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## Say NO to COVID Shots

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From Judy Call <benjudycall@gmail.com>

Date Mon 10/21/2024 9:28 AM

To \*Public Health Idaho <PublicHealthIdaho@swdh.id.gov>

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Has the COVID shot not done enough damage? Please do not continue to inflict this on our children. The CDC is wrong and we are tired of their self-serving policies.

Concerned citizens,  
Judy and Ben Call



## Tuesday Meeting

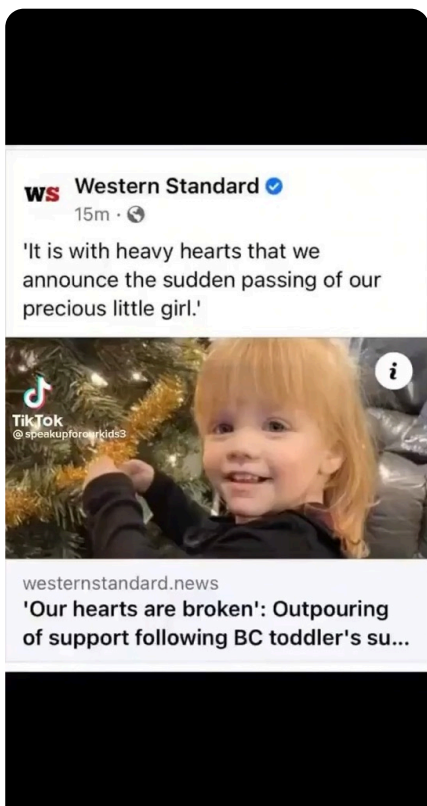
From Dwight M <mccartydh@gmail.com>

Date Mon 10/21/2024 12:22 PM

To \*Public Health Idaho <PublicHealthIdaho@swdh.id.gov>

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This vaccine in all forms of Administration, marketing and child schedule MUST END. ASAP



36CIA (❤️紫游) on GETTR : 🚩  
 🖋️ When is enough, ENOUGH?  
 How much longer is this Genocide  
 going to continue?  
 gettr.com

Dwight McCarty - Advisor  
 408-314-6636  
 Eagle, Idaho

Southwest District Health

I just became aware of the hearing on the COVID vaccine tomorrow. I would like to voice my opinion, that not only should the vaccine NOT be required, but maybe consider banning it altogether.

I have two grandchildren who were healthy young men, ages 16 and 22 who both received said vaccine. Both were twice in the E.R. for heart attacks after the vaccine. One also lost use of his right hand. Additionally his muscles in his abdomen became weak enough that he would break out in spontaneous hernias. Worse, at one point his testicles exploded requiring surgery.

As one looks at reactions across the board, you see heart problems, fertility problems, blood clots, strokes, cancer, miscarriages, neurological problems, palsy, even death.

Additionally, there is no proof it 6rks, it doesn't prevent you from getting COVID or transmitting it.

I beg of you to not require the COVID vaccine, and even consider banning it.

Thank you.

Barbara Parshley  
22535 Bauman Dr.  
Wilder ID 83676

A handwritten signature in cursive script that reads "Barbara Parshley". The signature is written in black ink and is positioned to the right of the typed name and address.

3035871432

## Q1 Public comment

Answered: 292 Skipped: 0

#	RESPONSES	DATE
1	I do not feel the covid vaccines should be on the required list for 6 months and older. Please consider removing it.	10/21/2024 1:43 PM
2	Stop the mass genocide! The turbo cancer crisis, blood clots, heart damage, birth rates crashing worldwide. Mortality rates 5X higher and increasing everywhere. State of Ohio Medical Center and Florida no longer offering the C 19 experimental gene therapy because it is do not work and not safe, but rather it is harmful and dangerous. An increasingly noticeable number of doctors, nurses and staff died suddenly and unexpectedly or have become disabled and ill from injuries or cancer. It still continue to grow in huge numbers. Just as example in our family, we lost two members and two friends who took these mrna shots. Argentina scientist identified 55 undeclared chemical elements including heavy metals found in C-19 shots. Japan has acknowledged sky high rates of cardiac damage and turbo cancer from the Mrna shots. Billions of vaccinated people contaminated with nanobots. The vaccinated are still infected and are still spreading their disease. In EU the October declare the month to remembering people who died and injured from these shots. You are Health medical District ans suppose to do the research and take care the safety for your employees and all patients, instead you promote to administer C-19 deadly MRNA injections. How dare you are!	10/21/2024 1:20 PM
3	This is an outrage and defies all logic, science, and general common sense. It really shows how captured our system is by corporate interests. Please do what is right for the people of our state. If this product was so helpful, the drug companies wouldn't have to hide behind the protection of the EUA.	10/21/2024 12:35 PM
4	I certainly do not agree with this shot, as it has done way more harm than good! Many people have had horrendous problems with this shot. Such as, coughing, blood clots, hear t fibs, brain fog, premature death, and so many other symptoms.	10/21/2024 12:26 PM
5	I am totally opposed to the Covid vaccination being required, or even used. I have two previously healthy grandsons, 16, 22 yrs old, who received the vaccination and both were in the hospital, twice each, for heart attacks. The older one also lost use of his right hand, developed weakness in his muscles that caused hernias to spontaneously develop and his testicals exploded, requiring surgery. I can't imagine why this vaccination is even being considered.	10/21/2024 12:06 PM
6	The technology these "vaccines" are made of are hurting people. The evidence exists. How can you even consider keeping these injections on the schedule? Whatever information you are considering that makes you feel like it's a good idea. Please look at the information collected on this website directly from the CDCs VAERs website. <a href="https://openvaers.com/">https://openvaers.com/</a>	10/21/2024 12:05 PM
7	Hi there. I'm sure your intent is toward healthy babies, children and adults. I'm a believer, that if it isn't broken, don't fix it, with some exceptions. Please remove the covid vaccine from the list of required or prescribed/scheduled vaccines for babies and older. Thank you for your consideration. I raised 5 children with a minor number of vaccines and they are all healthy, robust individuals.	10/21/2024 11:58 AM
8	Please vote to remove this from the vaccine schedule.	10/21/2024 11:58 AM
9	Please do NOT continue to recommend COVID-19 "vaccines".	10/21/2024 11:44 AM
10	DO NOT make Covid shots part of vacs here in Idaho	10/21/2024 11:00 AM
11	I am against the vaccine. Please do not add it to the recommended vaccine list	10/21/2024 10:26 AM
12	No more promoting ANY "vaccinations"	10/21/2024 10:04 AM
13	Please STOP THIS KILLING SHOT	10/21/2024 9:56 AM
14	Terminate shot!	10/21/2024 9:35 AM

