NEVADA GAMING CONTROL BOARD

DISPOSITION
JULY 2021 MEETING

NEVADA GAMING CONTROL BOARD MEETING
GAMING CONTROL BOARD OFFICES
MEETING ROOM 100
1919 COLLEGE PARKWAY
CARSON CITY, NV 89706

Wednesday, July 7, 2021

9:00 a.m.
- Public Comments
- Approval of Prior Month GCB Disposition
- Nonrestricted Items **#01-07-21** through **#12-07-21**

1:00 p.m.
- Restricted Items **#01-07-21** through **#14-07-21**
- New Gaming Device(s) – Final Approval
- Public Comments

Members Present:

Brin Gibson, Chair
Phil Katsaros, Member
Brittnie Watkins, Member

This Disposition has not yet been approved and is subject to revision at the next meeting of the Nevada Gaming Control Board. Upon conclusion of that meeting if a revised Disposition is not posted, this document is deemed approved.

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DISPOSITION
PUBLIC COMMENTS AGENDA
JULY 2021

This public comment agenda item is provided in accordance with NRS 241.020(2)(c)(3) which requires an agenda provide for a period devoted to comments by the general public, if any, and discussion of those comments. No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. Comments by the public may be limited to three minutes as a reasonable time, place and manner restriction, but may not be limited based upon viewpoint.

PUBLIC COMMENTS AND DISCUSSION:

Comments taken regarding Covid-19 related issues. Refer to Public Comment Attachment 1.

FOR POSSIBLE ACTION:

Pursuant to NRS 241.035, approval of:

Nevada Gaming Control Board Disposition for June 2021.

GCB DISPOSITION: APPROVED.

FOR POSSIBLE ACTION:

01-07-21 **N21-0342** **Re:** 32018-01
SCIENTIFIC GAMES CORPORATION (PTC)
6601 BERMUDA RD
LAS VEGAS, NV 89119

APPLICATION FOR AMENDMENT TO ORDER OF REGISTRATION

Re: 16335-01
35489-01 (IS)
SG GAMING, INC., dba
(Scientific Games Corporation (PTC) – 100%)
SCIENTIFIC GAMES
6601 BERMUDA RD
LAS VEGAS, NV 89119

APPLICATION FOR LICENSURE AS AN INFORMATION SERVICE

GCB RECOMMENDS: APPROVAL, SEVENTH REVISED ORDER OF REGISTRATION, DRAFT #1.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

02-07-21 **N21-0399** **Re:** 32630-01
PLAYAGS, INC. (PTC)
6775 EDMOND ST STE 300
LAS VEGAS, NV 89118

APPLICATION FOR A CONTINUOUS OR DELAYED PUBLIC OFFERING

GCB RECOMMENDS: APPROVAL, SHELF ORDER, DRAFT #1.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

03-07-21 **N21-0515** **Re:** 27080-01
N21-0523 PENN NATIONAL GAMING, INC. (PTC)
825 BERKSHIRE BLVD
WYOMISSING, PA 19610

APPLICATION FOR A CONTINUOUS OR DELAYED PUBLIC OFFERING

Re: 30879-01
TROPICANA LAS VEGAS, INC.
(Tropicana Las Vegas Intermediate Holdings, Inc. – 100%)
825 BERKSHIRE BLVD
WYOMISSING, PA 19610

APPLICATION TO GUARANTEE SECURITIES AND HYPOTHECATE ASSETS IN CONJUNCTION WITH A CONTINUOUS OR DELAYED PUBLIC OFFERING

GCB RECOMMENDS: **APPROVAL, SHELF ORDER, DRAFT #1.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

04-07-21 **N20-0194** **Re:** 31071-01
JETT GAMING LLC
3440 W RUSSELL RD
LAS VEGAS, NV 89118

MARITAL TRUST OF THE HERBST GAMING TRUST 16.6675%
(Transferor)

THE SURVIVOR'S TRUST OF THE HERBST GAMING TRUST 16.6675%
(Transferor)

EJH GAMING TRUST 33.3350%
(Transferee)
Member

TIMOTHY PAUL HERBST
Trustee

For the benefit of:
EDWARD JERRY HERBST

APPLICATIONS FOR A TRANSFER OF INTEREST

APPLICATION FOR REGISTRATION OF EJH GAMING TRUST AS A HOLDING COMPANY FOR JETT GAMING LLC

APPLICATION FOR LICENSURE AS A MEMBER

APPLICATION FOR FINDING OF SUITABILITY OF TIMOTHY PAUL HERBST AS TRUSTEE OF EJH GAMING TRUST

APPLICATION FOR THE EJH GAMING TRUST TO PLEDGE ITS MEMBERSHIP INTEREST IN JETT GAMING LLC, TO WESTERN ALLIANCE BANK, AS COLLATERAL AGENT, IN CONJUNCTION WITH A CREDIT AGREEMENT

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Re: 31071-01
JETT GAMING LLC
3440 W RUSSELL RD
LAS VEGAS, NV 89118

MARITAL TRUST OF THE HERBST GAMING TRUST — 16.6675%
(Transferor)

THE SURVIVOR'S TRUST OF THE HERBST GAMING TRUST — 16.6675%
(Transferor)

TDH GAMING TRUST — 33.3350%
(Transferee)
Member

TIMOTHY PAUL HERBST
Trustee

For the benefit of:
TROY DEDERICK HERBST

APPLICATIONS FOR A TRANSFER OF INTEREST

APPLICATION FOR REGISTRATION OF TDH GAMING TRUST AS A HOLDING COMPANY FOR JETT GAMING LLC

APPLICATION FOR LICENSURE AS A MEMBER

APPLICATION FOR FINDING OF SUITABILITY OF TIMOTHY PAUL HERBST AS TRUSTEE OF TDH GAMING TRUST

APPLICATION FOR THE TDH GAMING TRUST TO PLEDGE ITS MEMBERSHIP INTEREST IN JETT GAMING LLC, TO WESTERN ALLIANCE BANK, AS COLLATERAL AGENT, IN CONJUNCTION WITH A CREDIT AGREEMENT

GCB RECOMMENDS: **APPROVAL, CONDITIONED:**

(1) EJH GAMING TRUST SHALL NOT MAKE ANY DISTRIBUTIONS TO ANY UNLICENSED BENEFICIARIES, INCLUDING BUT NOT LIMITED TO EDWARD JERRY HERBST, UNTIL THE BENEFICIARY HAS BEEN FOUND SUITABLE AS A BENEFICIARY OF EJH GAMING TRUST BY THE NGC.

(2) TDH GAMING TRUST SHALL NOT MAKE ANY DISTRIBUTIONS TO ANY UNLICENSED BENEFICIARIES, INCLUDING BUT NOT LIMITED TO TROY DEDERICK HERBST, UNTIL THE BENEFICIARY HAS BEEN FOUND SUITABLE AS A BENEFICIARY OF TDH GAMING TRUST BY THE NGC.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

05-07-21 **N21-0419** **Re:** 32206-01
TRUCKEE GAMING, LLC
P.O. BOX 160
VERDI, NV 89439

and

32207-01
GR REGENCY GAMING, LLC
(Truckee Gaming, LLC – 100%)
P.O. BOX 160
VERDI, NV 89439

and

31249-01
ZANTE, LLC
(GR Regency Gaming, LLC – 100%)
P.O. BOX 160
VERDI, NV 89439

APPLICATION BY TRUCKEE GAMING, LLC, TO PLEDGE ITS MEMBERSHIP INTERESTS IN LAST CHANCE, LLC; YERINGTON GAMING, LLC; TRUCKEE SOUTH, LLC; AND GR REGENCY GAMING, LLC, TO UMPQUA BANK IN CONJUNCTION WITH A CREDIT AGREEMENT

APPLICATION BY GR REGENCY GAMING, LLC, TO PLEDGE ITS MEMBERSHIP INTERESTS IN GR DAYTON GAMING, LLC, AND ZANTE, LLC, TO UMPQUA BANK IN CONJUNCTION WITH A CREDIT AGREEMENT

APPLICATION BY ZANTE, LLC, TO PLEDGE ITS MEMBERSHIP INTERESTS IN FERNLEY PIONEER GAMING, LLC, AND DAYTON PIONEER GAMING, LLC, TO UMPQUA BANK IN CONJUNCTION WITH A CREDIT AGREEMENT

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

06-07-21 **N21-0341** **Re:** 33020-01
GOLDEN ENTERTAINMENT, INC. (PTC)
6595 S JONES BLVD
LAS VEGAS, NV 89118

APPLICATION FOR A CONTINUOUS OR DELAYED PUBLIC OFFERING

GCB RECOMMENDS: **APPROVAL, SHELF ORDER, DRAFT #1.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

07-07-21 **N21-0355** **Re:** 32447-01
04028-04
JH GAMING LLC, dba
JAILHOUSE MOTEL AND CASINO
211 5TH ST
ELY, NV 89301

JH GAMING TRUST 100%
Member

JEFFREY GARCIA MANUEL
Trustee/Beneficiary

JEFFREY GARCIA MANUEL
Manager/General Manager

APPLICATION FOR REGISTRATION OF JH GAMING TRUST AS A HOLDING COMPANY AND FOR LICENSURE AS THE SOLE MEMBER

APPLICATION FOR FINDING OF SUITABILITY AS A TRUSTEE AND BENEFICIARY

APPLICATION FOR LICENSURE AS A MANAGER AND KEY EMPLOYEE

GCB DISPOSITION:

REFERRED BACK TO STAFF.

