And it was assessed using real antibodies; not complement levels, which is not a valid way to assess effectiveness.

Lastly, on pages 64-67 of the FDA BLA report (above), there are a number of autoimmune adverse events listed in detail. It appears that they were being careful to argue up front, "We know that there can be autoimmune sequelae, and here they are." So, I feel even more strongly that the false claim of this product being a vaccine is proven on the grounds that the primary adverse outcomes are the same as what is seen in multiple parallel models of TLR2/1 agonist immunosuppression.

This is all focusing on just Pfizer's product. We know there was a lawsuit between Pfizer and GSK, involving GSK's product, Bexsero. We haven't even looked into Bexsero, but since the lawsuit claimed patent infringement pertaining to the "vaccines" being "self-adjuvanting" (i.e. the toxic lipids are causing the immune response) I would bet that Bexsero is causing the same harm.

I urge the Committee to kill this bad bill before it goes any further.

Best regards,

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