## Board of Health Meeting Public Comment

15	There is now so much factual data that shows just how harmful and out right deadly these injection are and do not even prevent you from getting COVID. Personally I have a sister, her husband and several co workers that have been vaxx injured. Let Idaho be the 1st in the nation to not recommend or outright ban their use.	10/21/2024 9:33 AM
16	I disagree in allowing the damaging COVID vaccination be mandatory in our schools or for that matter being given to any student. Thank you.	10/21/2024 9:33 AM
17	Stop the shots, stop killing our children!	10/21/2024 9:32 AM
18	I greatly appreciate the efforts to make COVID-19 vaccines available at SWDH clinics. While not everyone wants to receive these vaccines, many of us do trust the science and efficacy of the vaccines that help protect us and those most vulnerable from severe illness and death. Please allow this to be accessible to those who choose to be vaccinated! A community that promotes diversity of opinion and allows their members to choose for themselves is in my mind a strong and healthy community. Thank you!	10/21/2024 9:31 AM
19	Please stop this Pharma money making operation to make The USA citizens ill. There is no proof this experimental vaccine works. Plenty of VAERS documentation that it doesn't and Ivermectin works much better. Remdesivir was also recommended and it made the lungs fill with fluid drowning patient's. Don't trust them vaccine's or there protocol.	10/21/2024 9:24 AM
20	No covid clot shot for Idaho!	10/21/2024 9:21 AM
21	I'm fully in favor of taking the Covid vaccine off of the vaccine schedule for anyone but especially children!	10/21/2024 9:11 AM
22	Dear District Board, As a resident of Canyon County, I am urging you to terminate the Covid shot from the vaccine schedule and be the first county in this country to recognize that this shot is not only not effective, but can be extremely harmful to the body. I fully stand behind the recommendations that Dr. Mc Cullough will be making in tomorrow's meeting. I am pretty sure that eliminating this shot from the schedule comes at a financial cost to this department. I hope I am misinformed about this, but if not, PLEASE do not exchange the long term health of our precious young children for financial gain. Thank you for considering my concerns in deciding this matter, Leah Rosnau	10/21/2024 9:02 AM
23	Please terminate the COVID 19 shot. With evidence I am reading, hearing from people, and seeing for myself I believe the shot is NOT SAFE. Especially for children and people with preexisting conditions. I have TWO very serious health conditions ( CLL and a recent heart attack) I in no way want to be mandated/forced to take this shot! From Idaho or our national Government. PLEASE Idaho be a LEADER! Terminate this shot!	10/21/2024 8:58 AM
24	What a bunch of crap ! covid is a bioweapon and the Gov is pushing it . More people have died from the Vax than from Covi!	10/21/2024 8:56 AM
25	Please stop covid 19 shots. No vaccines	10/21/2024 8:56 AM
26	Please vote to stop the use of this deadly so called vaccine and stop the use of paying for the vaccines with tax payer money. I stand with Dr. Tribble and his team. Paul Burke / Gem County	10/21/2024 8:55 AM
27	Hello, My name is Lori Lee Petersen, I was disabled by the Covid 19 Pfizer vaccine at at41 years of age in October 2021. I recently got confirmation that I did have myocarditis, it has taken 3 years to get this diagnosis. I'm still battling numerous health issues and symptoms that have caused me to sell my home in Logan utah and I now live in Preston Idaho. The CDC / VAERS has recently reached out to me about my VAERS report. Nearly 2 years later! It took 3 years to get a accurate diagnosis of myocarditis. My cardiologist informed me it didn't matter what caused my heart issues, be happy it's better. This is not acceptable! I demanded a VAERS to be filed! 3 years later I'm still battling auto immune, neurological, POTS, continuing chest pains, shortness of breath, joint pain, numbness tingling, burning! Tomorrow I'll be heading to Salt Lake City in hope for some more answers! 3 years! Still injecting this into children when Drs are clueless or intentionally not doing their jobs? 3 years it has taken to diagnose myocarditis, let that sink in! Thank you for your time. Pfizer took my health and my ability to work and provide for myself!	10/21/2024 8:49 AM
28	The covid 19 vaccines for infants and for any person do not stop transmission and make it more likely that a person will contract covid 19. It is causing menstrual cycle irregularity, cardiac problems and so much more. It is not necessary and needs to have further studies to	10/21/2024 7:45 AM

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be mandated or recommended. There are studies from Pfizer with this side effects, by recommending it to the public you are setting the state up for liability. If you are recommending it then you are liable for being reckless and not looking at the studies. It's old news to recommend the covid 19 vaccine.