APPLICATION TO ADD, REMOVE, OR MODIFY CONDITIONS TO LICENSE - REQUEST TO WITHDRAW APPLICATION

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

08-07-21 **N21-0182** **Re:** 18809-01
N21-0401 NEVADA RESTAURANT SERVICES, INC.
3645 LOSEE RD
NORTH LAS VEGAS, NV 89030

THOMAS KATSAROS
Gaming Director

APPLICATION FOR LICENSURE AS A KEY EMPLOYEE

GCB DISPOSITION:

APPLICATION TO ADD, REMOVE, OR MODIFY CONDITIONS TO LICENSE

REFERRED BACK TO STAFF.

GCB RECOMMENDS: **APPROVAL.**

(KATSAROS RECUSED)

NGC DISPOSITION:

FOR POSSIBLE ACTION:

09-07-21 **N21-0078** **Re:** 30954-01
NEVADA PROPERTY 1 LLC
(dba The Cosmopolitan of Las Vegas)
3708 LAS VEGAS BLVD S
LAS VEGAS, NV 89109

JOHN ROBERT BOLLEN
Chief Information Officer

APPLICATION FOR LICENSURE AS A KEY EMPLOYEE

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

10-07-21 **N21-0090** **Re:** 31395-01
EVERI HOLDINGS INC. (PTC)
7250 S TENAYA WAY STE 100
LAS VEGAS, NV 89113

MARK FOSTER LABAY
Executive Vice President/Chief Financial Officer/Treasurer

APPLICATION FOR FINDING OF SUITABILITY AS AN OFFICER

Re: 31177-01
EVERI GAMES HOLDING INC.
(Everi Holdings Inc. (PTC) – 100%)
7250 S TENAYA WAY STE 100
LAS VEGAS, NV 89113

MARK FOSTER LABAY
Executive Vice President/Chief Financial Officer/Treasurer/Director

APPLICATION FOR FINDING OF SUITABILITY AS AN OFFICER AND DIRECTOR

Re: 31101-01
EVERI PAYMENTS INC.
(Everi Holdings Inc. (PTC) – 100%)
7250 S TENAYA WAY STE 100
LAS VEGAS, NV 89113

and

31180-01
EVERI GAMES INC.
(Everi Games Holding Inc. – 100%)
7250 S TENAYA WAY STE 100
LAS VEGAS, NV 89113

MARK FOSTER LABAY
Executive Vice President/Chief Financial Officer/Treasurer/Director

APPLICATIONS FOR LICENSURE AS AN OFFICER AND DIRECTOR

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

11-07-21 **N21-0146** **Re:** 32365-01
N21-0077 PHWLV, LLC
(dba Planet Hollywood Resort & Casino)
3667 LAS VEGAS BLVD S
LAS VEGAS, NV 89109

and

30370-01
PARIS LAS VEGAS OPERATING COMPANY, LLC
(dba Paris Las Vegas)
3655 LAS VEGAS BLVD S
LAS VEGAS, NV 89109

and

32702-01
PARBALL NEWCO, LLC
(dba Bally's Las Vegas)
3645 LAS VEGAS BLVD S
LAS VEGAS, NV 89109

JASON LYLE GREGOREC
Senior Vice President/General Manager

APPLICATIONS FOR LICENSURE AS A KEY EXECUTIVE AND KEY EMPLOYEE

Re: 30370-01
PARIS LAS VEGAS OPERATING COMPANY, LLC
(dba Paris Las Vegas)
3655 LAS VEGAS BLVD S
LAS VEGAS, NV 89109

and

32702-01
PARBALL NEWCO, LLC
(dba Bally's Las Vegas)
3645 LAS VEGAS BLVD S
LAS VEGAS, NV 89109

GCB DISPOSITION:

WITHDRAWALS GRANTED WITHOUT PREJUDICE.

SHERRI LEA PUCCI SOSA
Senior Vice President/General Manager

APPLICATIONS FOR LICENSURE AS A KEY EXECUTIVE AND KEY EMPLOYEE - REQUEST TO WITHDRAW APPLICATIONS

Re: 29808-01
CORNER INVESTMENT COMPANY, LLC
(dba The Cromwell)
3595 LAS VEGAS BLVD S
LAS VEGAS, NV 89109

JASON LYLE GREGOREC
Senior Vice President/General Manager

APPLICATION FOR LICENSURE AS A KEY EXECUTIVE AND KEY EMPLOYEE - REQUEST TO WITHDRAW APPLICATION

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

12-07-21 N21-0533 Re: 04789-01
01086-18
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
ULTRA NEW TOWN TAVERN
600 W JACKSON AVE
LAS VEGAS, NV 89106

APPLICATION FOR A NONRESTRICTED GAMING LICENSE (SLOT MACHINES ONLY)

GCB RECOMMENDS: APPROVAL, CONDITIONED:

(1) THE LOCATION IS LIMITED TO THE OPERATION OF SLOT MACHINES.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

01-07-21 **R21-0155** **Re:** 35430-01
29626-02

15 Machines

LETZ GO GAMING, LLC, dba
17 SOUTH BOOZE & BITES
7200 LAS VEGAS BLVD S
LAS VEGAS, NV 89119

TODD FRANKLIN SPECTOR 100%
Member/Manager

APPLICATION FOR A RESTRICTED GAMING LICENSE

APPLICATION FOR LICENSURE AS SOLE MEMBER AND MANAGER

GCB RECOMMENDS: APPROVAL, CONDITIONED:

(2) THE SURVEILLANCE SYSTEM AND/OR MIRROR(S) MUST BE INSPECTED AND APPROVED BY THE NGCB ENFORCEMENT DIVISION WITHIN 60 DAYS OF ISSUANCE OF THE STATE GAMING LICENSE AND THEREAFTER BE MAINTAINED AT OR ABOVE THE STANDARD THAT IS APPROVED.

(3) A KEY EMPLOYEE APPLICATION MUST BE FILED WITHIN 60 DAYS OF ISSUANCE OF THE STATE GAMING LICENSE, AND THEREAFTER BE REFILED WITHIN 60 DAYS OF ANY CHANGE IN THE PERSON OCCUPYING THAT POSITION.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

02-07-21 **R21-0257** **Re:** 35422-01
35423-01

13 Machines

FAMILIA SUPPER CLUB NV LLC, dba
CHINITAS
147 S WATER ST
HENDERSON, NV 89015

CHANTHY AMANDA WALSH 100%
Member/Manager

APPLICATION FOR A RESTRICTED GAMING LICENSE

APPLICATION FOR LICENSURE AS SOLE MEMBER AND MANAGER

GCB RECOMMENDS: APPROVAL, CONDITIONED:

(1) PRIOR TO THE ISSUANCE OF THE STATE GAMING LICENSE, THE LICENSEE SHALL ENTER INTO A SERVICE CONTRACT WITH A LICENSED SLOT ROUTE OPERATOR. THE TERM OF THE CONTRACT SHALL BE FOR AT LEAST A ONE YEAR PERIOD OF TIME.

(2) THE LICENSEE SHALL DEMONSTRATE SUCCESSFUL COMPLETION OF A REGULATORY COMPLIANCE SEMINAR FOR RESTRICTED LICENSEES WHICH IS DEEMED ACCEPTABLE TO THE NGCB CHAIR OR THE CHAIR'S DESIGNEE WITHIN 90 DAYS OF THE ISSUANCE OF THE STATE GAMING LICENSE. THIS CONDITION MAY BE ADMINISTRATIVELY EXTENDED BY THE NGCB CHAIR OR THE CHAIR'S DESIGNEE.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

03-07-21 **R21-0274** **Re:** 35435-01
35436-01
7 Machines
GOLDEN MARKET 7 LLC, dba
GOLDEN MARKET 7
321 N MOJAVE RD
LAS VEGAS, NV 89101

AMER DAOUD PANOU)
Member/Manager)100%
)JT
AMAR DAWOOD PANOU)
Member/Manager)

APPLICATION FOR A RESTRICTED GAMING LICENSE

APPLICATIONS FOR LICENSURE AS A MEMBER AND MANAGER

GCB RECOMMENDS: APPROVAL, CONDITIONED:

(1) IF AN EQUITY OWNER IS NO LONGER FUNCTIONING AS A KEY EMPLOYEE FOR THIS LOCATION, A KEY EMPLOYEE APPLICATION MUST BE FILED WITHIN 60 DAYS, AND THEREAFTER BE REFILED WITHIN 60 DAYS OF ANY CHANGE IN THE PERSON OCCUPYING THAT POSITION.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

04-07-21 **R20-0382** **Re:** 18809-01
04513-08
15 Machines
NEVADA RESTAURANT SERVICES, INC., dba
LA VILLITA #202
1775 E TROPICANA AVE STE 1-3
LAS VEGAS, NV 89119