29	There is no place for the Covid-19 shot on the vaccine roster. The efficacy to this day has still not been proven. Some of the up and coming generation have seen many issues with vaccines and are halting all vaccines for their children because they no longer trust the governments suggestions - even basic vaccines that are needed to prevent disease. Please repair trust with the public and protect children by removing this vaccine from the suggested roster. It has done much more harm than good.	10/21/2024 7:33 AM
30	Medical autonomy is a patient right and should not be influenced by coercion, threat or the threat of being ostracized by the medical community. People have the freedom to make decisions for themselves and their children without Southwest District Health being involved unnecessarily.	10/21/2024 7:32 AM
31	Please do not recommend the Covid vaccine for all residents of Idaho. This shot is bad news and should not be forced on Idahoans.	10/21/2024 4:55 AM
32	600 Million Doses Later, Dr. Birx Admits She "Knew" COVID-19 Vaccines "Were Not Going to Protect Against Infection" 🇺🇸🇺🇸 @COVID19Up: Dr. Deborah Birx admitted on Friday (July 22) that she "knew" the COVID-19 vaccines "were not going to protect against infection"—an astonishing claim that comes 18 months and 600 million doses after the experimental injections were first rolled out. Last year Biden claimed that "you're not going to get COVID if you have these vaccinations," while CDC Director Walensky falsely asserted "vaccinated people do not carry the virus, don't get sick, and that it's not just in the clinical trials but it's also in real world data." However, thousands of doctors and scientists were censored or banned for calling out in real-time what Dr. Birx apparently also knew was true. Since then, "breakthrough cases" have become common, with triple-vaccinated Americans regularly catching SARS-CoV-2 and staying sick for much longer than the unvaccinated.	10/21/2024 1:48 AM
33	My child suffered adverse vaccine damage. I urge you to NOT promote and administer Covid-19 vaccines. This product is not safe.	10/20/2024 11:33 PM
34	Vote no. Children's health care should be decided between the patient and doctor. Mandating vaccines should not be decided by state agencies.	10/20/2024 11:04 PM
35	Board Chair Southwest District Health Continuing to recommend that the COVID-19 mRNA vaccine remain in the schedule is irresponsible in that it violates a person's and parent's right to informed consent and freedom of choice. The COVID-19 mRNA vaccine has not been fully tested and the evidence of its safe and effective use is doubtful at best. Please remove the COVID-19 mRNA vaccine recommendation from the schedule. Thank You, Rahn Springer	10/20/2024 10:52 PM
36	These "vaccines " are doing significant harm to trusting people. Enough is enough.	10/20/2024 10:11 PM
37	I am pleased to hear the board is considering backing away from spending tax dollars on continued promotion and provision of Covid 19 vaccines. I am writing to voice my enthusiastic support for withdrawing taxpayer funded support for these products. As a board of public health, I'd think promoting behaviors known to lead to good health outcomes for everyone (diet, exercise, family cohesion, community engagement, sleep habits, media consumption, etc.) would be a focus of your efforts, rather than pushing, promoting, and/or providing pharmaceutical products, especially ones known to cause significant, severe, and deadly effects. I hope the board will also consider creating some guidelines around public health clinics being involved in medical experimentation in the future. The fact that established ethical guidelines were tossed aside in the development and rollout of the Covid shots shows a glaring need to establish some checks and balances on these processes. Thank you for considering taking a leadership role in raising the standards of our public health system. Thank you, Lynn Laird, Psy.D.	10/20/2024 10:04 PM
38	The Covid-19 injections should not be given anymore to anyone. It is well documented that these injections have been given without informed consent in most cases. For example, "As Pfizer tracked adverse events during the first 12 weeks of the vaccine rollout, 270 pregnant women reported a vaccine injury, but Pfizer only followed 32 of them and 28 of their babies died. This is a shocking 87.5% fetal death rate." (DailyClout, 2023, p.5) During this same period, the public message was that the injections were "safe and effective" and many pregnant women took the injection without be told this fetal death rate. It turns out the the	10/20/2024 9:55 PM

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recommendation by American College of Obstetrics and Gynecology were using a study of 44 rats over a study time of 42 days to declare that the Covid-19 injections did not indicate harmful effects for pregnant mothers nor offspring (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8163337/>). Yet reading this article carefully one can see that the study did not address long-term effects of the injection in any way. Pregnant women were not informed that the recommendation was based on this minimal assessment of safety. In fact, pregnant and breastfeeding women were excluded from the Phase 1, 2, and 3 safety studies completed by Pfizer for their form of the Covid-19 injection. (DailyClout, 2023) There are other examples that can also be told of these injections being very dangerous and unsafe. It would be within someone's freedom to take such injections. My main concern is that the injections should not be mandated and should not be given without full disclosure of the dangers. Informed consent has been a principle of modern healthcare and it has been abandoned in the case of these Covid-19 injections. Holly Springer, PhD, RN Reference: DailyClout, Editor. (2023). Pfizer Documents Analysis Reports. War Room/DailyClout.