APPLICATION FOR A RESTRICTED GAMING LICENSE

GCB RECOMMENDS: APPROVAL.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

05-07-21 **R21-0271** **Re:** 04789-01
R21-0272 29990-02
R21-0273 UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #39840
6985 S RAINBOW BLVD STE A
LAS VEGAS, NV 89118

and

04789-01
29466-03
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #39841
7110 S DURANGO DR
LAS VEGAS, NV 89113

and

04789-01
25710-07
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #39842
8816 S EASTERN AVE
LAS VEGAS, NV 89123

and

04789-01
30446-02
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #39843
3810 BLUE DIAMOND RD
LAS VEGAS, NV 89139

and

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04789-01
30447-02
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
DINO MART
355 E SILVERADO RANCH BLVD
LAS VEGAS, NV 89183

S&S FUELS MANAGEMENT II, LLC
Franchisee

AMAR PREET SINGH PURI 100%
Member/Manager

APPLICATIONS FOR LICENSURE OF S&S FUELS MANAGEMENT II, LLC, TO RECEIVE A PERCENTAGE OF GAMING REVENUE FROM UNITED COIN MACHINE CO., DBA CENTURY GAMING TECHNOLOGIES, DB AT 7-11 STORE #39840, 7-11 STORE #39841, 7-11 STORE #39842, 7-11 STORE #39843, AND DINO MART

APPLICATION FOR LICENSURE AS A SOLE MEMBER AND MANAGER

Re: 04789-01
25581-03
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #32823
9011 W FLAMINGO RD
LAS VEGAS, NV 89147

and

04789-01
17870-07
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #39991
3675 S DURANGO DR
LAS VEGAS, NV 89147

S&S FUELS MANAGEMENT III, LLC
Franchisee

APPLICATIONS FOR LICENSURE OF S&S FUELS MANAGEMENT III, LLC, TO RECEIVE A PERCENTAGE OF GAMING REVENUE FROM UNITED COIN MACHINE CO., DBA CENTURY GAMING TECHNOLOGIES, DB AT 7-11 STORE #32823, AND 7-11 STORE #39991

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Re: 04789-01
07299-03
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #26637
6080 W FLAMINGO RD
LAS VEGAS, NV 89103

and

04789-01
02615-07
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #15974
6950 W CHARLESTON BLVD
LAS VEGAS, NV 89117

and

04789-01
21474-03
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #32194
2404 E CRAIG RD
NORTH LAS VEGAS, NV 89030

and

04789-01
23779-03
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #32227
2914 W CHEYENNE AVE
NORTH LAS VEGAS, NV 89032

and

04789-01
24293-01
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #32246
9190 W CHEYENNE AVE
LAS VEGAS, NV 89129

and

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04789-01
03370-05
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #20855
2510 S RAINBOW BLVD
LAS VEGAS, NV 89146

S&S FUELS MANAGEMENT V, LLC
Franchisee

AMAR PREET SINGH PURI 100%
Member/Manager

APPLICATIONS FOR LICENSURE OF S&S FUELS MANAGEMENT V, LLC, TO RECEIVE A PERCENTAGE OF GAMING REVENUE FROM UNITED COIN MACHINE CO., DBA CENTURY GAMING TECHNOLOGIES, DB AT 7-11 STORE #26637, 7-11 STORE #15974, 7-11 STORE #32194, 7-11 STORE #32227, 7-11 STORE #32246, AND 7-11 STORE #20855

APPLICATION FOR LICENSURE AS A SOLE MEMBER AND MANAGER

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

06-07-21 **R21-0479** **Re:** 04789-01
35401-01
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
7-11 STORE #38362
9015 BLUE DIAMOND RD
LAS VEGAS, NV 89178

VYANA077, INC.
Business Operator

YAMINI RAJNIKANT PATEL 100%
President/Secretary/Treasurer/Director/Shareholder

APPLICATION FOR LICENSURE OF VYANA077, INC., TO RECEIVE A PERCENTAGE OF GAMING REVENUE FROM UNITED COIN MACHINE CO., DBA CENTURY GAMING TECHNOLOGIES, DB AT 7-11 STORE #38362

APPLICATION FOR LICENSURE AS SOLE OFFICER, DIRECTOR AND SHAREHOLDER

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

07-07-21 **R21-0260** **Re:** 19931-01
JETHRO'S, INC.
(dba Jethro's Oven & Grille)
1281 KIMMERLING RD STE A-3
GARDNERVILLE, NV 89460

DAVID JOSEPH CINCIALA (Transferor)	1,020 Shares Common Stock
JETHRO'S, INC. (Transferee)	1,020 Shares Common Stock

APPLICATION FOR DISPOSITION OF SECURITIES

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

08-07-21 **R21-0552** **Re:** 31072-01
35367-01
7 Machines
JETT GAMING LLC, db at
TERRIBLE'S #395
5530 W WARM SPRINGS RD
LAS VEGAS, NV 89118

APPLICATION FOR A WAIVER OF THE PROVISIONS OF NGC REGULATION 4.080 (WHICH IMPOSES A SIX-MONTH TIME LIMITATION WITHIN WHICH COMMISSION ACTION IS EFFECTIVE), IN CONNECTION WITH APPROVAL FOR A RESTRICTED GAMING LICENSE, AS GRANTED IN JANUARY 2021

GCB RECOMMENDS: **APPROVAL, CONDITIONED:**

(1) THE WAIVER OF THE PROVISIONS OF NGC REGULATION 4.080, IN CONJUNCTION WITH THE APPROVAL GRANTED IN JANUARY 2021, SHALL EXPIRE ON THE DATE OF THE REGULARLY SCHEDULED NGC MEETING IN JANUARY 2022.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

09-07-21 **R21-0498** **Re:** 31863-01
35224-02
7 Machines
ECLIPSE ROUTE OPERATIONS LLC, dba
ECLIPSE GAMING, db at
US GAS 8
10130 S RAINBOW BLVD
LAS VEGAS, NV 89178

APPLICATION FOR A RESTRICTED GAMING LICENSE

GCB RECOMMENDS: APPROVAL, CONDITIONED:

(1) THE SURVEILLANCE SYSTEM AND/OR MIRROR(S) MUST BE INSPECTED AND APPROVED BY THE NGCB ENFORCEMENT DIVISION WITHIN 60 DAYS OF ISSUANCE OF THE STATE GAMING LICENSE AND THEREAFTER BE MAINTAINED AT OR ABOVE THE STANDARD THAT IS APPROVED.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

10-07-21 **R21-0296** **Re:** 23335-01
11100-04
7 Machines
BEST BET PRODUCTS, INC., db at
RAFMAN'S KITCHEN & SNAX
1999 W SUNSET RD
HENDERSON, NV 89014

APPLICATION FOR A RESTRICTED GAMING LICENSE

GCB RECOMMENDS: APPROVAL.

NGC DISPOSITION:

FOR POSSIBLE ACTION:

11-07-21 **R21-0252** **Re:** 10559-01
09198-02
10 Machines
CRAWFORD COIN, INC., db at
GREEN VALLEY GROCERY #6
2395 N LAMB BLVD
LAS VEGAS, NV 89115

APPLICATION FOR A RESTRICTED GAMING LICENSE

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

12-07-21 **R21-0256** **Re:** 10753-01
29939-04
5 machines
SARTINI GAMING, LLC, db at
CHEECHO'S FAJITAS AND CANTINA
7585 NORMAN ROCKWELL LN
LAS VEGAS, NV 89143

APPLICATION FOR A RESTRICTED GAMING LICENSE

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

13-07-21 **R21-0280** **Re:** 04789-01
30101-04
5 Machines
UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
9TH ISLAND LV
891 DE MARCO DR
HENDERSON, NV 89011

APPLICATION FOR A RESTRICTED GAMING LICENSE

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

14-07-21 **R21-0293** **Re:** 04789-01
17461-04

7 Machines

UNITED COIN MACHINE CO., dba
CENTURY GAMING TECHNOLOGIES, db at
CRAIG MART
2841 W CRAIG RD
NORTH LAS VEGAS, NV 89032

APPLICATION FOR A RESTRICTED GAMING LICENSE

GCB RECOMMENDS: **APPROVAL.**

NGC DISPOSITION:

FOR POSSIBLE ACTION:

01-07-21 D2020-0100 **GAMING DEVICE:** **"ARCADIA"**

SUBMITTED BY:
34853-01
WYMAC DEVELOPMENT PTY LTD
26 HAMILTON ST
OAKLEIGH, VICTORIA 3166
AUSTRALIA

TRIAL LOCATIONS:
01957-05
VENETIAN RESORT HOTEL CASINO/PALAZZO
RESORT HOTEL CASINO
3355 LAS VEGAS BLVD S
LAS VEGAS, NV 89109

27038-01
GREEN VALLEY RANCH STATION CASINO
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REQUEST FOR FINAL APPROVAL

GCB RECOMMENDS: **FINAL APPROVAL.**

NGC DISPOSITION:

This public comment agenda item is provided in accordance with NRS 241.020(2)(c)(3) which requires an agenda provide for a period devoted to comments by the general public, if any, and discussion of those comments. No action may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. Comments by the public may be limited to three minutes as a reasonable time, place and matter restriction, but may not be limited based upon viewpoint.

PUBLIC COMMENTS AND DISCUSSION: No comments.