39	<p>Please keep my name anonymous. I am still in the military awaiting my med board next year. I'm also selected for promotion and do not want any retribution or retaliation. The information below is a timeline of my events in chronological order. Nov 2021 --Forced Vaccination by DoD mandate 42 Y/O Fighter Pilot in healthy condition with about 19 years of active service at the time of vaccination. No evidence or history of Covid at time of vaccination. In fact, I was trying to avoid vaccination with a medical waiver as part of a medical study. I was in a "control group" with Cole Diagnostics, a local lab doing a study. I had a negative protein test just a few days prior. However, my command decided to no longer approve my medical waiver and told me it was "too late" to file a religious waiver. (I later found out this was a lie, and that I could have filed a religious waiver). I was forced to sign a letter of counseling for not being vaccinated and gas given until mid-November to get the shot. Commanders were unable to articulate the punishment but indicated that I could receive an other than honorable discharge, lose my retirement (just 6 months from eligibility), and forfeit my GI Bill (which I had transferred to my children). Dec 2, 2021 --Failed EKG on FAA physical with my Aeromedical Examiner (AME) As a military and airline pilot I am required to do regular flying physicals. As such I have a long-standing history EKG's of normal lookback (i.e. it wasn't there 6 months prior). Prompted a multitude of test including: A nuclear stress test, echocardiogram, and angiogram. This was during the Pandemic when it was difficult to schedule appointments. Luckily my AME is a former military flight doc and friend. He was able to pull some favors to expedite my appointments. The EKG's indicated a Left Bundle Branch Block (LBBB). LBBB's are caused by clogged arteries (Angiogram was clean), hereditary (no history and good blood test), or a viral infection (or VAX ). Jan 2022 My AME gets me a waiver to fly. I have an "reduced Ejection Fraction" of 44%. I get a 1 year FAA medical USAF side issues a waiver until July 2023 August 2022 Veterans Affairs evaluates my condition with an Echo 37% +/- 3%. The cutoff to fly is below 40% July 2023 --In person visit to ACS. Aeromedical Board at Write Patterson AFB in Ohio. Declining condition with numbers about 40% EF. Otherwise, healthy and physically fit. Nov 2023 --MRI show Left Ventricle EF at 34% -Notes: "Decreasing Ejection Fraction Suspect chronic myocarditis or prior myocarditis" Feb 2024 --Echo shows EF at 21%. Indicating congestive heart failure (CHF). - Guideline medical therapy. (4 cardiac drugs prescribed). I am grounded from flying due to Medications. This is my last time flying an airplane. (probably ever). No improvement after 3 months. Pacemaker is indicated. Aug 2024 -Pacemaker surgery. I will have to have a Medical Evaluation Board or MEB for the Air Force in the Spring. I will never fly in the USAF again but the board will determine FIT/UNFIT to continue duty (at this point staff duty to retire at next rank). The FAA requires a "special issuance" medical certificate for a pacemaker. Since my devices has a built-in deliberator, I will likely be denied. The potential lost earnings in the 10s of millions. I still do not have official acknowledge from the USAF that they caused my injury. I am told that in most cases a pacemaker only gets the member 10% disability. I know 4 other people in my organization alone that have vaccine related injuries. Young, healthy military members having heart attacks and strokes. -Female Heart Attack -Female Seizure -Male Heart Attack -Male Stroke I know there are a lot more staying silent.</p>	10/20/2024 9:48 PM
40	<p>REMOVE covid jab from any/all recommendations until CDC AND Big Pharma comes clean about the failed tests. They have LIED AND ITS ON RECORD THEY LIED. It is RECKLESS and UNETHICAL to recommend this FAILED JAB!!! It must go through STRIGENT tests and trials - period. They have tried for 30 YEARS AND HAVE FAILED TO GET CORONA VIRUS JAB TO PASS - it has failed animal testing EVERY TIME. YOU CANNOT CALL YOURSELF A BOARD OF HEALTH AND IN GOOD CONCIIOUS RECOMMENDED THIS GARBAGE JAB.</p>	10/20/2024 9:08 PM
41	<p>Hello, my name is Joseph, My wife had an adverse reaction to the Covid 19 vaccine that left</p>	10/20/2024 9:03 PM

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her with nerve issues for years. This vaccine is an experimental vaccine and many millions of people have had adverse reactions to it, some life changing or even deadly. This Vaccine shouldn't be pushed on people especially kids and should be taken off the vaccine schedule. It's not even really effective against Covid-19. Look at data not sponsored by Pfizer or Moderna and protect the people not big pharma's bottom line.

42	The studies showing that the Covid-19 shot causes increased heart disease in men became a reality in my family. On January 18, 2022 my 75 year old brother took his third boost after a recommendation from his doctor. Three weeks later he came down with an acute case of Covid-19. How did this happen since those promoting this shot claim it stops Covid-19 in its tracks? A short time later, he started going to the doctor with atrial fibrillation symptoms. Presently, he has had two ablations and is struggling with doing daily chores. He went from a vigorous, active man to a shell who is taking upwards of 15 medications daily. The active campaigns of promoting this shot in stores, on TV, and in doctors' offices must stop. Innocent people who are complaint to what the medical "experts" are telling them are becoming diseased and/or dead. Thank you for this opportunity to tell my family's experience. Dottie Brown Melba, Idaho	10/20/2024 9:03 PM
43	I urge you to please remove the Covid vaccine from children's vaccine schedule. Their immune systems are not strong enough to combat such a vaccine and will do more harm than good. Thank you.	10/20/2024 9:00 PM
44	I would like to recommend to the Southwestern Idaho Board of Health that they do not institute any covid gene therapy "vaccine" or other mRNA gene therapy. This includes any mRNA flu based shots. Prior during the 1990's and 2000's mRNA therapy was tried four times and each time it ended in ADE or Antibody Dependency Enhancement. With the advent of lipid nano-particles, this gene therapy was tried globally with the world population. Because of the nature of lipid nano-particles, they do not stay in the deltoid muscle but have been seen to be in all parts of the body from the brain, internal organs including reproductive organs and also endothelial cell structures. Studies done by Pfizer's subcontracted research company, initial adverse reactions statistics from initial testing, changed statistic data reporting standards used by Pfizer in rolling out the mRNA gene therapy, as well as, follow up statistics show that the Covid mRNA treatment is too adverse and should never have been allowed. Deaths from the swine flu vaccine decades earlier caused around 50 deaths. That vaccine was stopped and pulled from use. The Covid mRNA injection caused many more deaths during testing and initial rollout but was not stopped. Claims such as 100% effective or reduces transmission were either false or based upon how statistical numbers were presented to the public. If these shots are rolled out, all individuals involved in this will be complicit in any deaths, injuries or harm done to individuals. Depending on the CDC or FDA does not relinquish your duty to actually do your investigation upon the efficacy of these experimental treatments. References: Pfizer Documents: Analysis Reports, Naomi Wolf Various articles by Robert Malone, M.D. (holds nine patents regarding mRNA research) Various articles by Peter McCullough, M.D., M.P.H. Numerous other articles. Please contact me for dozens more. Covid shots and links to other medical issues through immune responses <a href="https://x.com/catsscareme2021/status/1753531198536614035?s=12">https://x.com/catsscareme2021/status/1753531198536614035?s=12</a> Adverse reactions to Covid mRNA gene therapy – telegram app file <a href="https://t.me/covidtruthnet/10833">https://t.me/covidtruthnet/10833</a> CDC changes reaction guidelines to downplay actual Covid mRNA therapy injuries and death <a href="https://x.com/rickbrunner/status/1739309070950039945?s=12">https://x.com/rickbrunner/status/1739309070950039945?s=12</a> Japanese government finds direct links to Covid mRNA gene therapy shots and increased deaths and injuries <a href="https://thehighwire.com/editorial/japanese-scientists-find-indisputable-evidence-that-all-covid-variants-are-man-made/">https://thehighwire.com/editorial/japanese-scientists-find-indisputable-evidence-that-all-covid-variants-are-man-made/</a> Censorship of data showing increased death and injury due to Covid mRNA gene therapy shot <a href="https://panagispolykretis.substack.com/p/the-censorship-of-science-during?utm_campaign=post">https://panagispolykretis.substack.com/p/the-censorship-of-science-during?utm_campaign=post</a> Increased chance for Covid related Deaths due to multiple Covid mRNA gene therapy shots <a href="https://expose-news.com/2023/11/19/4x-vaccinated-account-94-percent-covid-deaths-past-year/">https://expose-news.com/2023/11/19/4x-vaccinated-account-94-percent-covid-deaths-past-year/</a> Comparison of vaccinated vs unvaccinated regarding Covid shots <a href="https://x.com/catsscareme2021/status/1753531198536614035?s=12">https://x.com/catsscareme2021/status/1753531198536614035?s=12</a> 1 in 800 adverse reaction events with Covid vaccines. FDA didn't have an intelligent response. <a href="https://t.me/covidtruthnet/10833">https://t.me/covidtruthnet/10833</a> Many more links and data. Please contact me for more. Roger Thurston Melba, Idaho 83641	10/20/2024 9:00 PM
45	There is no valid, reliable or repeatable research demonstrating the safety or efficacy with the Covid injections. Recommending these injections equates to malpractice and I fully support and encourage any and all recommendations that this injection be terminated immediately. Thank you! Teresa Haldorson, MN, RN - 8066 S. Buffalo Crk Lane, Meridian, ID. 425-220-5552	10/20/2024 8:57 PM
46	Please stop the C19 shots - I work with many young people mandated to take the shots - they	10/20/2024 8:56 PM



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complied because they were afraid of losing their jobs. Now they have recurring health issues - heart irregularities, long C19, out sick with C19 5-6 times (despite boosters). From my untrained, non-medical perspective, common sense says the shots have not stopped the spread of the virus and has made healthy young people sick. Please let doctors get back to what they learned in school, what they went into medicine for - to the oath to do no harm and provide personal care for the individual patient. Not one size fits all!