NEVADA GAMING CONTROL BOARD

JULY 2021 MEETING

PUBLIC COMMENTS AGENDA - Attachment 1

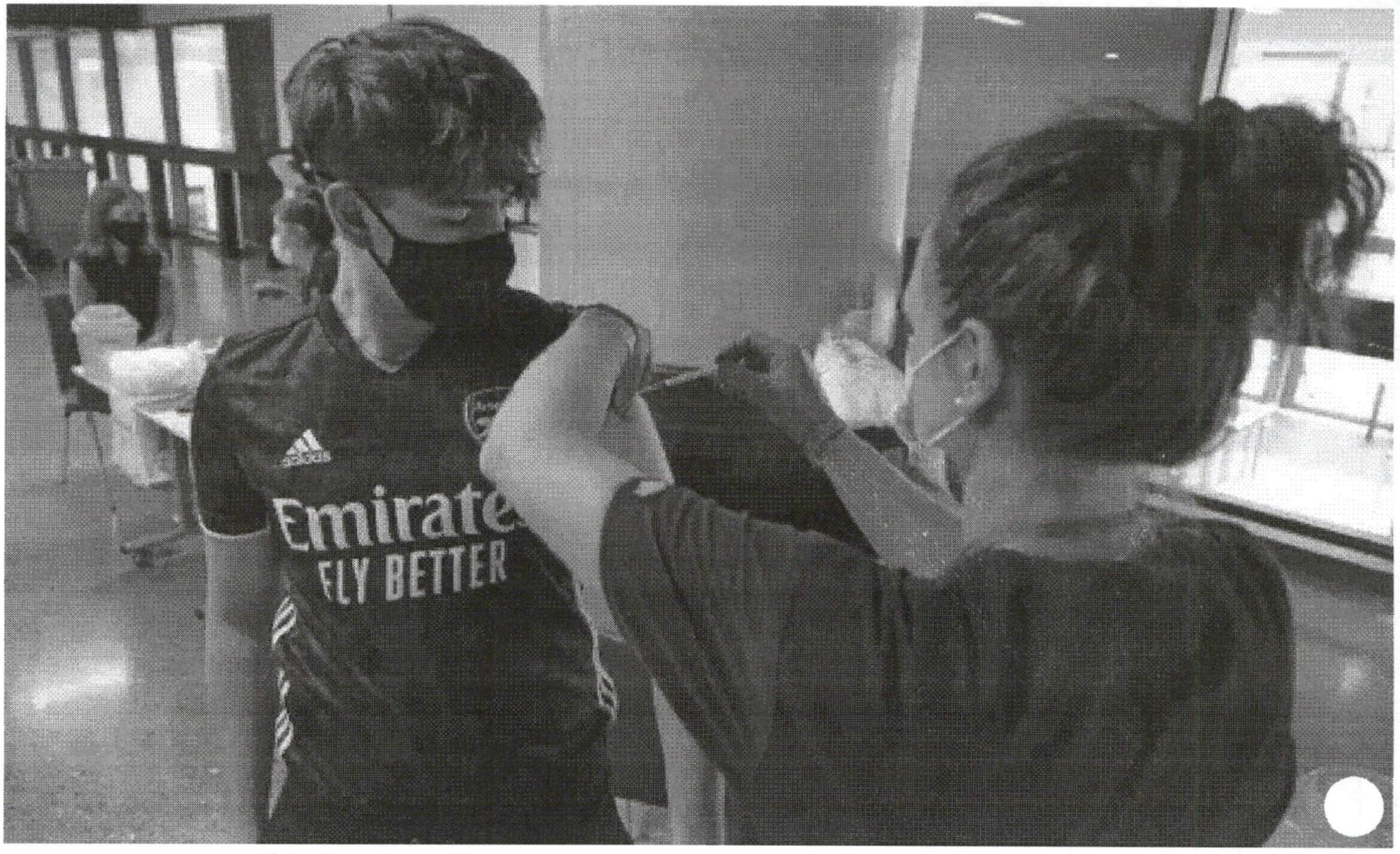
Public Comment #1

The weekly stats uncovered

Why most people who now die with Covid in England have had a vaccination

David Spiegelhalter and Anthony Masters

Sun 27 Jun 2021 03.00 EDT



A *MailOnline* headline on 13 June read: "Study shows 29% of the 42 people who have died after catching the new strain had BOTH vaccinations." In Public Health England's technical briefing on 25 June, that figure had risen to 43% (50 of 117), with the majority (60%) having received at least one dose.

It could sound worrying that the majority of people dying in England with the now-dominant Delta (B.1.617.2) variant have been vaccinated. Does this mean the vaccines are ineffective? Far from it, it's what we would expect from an effective but imperfect vaccine, a risk profile that varies hugely by age and the way the vaccines have been rolled out.

Consider the hypothetical world where absolutely everyone had received a less than perfect vaccine. Although the death rate would be low, everyone who died would have been fully vaccinated.

The vaccines are not perfect. PHE estimates two-dose effectiveness against hospital admission with the Delta infections at around 94%. We can perhaps assume there is at least 95% protection against Covid-19 death, which means the lethal risk is reduced to less than a twentieth of its usual value.

But the risk of dying from Covid-19 is extraordinarily dependent on age: it halves for each six to seven year age gap. This means that someone aged 80 who is fully vaccinated essentially takes on the risk of an unvaccinated person of around 50 - much lower, but still not nothing, and so we can expect some deaths.

The PHE report also reveals that nearly a third of deaths from the Delta variant are of unvaccinated people over 50, which may be surprising given high vaccine coverage; for example, OpenSAFELY estimates more than 93% among the 65-69s. But there are lower rates in deprived areas and for some ethnicities and communities with limited coverage will continue to experience more than their fair share of loss.

Coverage and effectiveness are important numbers for assessing vaccination programmes. It is better to look at cool analysis by analysts, rather than hot takes on social and other media.

David Spiegelhalter is chair of the Winton Centre for Risk and Evidence Communication at Cambridge. Anthony Masters is statistical ambassador for the Royal Statistical Society

American Red Cross | Blood Services

Find a Blood Drive

Zip or Sponsor Code

Can I donate after receiving a COVID-19 vaccine?

February 24, 2021

As COVID-19 vaccines are being distributed throughout the U.S., what does this mean for blood donors? Great news: if you receive the vaccine, you can still donate blood, platelets and AB Elite plasma! Donating blood is essential to help save lives and support the efforts of those on the frontlines of the pandemic.

DOWNLOAD THE COVID-19 VACCINE GUIDE

When can I donate blood after receiving a COVID-19 vaccine?

The Red Cross is following FDA blood donation eligibility guidance for those who receive the COVID-19 vaccination. Deferral times for donations may vary depending on which brand of vaccine you received. If you've received a COVID-19 vaccine, you'll need to provide the manufacturer name when you come to donate. In most cases, there is no deferral time for individuals who received a COVID-19 vaccine as long as they are symptom-free and feeling well at the time of donation.

- The following eligibility guidelines apply to each COVID-19 vaccine received, including boosters: There is no deferral time for eligible blood donors who are vaccinated with a non-replicating inactivated or RNA-based COVID-19 vaccine manufactured by AstraZeneca, Janssen/J&J, Moderna, Novavax, or Pfizer.
- Eligible blood donors who received a live attenuated COVID-19 vaccine or do not know what type of COVID-19 vaccine they received must wait two weeks before giving blood.
- If you have an appointment scheduled and need to change your donation date based on the above guidance, click here.

If you have further eligibility questions, please call 1-800-RED CROSS. Regardless, of the type of vaccine an individual receives, all donors must be symptom-free and feeling well at the time of donation. If an individual is experiencing any symptoms from the COVID-19 vaccine, the Red Cross asks that they postpone their donation until they are feeling better.

When you receive your COVID-19 vaccination, make sure you receive a handout with information about the vaccine, including the name of the manufacturer. It is encouraged to bring this information with you to your donation appointment.

Can I donate COVID-19 convalescent plasma if I have received the vaccination?

At this time individuals who have received a COVID-19 vaccine are not able to donate convalescent plasma with the Red Cross. The Red Cross is working as quickly as possible to evaluate this change – as it may involve complex system updates. Please know, the Red Cross is committed to building a readily available inventory of convalescent plasma to ensure patients battling COVID-19 have all treatment options available to them.

What safety precautions are in place?

The Red Cross is committed to the safety of donors, staff, and volunteers. We only collect blood from donors who are healthy and symptom-free. No matter which COVID-19 vaccine you receive, please do not present to donate unless you are symptom-free and feeling well. Mild side effects can occur after the administration of vaccines of any type, although they usually disappear within a few days. If you experience any side effects, please wait to donate until you are feeling well.

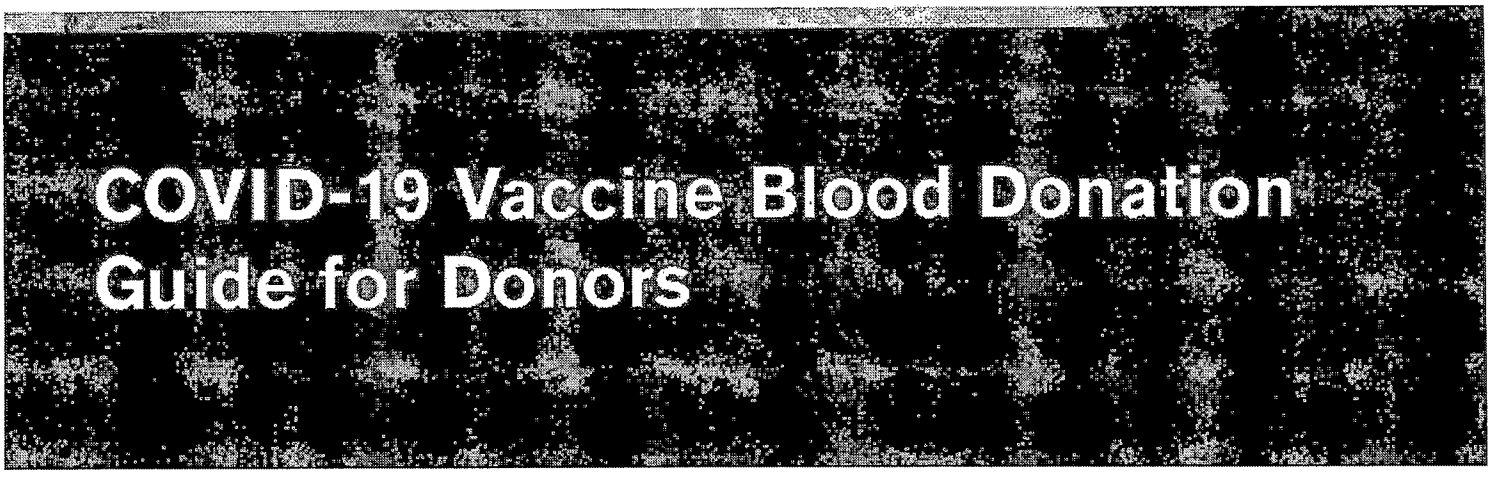
To ensure everyone's safety, the Red Cross is taking additional safety precautions during the pandemic including:

- Donor and staff temperature checks before entering drives
- All donors and staff required to wear a face covering or mask in accordance with the Centers for Disease Control and Prevention
- Following social distancing practices in waiting and refreshment areas as well as spacing beds 6 feet apart where possible
- Wiping down donor-touched areas and enhanced disinfecting of surfaces and equipment
- Having hand sanitizer readily available
- Wearing gloves and changing them often
- Using sterile collection sets
- Using aseptic scrubs on arms
- Laundering blankets used by donors and encouraging donors to bring their own (electric blankets and heating pads not permitted)
- Conducting mini-physicals to ensure donor health

Red Cross volunteer donors provide nearly 40% of the country's blood and blood components, yet only about 3% of age-eligible people donate blood yearly, which means supply can't always meet demand. Every donation helps meet patient needs. If you are healthy and well, please schedule your blood donation appointment today.

For more information about making a blood donation if you receive a COVID-19 vaccination, download the COVID-19 Vaccination and Blood Donation guide.

Please note: The Red Cross, as an organization, is not a healthcare provider and is not administering COVID-19 vaccinations in the U.S. However, Red Cross volunteers who are medical professionals may work with local authorities to help give vaccinations if their state licenses permit them to do so. In addition, Red Cross teams are currently helping to vaccinate U.S. service members on bases around the world.



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vaccines

MDPI

Article

The Safety of COVID-19 Vaccinations—We Should Rethink the Policy

Harald Walach [1,2,3,*], Rainer J. Klement [4] and Wouter Aukema [5]

1 Poznan University of the Medical Sciences, Pediatric Hospital, 60-572 Poznan, Poland
2 Department of Psychology, University of Witten/Herdecke, 58448 Witten, Germany
3 Change Health Science Institute, 10178 Berlin, Germany
4 Department of Radiation Oncology, Leopoldina Hospital, 97422 Schweinfurt, Germany; rainer_klement@gmx.de
5 Independent Data and Pattern Scientist, Brinkenbergweg 1, 7351 BD Hoenderloo, The Netherlands; wouter.aukema@gmail.com
* Correspondence: harald.walach@uni-wh.de; Tel.: +49-30-467-97-436

Abstract: Background: COVID-19 vaccines have had expedited reviews without sufficient safety data. We wanted to compare risks and benefits. **Method**: We calculated the number needed to vaccinate (NNTV) from a large Israeli field study to prevent one death. We accessed the Adverse Drug Reactions (ADR) database of the European Medicines Agency and of the Dutch National Register (lareb.nl) to extract the number of cases reporting severe side effects and the number of cases with fatal side effects. **Result**: The NNTV is between 200–700 to prevent one case of COVID-19 for the mRNA vaccine marketed by Pfizer, while the NNTV to prevent one death is between 9000 and 50,000 (95% confidence interval), with 16,000 as a point estimate. The number of cases experiencing adverse reactions has been reported to be 700 per 100,000 vaccinations. Currently, we see 16 serious side effects per 100,000 vaccinations, and the number of fatal side effects is at 4.11/100,000 vaccinations. For three deaths prevented by vaccination we have to accept two inflicted by vaccination. **Conclusions:** This lack of clear benefit should cause governments to rethink their vaccination policy.

Keywords: SARS-CoV2; COVID-19; vaccination; mRNA-vaccine; number needed to vaccinate; safety; side effects; adverse drug reaction; fatal side effects; EMA

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1. Introduction

In the course of the SARS-CoV2 pandemic, new regulatory frameworks were put in place that allowed for the expedited review of data and admission of new vaccines without safety data [1]. Many of the new vaccines use completely new technologies that have never been used in humans before. The rationale for this action was that the pandemic was such a ubiquitous and dangerous threat that it warrants exceptional measures. In due course, the vaccination campaign against SARS-CoV2 has started. To date (18 June 2021), roughly 304.5 million vaccination doses have been administered in the EU (https://qap.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#distribution-tab (accessed on 18 June 2021)), mostly the vector vaccination product developed by the Oxford vaccination group and marketed by AstraZeneca, Vaxzevria [2] (approximately 25% coverage in the EU), the RNA vaccination product of BioNTec marketed by Pfizer, Comirnaty [3,4] (approximately 60%), and the mRNA vaccination product developed by Moderna [5] (approximately 10%). Others account for only around 5% of all vaccinations. As these vaccines have never been tested for their safety in prospective post-marketing surveillance studies, we thought it useful to determine the effectiveness of the vaccines and to compare them with the costs in terms of side effects.

2. Methods

We used a large Israeli field study [6] that involved approximately one million persons and the data reported therein to calculate the number needed to vaccinate (NNTV) to prevent one case of SARS-CoV2 infection and to prevent one death caused by COVID-19. In addition, we used the most prominent trial data from regulatory phase 3 trials to assess the NNTV [4,5,7]. The NNTV is the reciprocal of the absolute risk difference between risk in the treated group and in the control group, expressed as decimals. To give an artificial example: An absolute risk difference between a risk of 0.8 in the control group and a risk of 0.3 in the treated group would result in an absolute risk difference of 0.5; thus, the number needed to treat or the NNTV would be $1/0.5 = 2$. This is the clinical effectiveness of the vaccine.

We checked the Adverse Drug Reaction (ADR) database of the European Medicine Agency (EMA: http://www.adrreports.eu/en/search_subst.html#, accessed on 28 May 2021; the COVID-19 vaccines are accessible under "C" in the index). Looking up the number of single cases with side effects reported for the three most widely used vaccines (Comirnaty by BioNTech/Pfizer, the vector vaccination product Vaxzevria marketed by AstraZeneca, and the mRNA vaccine by Moderna) by country, we discovered that the reporting of side effects varies by a factor of 47 (Figure 1). While the European average is 127 individual case safety reports (ICSRs), i.e., cases with side effect reports, per 100,000 vaccinations, the Dutch authorities have registered 701 reports per 100,000 vaccinations, while Poland has registered only 15 ISCRs per 100,000 vaccinations. Assuming that this difference is not due to differential national susceptibility to vaccination side effects, but due to different national reporting standards, we decided to use the data of the Dutch national register (https://www.lareb.nl/coronameldingen; accessed on 29 May 2021) to gauge the number of severe and fatal side effects per 100,000 vaccinations. We compare these quantities to the NNTV to prevent one clinical case of and one fatality by COVID-19.