47	Please remove the Covid-19 vaccine from any and all SWHD programs.	10/20/2024 8:55 PM
48	Dear Southwest District Health Board Members, I am writing to urge you to remove the COVID-19 vaccines from your schedule and refrain from offering them in your clinics. There is growing evidence of harm associated with these vaccines, with limited long-term benefits, especially for children and low-risk populations. The potential risks, such as adverse reactions, including myocarditis and neurological effects, continue to emerge. Meanwhile, children and healthy adults, who are at minimal risk of severe COVID-19 outcomes, should not be exposed to these risks without comprehensive long-term safety data. The urgency to vaccinate these populations has passed, and maintaining this vaccine on the schedule no longer aligns with the principle of do no harm. Rather than overwhelming you with numerous links, I offer two critical resources that outline concerns regarding the safety and efficacy of the COVID-19 vaccines: Covid Essential Links Idaho's County Commissioners Advise Against Gene Therapy Shots I believe it is essential to protect the health and well-being of our community, especially our children. I urge you to act in the best interests of public health by taking these vaccines off the schedule. Thank you for your time and consideration. I will be closely following your decision and praying that it reflects the best interests of our community. Kind regards, Mimi Ash	10/20/2024 8:50 PM
49	This experimental drug should not be required, let alone administered. I'd like to see the results of double blind studies. As well as who has been conducting studies, is it like the fox guarding the hen house? Where are the peer reviewed studies? Are they fabricated? What happened to informed consent? Why have people been bullied into taking a mass societal experiment, being misinformed on its safety. When will people be held accountable for gross negligence? Why has the report not been released to the public on where this money is coming from and going, as many have become very wealthy as a result of forced injections. Accountability needs to occur and the mass public needs to know the truth.	10/20/2024 8:49 PM
50	Please remove the Covid-19 vaccine from the recommended schedule of vaccines for any age, especially babies and children. Now that some time has passed, and more and more information and data is available regarding the adverse effects the vaccine has, and can pose to people of any age, it should be entirely up to the adult to determine if they or their children should receive the vaccine. Having it on a list of "recommended" vaccines for ages 6 mos and older can cause undue pressure on an adult or parent to get the vaccine without knowing the potential short and long term implications. Respectfully, Manuela Walter, Eagle Resident	10/20/2024 8:28 PM
51	Hello. Thank you for your service. I received the 1st dose of the Pfizer vaccine and have had numerous problems afterward. The vaccines have many problems that have not yet been worked out and it would be wise not require these vaccines. People can take them if they want but they should be removed from the schedule. Thank you.	10/20/2024 8:27 PM
52	Regarding COVID-19 Vaccine Availability at SWDH Clinics: As a member of the public and as a tax-paying citizen, I am against the use of tax-payer funded COVID-19 immunizations at any public clinics. Due to increasing evidence of lack of the efficacy of COVID shots, and more importantly, of its negative health effects and excess death numbers due to the shots, I strongly request that a policy be written that states that SWDH will not provide COVID injections at tax-payer expense. Jennifer McGill, Nampa ID.	10/20/2024 8:21 PM
53	please review both Children Health Defense footnoted studies of job injuries and Indiana Life insurance actuarial studies of the huge increase injuries and mortality rate that clear is attributed to the job (do your homework for both sides of being job)	10/20/2024 8:10 PM
54	I'm against this. There are way too many unknown variables and the virus mutates and changes too much. Please don't add it to the vaccine schedule.	10/20/2024 8:07 PM
55	Dear SWDH Board Members, I am a 23 year veteran and pilot in the United States military. I apologize for not testifying in person and for remaining anonymous. I very much wanted to testify in person, however, due to my current health situation, I am unable. I must remain anonymous due to fear of retaliation from the military. What I say in this written testimony reflects my personal experience and does not represent the military. I was ordered by my Commander and forced to take the Covid-19 vaccine even though I had a history of adverse	10/20/2024 8:03 PM