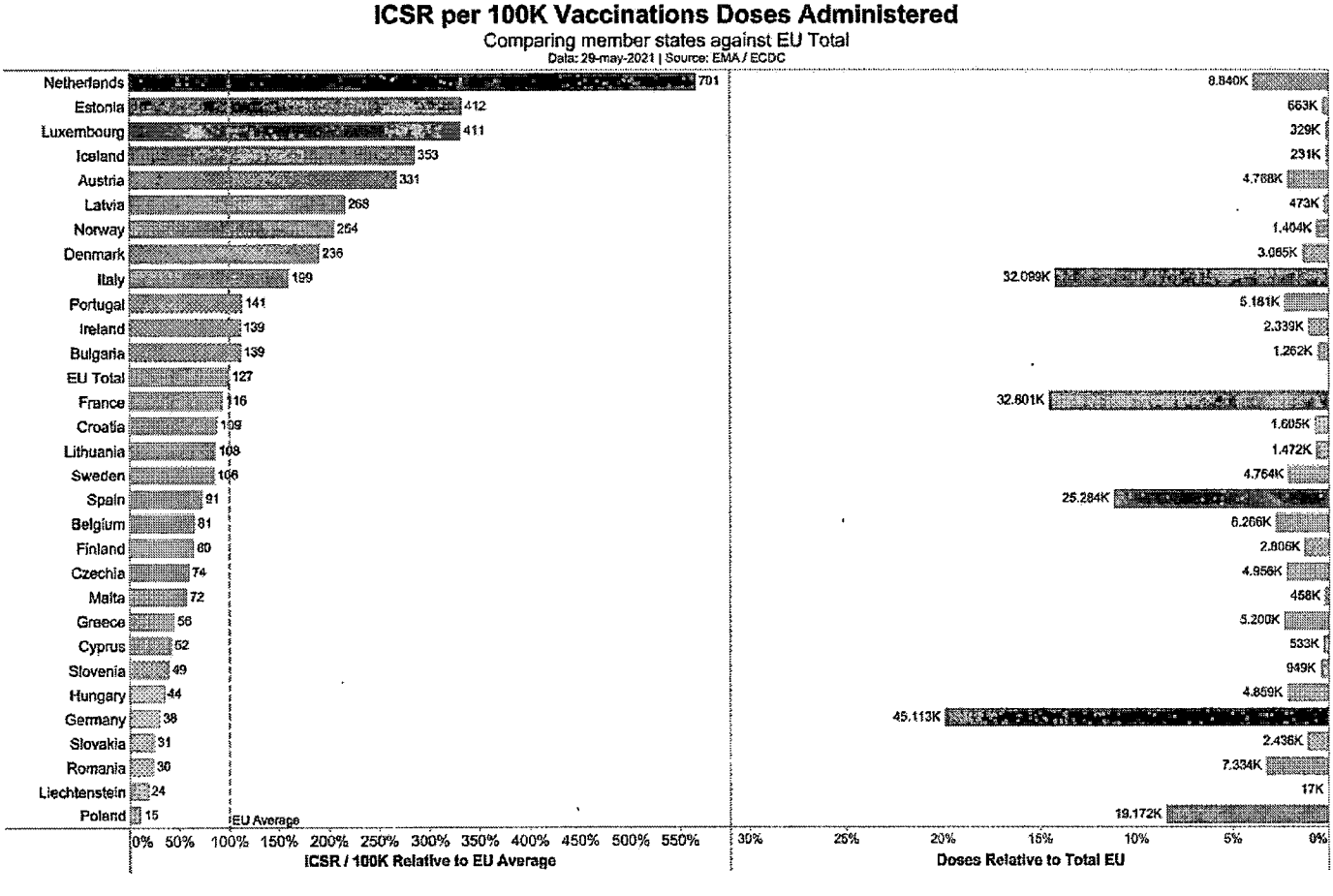

Figure 1. Individual safety case reports in association with COVID 19 vaccines in Europe.

3. Results

Cunningham was the first to point out the high NNTV in a non-peer-reviewed comment: Around 256 persons needed to vaccinate with the Pfizer vaccine to prevent one case [8]. A recent large field study in Israel with more than a million participants [6], where Comirnaty, the mRNA vaccination product marketed by Pfizer, was applied allowed us to calculate the figure more precisely. Table 1 presents the data of this study based on matched pairs, using propensity score matching with a large number of baseline variables, in which both the vaccinated and unvaccinated persons were still at risk at the beginning of a specified period [6]. We mainly used the estimates from Table 1, because they are likely closer to real life and derived from the largest field study to date. However, we also report the data from the phase 3 trials conducted for obtaining regulatory approval in Table 2 and used them for a sensitivity analysis.

Table 1. Risk differences and number needed to vaccinate (NNTV) to prevent one infection, one case of symptomatic illness, and one death from COVID-19. Data from Dagan et al. [6], $N = 596{,}618$ in each group.

	Documented Infection		Symptomatic Illness		Death from COVID-19	
Period	Risk Difference (No./1000 Persons) (95% CI)	NNTV (95% CI)	Risk Difference (No./1000 Persons) (95% CI)	NNTV (95% CI)	Risk Difference (No./1000 Persons) (95% CI)	NNTV (95% CI)
14–20 days after first dose	2.06 (1.70–2.40)	486 (417–589)	1.54 (1.28–1.80)	650 (556–782)	0.03 (0.01–0.07)	33,334 (14,286–100,000)
21–27 days after first dose	2.31 (1.96–2.69)	433 (372–511)	1.34 (1.09–1.62)	747 (618–918)	0.06 (0.02–0.11)	16,667 (9091–50,000)
7 days after second dose to end of follow-up	8.58 (6.22–11.18)	117 (90–161)	4.61 (3.29–6.53)	217 (154–304)	NA	NA

Data taken from Table 2 in Dagan et al.'s work. NNTV = 1/risk difference.

Table 2. Number needed to vaccinate (NNTV) calculated from pivotal phase 3 regulatory trials of the SARS-CoV2 mRNA vaccines of Moderna, BioNTech/Pfizer, and Sputnik (the vector vaccine of Astra-Zeneca is not contained here, as the study [9] was active-controlled and not placebo-controlled).

Vaccine	*N* Participants Vaccine Group	*N* Participants Placebo Group	CoV2 Positive End of Trial Vaccine Group	CoV2 Positive End of Trial Placebo Group	Absolute Risk Difference (ARD)	Number Needed to Vaccinate 1/ARR
Moderna [5] $	15,181(14,550 *)	15,170 (14,598 *)	19 (0.13%) [1]	269 (1.77%) [1]	0.0165	61
Comirnaty (BioNTech/Pfizer) [4] $	18,860	18,846	8 (0.042%) [2]	162 (0.86%) [2]	0.00817	123
Sputnik V [7] §	14,964	4902	13 (0.087%) **,[3]	47 (1%) **,[3]	0.0091	110

* Modified intention to treat-population—basis for calculation; ** taken from the publication because of slightly different case numbers; $ outcome was a symptomatic COVID-19 case; § outcome was a confirmed infection by PCR-test; [1] after 6 weeks; [2] after 4 weeks; [3] after 3 weeks.

It should be noted that in the Israeli field study, the cumulative incidence of the infection, visible in the control group after seven days, was low (Kaplan–Meier estimate <0.5%; Figure 2 in Dagan et al.'s work [6]) and remained below 3% after six weeks. In the other studies, the incidence figures after three to six weeks in the placebo groups were similarly low, between 0.85% and 1.8%. The absolute infection risk reductions given by Dagan et al. [6] translated into an NNTV of 486 (95% CI, 417–589) two to three weeks after the first dose, or 117 (90–161) after the second dose until the end of follow-up to prevent one documented case (Table 1). Estimates of NNTV to prevent CoV2 infection from the phase 3 trials of the most widely used vaccination products [3–5] were between 61 (Moderna) and 123 (Table 2) and were estimated to be 256 by Cunningham [8]. However, it should also be noted that the outcome "Documented infection" in Table 1 refers to CoV2 infection as defined by a positive PCR test, i.e., without considering false positive

results [10], so that the outcome "symptomatic illness" may better reflect vaccine effectiveness. If clinically symptomatic COVID-19 until the end of follow-up was used as an outcome, the NNTV was estimated as 217 (95% CI, 154–304).

In the Israeli field study, 4460 persons in the vaccination group became infected during the study period and nine persons died, translating into an infection fatality rate (IFR) of 0.2% in the vaccination group. In the control group, 6100 became infected and 32 died, resulting in an IFR of 0.5%, which is within the range found by a review [11].

Using the data from Table 1, we calculated the absolute risk difference to be 0.00006 (ARD for preventing one death after three to four weeks), which translates into an NNTV of 16,667. The 95% confidence interval spanned the range from 9000 to 50,000. Thus, between 9000 and 50,000 people need to be vaccinated, with a point-estimate of roughly 16,000, to prevent one COVID-19-related death.

For the other studies listed in Table 2, in the case that positive infection was the outcome [7], we calculated the NNTV to prevent one death using the IFR estimate of 0.5%; in the case that clinically positive COVID-19 was the outcome [4,5], we used the case fatality rate estimated as the number of worldwide COVID-19 cases divided by COVID-19 related deaths, which was 2% (https://www.worldometers.info/coronavirus/ (accessed on 29 May 2021)). In the case of the Sputnik vaccine, one would thus have to vaccinate 22,000 people to prevent one death. In the case of the Moderna vaccine, one would have to vaccinate 3050 people to prevent one death. In the case of Comirnaty, the Pfizer vaccine, 6150 vaccinated people would prevent one death, although using the figure by Cunningham [8], it would be 12,300 vaccinations to prevent one death.

The side effects data reported in the Dutch register (www.lareb.nl/coronameldingen (accessed on 27 May 2021)) are given in Table 3.

Table 3. Individual case safety reports for the most widely distributed COVID-19 vaccines according to the Dutch side effects register (www.lareb.nl/coronameldingen (accessed on 29 May 2021)), the absolute numbers per vaccine, and standardization per 100,000 vaccinations.

	General Number of Reports (1)	Serious Side Effects (1)	Deaths (2)	Number of Vaccinations According to (3)	Number of Vaccinations According to ECDC (4)
Comirnaty (Pfizer)	21,321	864	280	5,946,031	6,004,808
Moderna	6390	114	35	531,449	540,862
Vaxzevria (AstraZeneca)	29,865	411	31	1,837,407	1,852,996
Janssen	2596	7	-	142,069	143,525
Unknown	129	15	5	-	540
Total	60,301	1.411	351	8,456,956	8,542,731
Per 100,000 vaccinations according to Dutch data	**713.03**	**16.68**	**4.15**		
Per 100,000 vaccinations according to ECDC	**705.87**	**16.52**	**4.11**		

(1) https://www.lareb.nl/coronameldingen. (2) https://www.lareb.nl/pages/update-van-bijwerkingen. (3) https://coronadashboard.rijksoverheid.nl/landelijk/vaccinaties. (4) https://www.ecdc.europa.eu/en/publications-data/data-covid-19-vaccination-eu-eea. All sites accessed on 27 May 2021. The Dutch government reported two numbers; we took the calculated amounts.

Thus, we need to accept that around 16 cases will develop severe adverse reactions from COVID-19 vaccines per 100,000 vaccinations delivered, and approximately four people will die from the consequences of being vaccinated per 100,000 vaccinations delivered. Adopting the point estimate of NNTV = 16,000 (95% CI, 9000–50,000) to prevent one COVID-19-related death, for every six (95% CI, 2–11) deaths prevented by vaccination,

we may incur four deaths as a consequence of or associated with the vaccination. Simply put: As we prevent three deaths by vaccinating, we incur two deaths.

The risk–benefit ratio looks better if we accept the stronger effect sizes from the phase 3 trials. Using Cunningham's estimate of NNTV = 12,300, which stems from a non-peer reviewed comment, we arrived at eight deaths prevented per 100,000 vaccinations and, in the best case, 33 deaths prevented by 100,000 vaccinations. Thus, in the optimum case, we risk four deaths to prevent 33 deaths, a risk–benefit ratio of 1:8. The risk–benefit ratio in terms of deaths prevented and deaths incurred thus ranges from 2:3 to 1:8, although real-life data also support ratios as high as 2:1, i.e., twice as high a risk of death from the vaccination compared to COVID-19, within the 95% confidence limit.

4. Discussion

The COVID-19 vaccines are immunologically effective and can—according to the publications—prevent infections, morbidity, and mortality associated with SARS-CoV2; however, they incur costs. Apart from the economic costs, there are comparatively high rates of side effects and fatalities. The current figure is around four fatalities per 100,000 vaccinations, as documented by the most thorough European documentation system, the Dutch side effects register (lareb.nl). This tallies well with a recently conducted analysis of the U.S. vaccine adverse reactions reporting system, which found 3.4 fatalities per 100,000 vaccinations, mostly with the Comirnaty (Pfizer) and Moderna vaccines [12].

Is this a few or many? This is difficult to say, and the answer is dependent on one's view of how severe the pandemic is and whether the common assumption that there is hardly any innate immunological defense or cross-reactional immunity is true. Some argue that we can assume cross-reactivity of antibodies to conventional coronaviruses in 30–50% of the population [13–16]. This might explain why children and younger people are rarely afflicted by SARS-CoV2 [17–19]. An innate immune reaction is difficult to gauge. Thus, low seroprevalence figures [20–22] may not only reflect a lack of herd immunity, but also a mix of undetected cross-reactivity of antibodies to other coronaviruses, as well as clearing of infection by innate immunity.

However, one should consider the simple legal fact that a death associated with a vaccination is different in kind and legal status from a death suffered as a consequence of an incidental infection.

Our data should be viewed in the light of its inherent limitations:

The study which we used to gauge the NNTV was a single field study, even though it is the largest to date. The other data stem from regulatory trials that were not designed to detect maximum effects. The field study was somewhat specific to the situation in Israel, and studies in other countries and other populations or other post-marketing surveillance studies might reveal more beneficial clinical effect sizes when the prevalence of the infection is higher. This field study also suffered from some problems, as a lot of cases were censored due to unknown reasons, presumably due to a loss to follow-up. However, the regulatory studies compensate for some of the weaknesses, and thereby generate a somewhat more beneficial risk–benefit ratio.

The ADR database of the EMA collects reports of different kinds, by doctors, patients, and authorities. We observed (Figure 1) that the reporting standards vary hugely across countries. It might be necessary for the EMA and for national governments to install better monitoring procedures in order to generate more reliable data. Some countries have tight reporting schemes, some report in a rather loose fashion. As we have to assume that the average number of side effects is roughly similar across countries, we would expect a similar reporting quota. However, when inspecting the reports according to countries, we can see a large variance. Our decision to use the Dutch data as a proxy for Europe was derived from this discovery. One might want to challenge this decision, but we did not find any data from other countries being more valid than those used here. Apart from this, our data tallied well with the data from the U.S. CDC vaccine adverse reporting system [12], which indirectly validates our decision.

One might argue that it is always difficult to ascertain causality in such reports. This is certainly true; however, the Dutch data, especially the fatal cases, were certified by medical specialists (https://www.lareb.nl/media/eacjg2eq/beleidsplan-2015-2019.pdf (accessed on 29 May 2021)), page 13: *"All reports received are checked for completeness and possible ambiguities. If necessary, additional information is requested from the reporting party and/or the treating doctor The report is entered into the database with all the necessary information. Side effects are coded according to the applicable (international) standards. Subsequently an individual assessment of the report is made. The reports are forwarded to the European database (Eudravigilance) and the database of the WHO Collaborating Centre for International Drug Monitoring in Uppsala. The registration holders are informed about the reports concerning their product."*).

A recent experimental study showed that the SARS-CoV2 spike protein is sufficient to produce endothelial damage [23]. This provides a potential causal rationale for the most serious and most frequent side effects, namely, vascular problems such as thrombotic events. The vector-based COVID-19 vaccines can produce soluble spike proteins, which multiply the potential damage sites [24]. The spike protein also contains domains that may bind to cholinergic receptors, thereby compromising the cholinergic anti-inflammatory pathways, enhancing inflammatory processes [25]. A recent review listed several other potential side effects of COVID-19 mRNA vaccines that may also emerge later than in the observation periods covered here [26].

In the Israeli field study, the observation period was six weeks, and in the U.S. regulatory studies between four to six weeks, a period commonly assumed to be sufficient to see a clinical effect of a vaccine, because it would also be the time frame within which someone who was infected initially would fall ill and perhaps die. Had the observation period been longer, the clinical effect size might have increased, i.e., the NNTV could have become lower and, consequently, the ratio of benefit to harm could have increased in favor of the vaccines. However, as noted above, there is also the possibility of side effects developing with some delay and influencing the risk–benefit ratio in the opposite direction [26]. This should be studied more systematically in a long-term observational study.

Another point to consider is that initially, mainly older persons and those at risk were entered into the national vaccination programs. It is to be hoped that the tally of fatalities will become lower as a consequence of the vaccinations, as the age of those vaccinated decreases.

However, we do think that, given the data, we should not wait to see whether more fatalities accrue, but instead use the data available to study who might be at risk of suffering side effects and pursue a diligent route.

Finally, we note that from experience with reporting side effects from other drugs, only a small fraction of side effects is reported to adverse events databases [27,28]. The median underreporting can be as high as 95% [29].

Given this fact and the high number of serious side effects already reported, the current political trend to vaccinate children who are at very low risk of suffering from COVID-19 in the first place must be reconsidered.

5. Conclusions

The present assessment raises the question whether it would be necessary to rethink policies and use COVID-19 vaccines more sparingly and with some discretion only in those that are willing to accept the risk because they feel more at risk from the true infection than the mock infection. Perhaps it might be necessary to dampen the enthusiasm by sober facts? In our view, the EMA and national authorities should instigate a safety review into the safety database of COVID-19 vaccines and governments should carefully consider their policies in light of these data. Ideally, independent scientists should carry out thorough case reviews of the very severe cases, so that there can be evidence-based recommendations on who is likely to benefit from a SARS-CoV2 vaccination and who is in danger of suffering from side effects. Currently, our estimates show that we have to accept four fatal and

16 serious side effects per 100,000 vaccinations in order to save the lives of 2–11 individuals per 100,000 vaccinations, placing risks and benefits on the same order of magnitude.

Author Contributions: Conceptualization, H.W.; methodology, H.W.; writing—original draft, H.W.; guarantor, H.W.; checked the analysis for correctness and contributed to the writing. R.J.K.; analysis of the COVID-19 vaccination volumes reported by ECDC and the ICSR reports from EMA and graph production, W.A. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: This was a study on publicly available data and a secondary analysis, and as such not subject to an ethical review.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the cited studies used in our analysis.

Data Availability Statement: Documentation on how to extract information from the line listings of the ADR-database of the EMA, SQL scripts, and graphical representations is available at http://www.aukema.org/2021/04/analysis-of-icsr-reports-at-emaeuropaeu.html (accessed on 22 June 2021).

Conflicts of Interest: The authors declare no conflict of interest.

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WEDNESDAY, JULY 7TH, 2021 |

THE DAILY EXPOSE

BREAKING NEWS

Fully vaccinated people have a 885% higher chance of death due to Covid-19 than people who are unvaccinated according to official data

BY THE DAILY EXPOSE ON JULY 3, 2021 • (62 COMMENTS)

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The Delta Covid-19 variant is currently rampant in the United Kingdom according to official data which has been released by Public Health England (PHE) in an attempt to justify the continuation of draconian restrictions on the lives of the British people.

However, we wonder if they realise that the very same data PHE released shows us that people who have received two doses of the Covid-19 vaccine have an 885% higher chance of dying of Covid-19 than of those who are unvaccinated?

The PHE report which can be viewed **here** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997418/Variants_of_Concern_VOC_Technical_Briefing_17.pdf)shows that between the 1st February 2021 and the 21st June 2021 a total of 92,029 confirmed cases of the Delta variant had been confirmed.