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reactions to the influenza vaccination and an exemption from taking the influenza vaccine. Additionally, I had adamantly opposed the Covid-19 vaccine due to its experimental nature. I did not feel safe taking it and did not believe it was tested properly. I received the vaccine in October of 2021 and within a few hours developed severe debilitating symptoms. Do not believe the propaganda and lies about this supposed safe and effective "vaccine". I am here to tell you there are mountains of hard data showing the devastating effects the vaccine has on babies, children and people of all ages. Hundreds of thousands of people have been severely injured and killed by this genetic therapy, all of this is censored. Before the vaccine I was a very high energy person, a hard charger and hard worker. I was one of the top flyers in my squadron. I exercised nearly every day, lifting weights and running. I loved to spend time outdoors and with family and friends. However, the vaccine took all of that away from me. My body and health were completely destroyed. My symptoms included: racing heart, heart palpitations, nausea, brain inflammation, increased thyroid, increased thirst, dry skin and nails, sore throat, chills, sinusitis, terrible debilitating fatigue, complete exhaustion, chest pressure, shortness of breath, difficulty sleeping, body unable to keep temperature, very weak and brittle nails, all over body and muscle aches- like Charlie horse aches, tight and stiff muscles and tendons, overall feeling crappy, exercise intolerance, post-exertional fatigue, horrible brain fog, cannot focus or concentrate, need to sleep at least 13 hours to somewhat function, hundred new allergies and food sensitivities, extremely reactive to herbs, medicines, detergents, lotions, etc., immune dysfunction, nervous system dysfunction, night sweats, frequent cold sores, bloody noses, headaches, dry cough, eczema, flushing, rashes, hives, peripheral neuropathy (tingling and numbness in in fingers, arms and legs), twitching in lower left side of lip, hair loss, GI issues, poor/slow healing cuts, thrush, reflux, easily pulled muscles, heavy/tired legs, pins and needles in my feet, weird blood clots came out during RHP (blood cleaning procedure), reactivated EBV and other viruses, and off the chart high levels of heavy metals- particularly mercury. Every single aspect my life was destroyed. Both my military and civilian flying careers were destroyed. My marriage. Our finances. My husband and I spent and are in debt for over \$300,000 for medical treatments. I have not felt good or been able to do any of the things I love since the day of the vaccine. I have not been able to work since the vaccine. The last day I flew my beloved aircraft was the day of the vaccine. I am unable to exercise or spend time outdoors, with friends or family due to overwhelming fatigue and brain fog. Simply writing a text, email or having a phone conversation results in an onslaught of overwhelming fatigue. Writing this testimony is taking every ounce of energy I have, but I am giving it to you to because it is extremely important you know the truth. Every moment of my life since the day of the vaccine has been spent on trying to heal my body as quickly as possible. It is a revolving door of rest, therapies, treatments, and doctors visits. Yet, three years later, just getting through the day is still an immense struggle. It's been over three years and the military has done next to nothing to help me. They are required to pay my salary and medical expenses since I was injured in the line of duty; however, they have only paid a partial salary for 6 months and zero medical expenses. I have been threatened with disciplinary action for failing to report to duty even though I am physically unable to travel or perform any type of military duty. This is all well documented via my doctors and the military has all of my medical records. Currently, they are in the process of pushing me out and I was forced to retain a lawyer because no one would explain to me what is going on or answer any of my phone calls or emails. Every single day is a struggle and I am not alone. I personally know a large number of other military members whose health and life were completely ruined because of their vaccine injuries. Members who are no longer able to perform their duty. Here in Boise, at Gowen Field, I know of at least three young people who have suffered heart attacks and a stroke post-vaccine and a fellow pilot who was required to receive a pace maker from vaccine related heart damage. I know pilots are flying at Mountain Home with chest and heart pain. I know of pilots at my former unit who are flying and it feels like a hand is "squeezing their heart." A pilot in my unit had a pulmonary embolism and almost died post-vaccine. Several other pilots developed severe auto-immune disorders post-vaccine. These are not old or out of shape people. These are young, fit warriors who are in the prime of their lives. Additionally, there are hundreds of thousand of civilian vaccine injured whose healthy and lives were completely destroyed. All of this is censored. Due to the overwhelming amount of data, the Covid-19 vaccine should have been pulled immediately, yet years in, they keep promoting the lies that it is "safe and effective" all the while they are knowingly killing and maiming people. I have my Ph.D. and have used that education to conduct research on what the Covid-19 vaccine does to the recipient's blood. I tried to attach pictures to this comment, as it is critical you see what is inside your vaccinated body; however, the link did not allow me to upload pictures. Dr. Tribble has my story and attached pictures. Please take a few minutes to review the pictures so you can see the truth of what this supposed "vaccine" actually does. During a blood cleaning procedure called Recirculatory Hemoperfusion (RHP), massive, wormy looking

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blood clots from my body formed in the line. I had zero indication from lab tests or symptoms indicating anything was wrong with my blood. These were sent to Dr. Ryan Cole's lab anonymously and the lab came back saying, "you must have made a mistake; these could not have come from a live person; and why did you send us a tissue sample?" Then, they lost the samples. The clots did not fall apart when the nurse picked the up with forceps, like a normal blood clot would. Rather, they were rigid and rubbery. These clots looked very similar to the abnormal post mortem clots that morticians all around the world started seeing shortly after the vaccine was released. These type of rubbery clots were never seen before by morticians and now are fairly common. I developed a test to test for this abnormal, rubbery material and began testing other vaccinated and unvaccinated individuals in Idaho and other locations. When the blood is drawn, it comes out liquid, then as it coagulates, a large, white, abnormal, rubbery clot forms on top of the normal red clot that does not pull apart when manipulated. The texture is similar to cartilage or a tendon. This clot formation develops consistently in vaccinated people. So far, I have not found any symptom associated with the presence of this material. The majority of the vaccinated I tested are not injured and have no symptoms whatsoever. I have spoke to several researchers and pathologists and none could tell me what this material is and all say it is absolutely abnormal. The Carnicom Institute analyzed one of my live person samples and a post mortem sample and found them to be made of the same material. Additionally, there are images all over the social media of vaccinated people who have had large rubbery clots pulled from their bodies that appear consistent to what I've been finding. In contrast, a normal blood clot is almost completely red with a extremely thin layer of fibrin and white blood cells. The texture is of grape jelly and it all deteriorates in your hand quite easily. I have tested several uncontaminated, unvaccinated people's blood and all of them are normal. None have a large, white, rubbery clot. It is reasonable to conclude the likelihood this abnormal clotting materiel is in each and every single vaccinated person and military member. As such, I honestly believe these vaccines are a threat to our national security. What they have done to us is criminal, evil, and is quite possibly genocide. They must be stopped. Please stop them. You have the power to save the lives of your children and children's children. Please stop the funding of this devastatingly destructive shot. If you would like additional information, please contact Dr. Tribble and he will connect us. Sincerely, GI Jane