Of these 58.4% were people who had not been vaccinated, totalling 53,822.

A further 7.8% were people who had received both doses of a Covid-19 vaccine, totalling 7,235.

A further 14.9% were people who had received one dose of a Covid-19 vaccine at least three weeks prior to testing positive for the Delta Covid variant, totalling 13,715.

And a further 6.78% were people who had received one dose of a Covid-19 vaccine less than three weeks prior to testing positive for the Delta Covid variant, totalling 6,242.

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) including all confirmed Delta cases in England, 1 February 2021 to 21 June 2021

	Age group (years)	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	Received 2 doses	Unvaccinated
Delta cases	All cases	92,029	79,336	11,015	6,242	13,715	7,235	53,822
	<50	82,458	71,311	9,892	6,154	9,850	3,669	52,846
	≥50	9,571	8,025	1,123	88	3,865	3,566	976

As per the above table taken from the **Public Health England report** **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997418/Variants_of_Concern_VOC_Technical_Briefing_17.pdf)** we can see that the number of positive cases of the Delta variant in people who are unvaccinated outnumber the number of positive cases of the Delta variant in people who are fully vaccinated by around 7.4 to 1.

This difference probably gives you the impression that the Covid-19 jabs are working fantastically? Well don't get too excited.

Because if we take the number of people who have had at least one dose of a Covid-19 vaccine – 27,192, we can see that the number of people who are unvaccinated, who have tested positive for the Delta variant only outnumber people who have received at least one dose of a Covid-19 vaccine by around 1.97 to 1.

They don't seem so fantastic now do they?

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) including all confirmed Delta cases in England, 1 February 2021 to 21 June 2021

	Age group (years)	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	Received 2 doses	Unvaccinated
Delta cases	All cases	92,029	79,336	11,015	6,242	13,715	7,235	53,822
	<50	82,458	71,311	9,892	6,154	9,850	3,689	52,846
	>50	9,571	8,025	1,123	88	3,865	3,546	976
Cases where presentation to emergency care resulted in overnight inpatient admission§ (including cases	All cases	1,320	N/A	22	88	189	190	831
	<50	902	N/A	16	79	85	27	695
	>50	418	N/A	6	9	104	163	136

As per the above table we can see that of the 53,822 confirmed cases of the Delta Covid variant in people who were unvaccinated, 831 presented to emergency care which resulted in overnight inpatient admission. This accounts for 1.54% of the confirmed cases in people who are unvaccinated.

However, of the 7,235 confirmed cases of the Delta variant in people who are fully vaccinated people, 190 presented to emergency care which resulted in overnight inpatient admission. This accounts for 2.6% of the confirmed cases in people who are fully vaccinated.

This data, which has been published by Public Health England, shows us that people who have received two doses of a Covid-19 vaccine have a 70.1% higher chance of being hospitalised with the alleged Delta Covid variant than people who are unvaccinated.

None of the Covid-19 vaccines have been proven to prevent infection or prevent the spread of the alleged Covid-19 virus. Instead they have allegedly been proven to reduce the risk of hospitalisation and death, but even then the study carried out is highly questionable.

It doesn't look like the Covid-19 vaccines are doing what they say on the tin, does it? Perhaps they're doing their job at reducing the risk of death, thankfully Public Health England have provided the data for us to find out.

Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) including all confirmed Delta cases in England, 1 February 2021 to 21 June 2021

	Age group (years)	Total	Cases with specimen date in past 28 days	Unlinked	<21 days post dose 1	≥21 days post dose 1	Received 2 doses	Unvaccinated
with the same specimen and attendance dates)								
Deaths within 28 days of positive specimen date	Total	117	N/A	3	1	19	50	44
	<50	8	N/A	-	-	2	-	6
	>50	109	N/A	3	1	17	50	38

As per the above table we can see that of the 53,822 confirmed cases of the Delta Covid variant in people who are unvaccinated, 44 have sadly died. This accounts to 0.07% of confirmed cases in the people who are unvaccinated.

his data, which again has been **published by Public Health England** (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/997418/Variants_of_Concern_VOC_Technical_Briefing_17.pdf), shows us that people who have eceived two doses of a Covid-19 vaccine have a 885.7% higher chance of dying due to the Delta Covid variant than people who are unvaccinated.

Now that definitely isn't what the Covid-19 vaccines said they would do on the tin.

s this evidence of antibody-dependent enhancement? One senior researcher at the Massachusetts Institute of Technology's Computer Science and Artificial Intelligence .aboratory – Stephanie Seneff, seems to think so.

ADE blighted previous attempts at coronavirus vaccines and frequently resulted in enhanced lung disease among vaccinated (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421) lab animals. It led researchers in 2012 to advise scientists to proceed with "caution" (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0035421) for any human coronavirus vaccines which could lead to enhanced lung disease.

Seneff said research has shown that coronavirus vaccines alter the ways immune systems respond to infection and can activate other sleeping infections in the vaccinated person.

It is conceivable to me that the laser-beam specificity of the induced antibodies is offset by a general weakening of innate immunity," Seneff said.

I also suspect that massive vaccination campaigns may accelerate the rate at which the vaccine-resistant mutant strains become dominant among all the SARS-CoV-2 strains."

Considering the fact 45 million people have had at least one dose of a Covid-19 vaccine in the United Kingdom at the time of writing, it looks like we're in for one hell of a winter crisis.

July 7, 2021

Father and Daughter Died 4 Days Apart Despite Taking Different Brands of Covid-19 Vaccines

Source: Global ResearchJohn Robert Kendall Jr. and Kimberley St. Charles may have ...

July 7, 2021

Your Government has committed Democide since March 2020 by using fear, deception, and Midazolam...

Democide is the murder of any person or people by their government, ...

July 7, 2021

Susan Michie and the Covid Cult – a movement steeped in ideology rather than science

Journalism is dead...On Monday July 5th, we all saw why.For 16 months ...

July 7, 2021

Woman Left Unable to TALK After Receiving Second Dose of AstraZeneca Covid-19 Vaccine

Source: Daily MailSofia Gomes, 43, of Wisbech, Cambridgeshire, was left unable to ...

July 6, 2021

CDC manipulated study data to show the Covid-19 Vaccines are safe for Pregnant Women when in reality 4 in 5 suffered a miscarriage

Data has been manipulated by scientists carrying out a real-world study for ...

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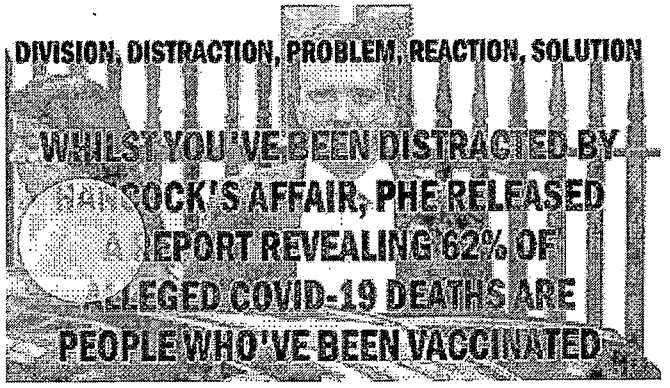

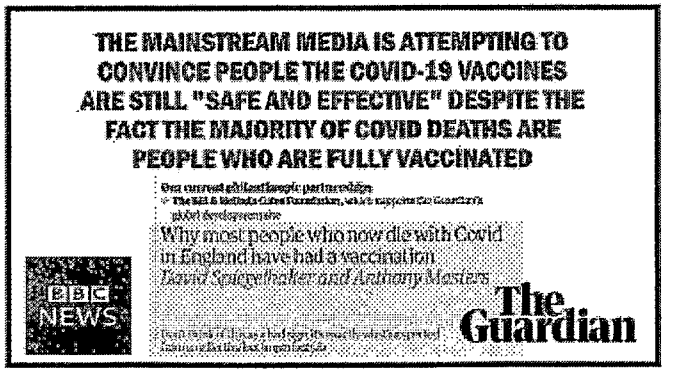

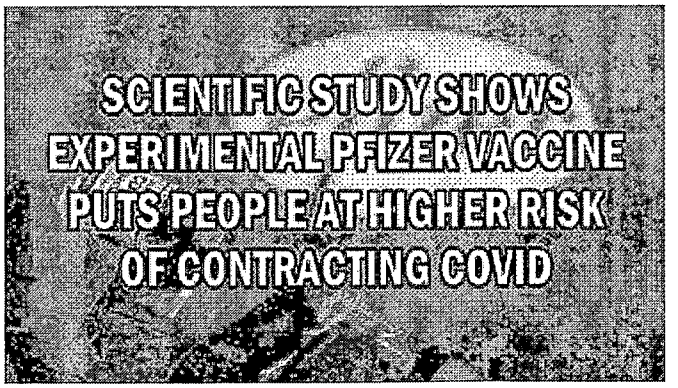

June 26, 2021
In "Breaking News"

are fully vaccinated
July 4, 2021
In "Breaking News"

In "Breaking News"

3.1

Article Rating

62 COMMENTS

SarahVegan
3 days ago

I predict high levels of blame, confusion, grief and rage directed not against those responsible for creating this mess but rather re-directed against those who stand firm and refuse to take this toxic 'vaccine'. We will be the scapegoats. Prepare yourselves psychologically for a rough time ahead.

52 Reply

62