56	We do not need any COVID vaccines. Many have died due to these. I hear weekly sirens going by my home. We will not be complying with this.	10/20/2024 8:03 PM
57	Dear Southwest District Health Board Members, I am writing to urge you to remove the COVID-19 vaccines from your schedule and refrain from offering them in your clinics. There is growing evidence of harm associated with these vaccines, with limited long-term benefits, especially for children and low-risk populations. The potential risks, such as adverse reactions, including myocarditis and neurological effects, continue to emerge. Meanwhile, children and healthy adults, who are at minimal risk of severe COVID-19 outcomes, should not be exposed to these risks without comprehensive long-term safety data. The urgency to vaccinate these populations has passed, and maintaining this vaccine on the schedule no longer aligns with the principle of do no harm. Rather than overwhelming you with numerous links, I offer two critical resources that outline concerns regarding the safety and efficacy of the COVID-19 vaccines: Covid Essential Links Idaho's County Commissioners Advise Against Gene Therapy Shots I believe it is essential to protect the health and well-being of our community, especially our children. I urge you to act in the best interests of public health by taking these vaccines off the schedule. Thank you for your time and consideration. I will be closely following your decision and praying that it reflects the best interests of our community. Jodi Schmidt	10/20/2024 7:58 PM
58	Ban the Covid Bio Weapon "vaccine "	10/20/2024 7:48 PM
59	I do not support the Covid 19 vaccine for children 6+ months & older	10/20/2024 7:41 PM
60	Subject: Request to Remove COVID-19 Vaccines from the SWDH Schedule Dear Southwest District Health Board Members, I am writing to urge you to remove the COVID-19 vaccines from your schedule and refrain from offering them in your clinics. There is growing evidence of harm associated with these vaccines, with limited long-term benefits, especially for children and low-risk populations. The potential risks, such as adverse reactions, including myocarditis and neurological effects, continue to emerge. Meanwhile, children and healthy adults, who are at minimal risk of severe COVID-19 outcomes, should not be exposed to these risks without comprehensive long-term safety data. The urgency to vaccinate these populations has passed, and maintaining this vaccine on the schedule no longer aligns with the principle of do no harm. Rather than overwhelming you with numerous links, I offer two critical resources that outline concerns regarding the safety and efficacy of the COVID-19 vaccines: Covid Essential Links Idaho's County Commissioners Advise Against Gene Therapy Shots I believe it is	10/20/2024 7:38 PM

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essential to protect the health and well-being of our community, especially our children. I urge you to act in the best interests of public health by taking these vaccines off the schedule. Thank you for your time and consideration. I will be closely following your decision and praying that it reflects the best interests of our community. Kind regards, Jill

61	Please no vaccine recommendations.	10/20/2024 7:11 PM
62	The Covid-19 vaccine is not a vaccine. The CDC altered their definition of a vaccine when it was introduced. It is an experimental drug that was forced upon the public for what is basically the common flu. I strongly appose any legislation that requires or even suggests receiving these shots.	10/20/2024 6:59 PM
63	Please remove the covid vaccine from the immunization schedule for babies	10/20/2024 6:58 PM
64	Very excited that someone is stepping up and stopping the lie! Our prayers will be with you!	10/20/2024 6:54 PM
65	Please do not make the Covid 19 vaccination mandatory for anyone in Ada county or the state of Idaho. It needs to be a personal choice for individuals 18 and over and the choice of the parent(s) for any of their children who are under the age of 18.	10/20/2024 6:47 PM
66	The Idaho Health District should not recommend the Covid-19 shot. There have been so many vaccine injuries from this which have not been adequately vetted. Putting children as young as six months at risk is irresponsible.	10/20/2024 6:42 PM
67	I have so many friends who have been injured by the Covid shot, after all the data that has been presented over the last four years it is hard to believe anyone would buy into this lie! Please listen and respect Dr.Cole who cares about citizens in Idaho. It is so important that we no longer promote this experimental shot that can only cause more harm.	10/20/2024 6:33 PM
68	I am submitting this Idahoans story because she does not want her identity to be made public. If you need to talk with Maddie, She will meet any board member privately. Maddie's Story My name is Maddie and I am a wife and mother living in Meridian, Idaho. I have no previous or ongoing affiliation with any group and these are my own words and experiences. On October 20th, 2022, I received the Pfizer booster at St. Lukes. Within five days of the booster, and ever since, I've suffered with symptoms that are frightening, life-altering, depressing and occasionally debilitating. I've been to the emergency room five times, performed countless blood tests, attended dozens of appointments with doctors and specialists, including a neurologist, cardiologists and rheumatologist. I've been medically diagnosed with POTS and Inappropriate sinus tachycardia. I suffer from occasional adrenaline episodes, back pain, general malaise, chronic fatigue, brain fog, weakness and overall reduced ability to function physically and mentally. I see a professional to help with my mental health on a regular basis for these issues. While I am slowly improving from where I was when this all first began, I continue to struggle with symptoms a year later. I used to be physically active without needing a lot of rest. There is no certainty I will ever recover. I used to wake up and think about my future but now I just think about my injury and worry about what symptoms I will face that day. As well as the mental and physical toll, the financial one is great with spending over \$10,000 on medical bills in less than a year. This experience has been the worst time in my life with ongoing grief and fear, wondering if I will ever get the right medical treatment to be fully recovered. I ask that you please delay administration of the MRNA vaccines indefinitely to prevent needless, horrible and seemingly incurable injuries to children and adults alike.	10/20/2024 6:24 PM
69	Note: This is an injured Idahoan that wishes to remain anonymous but will meet any board member privately to discuss the reality of the dangerous and devastating shot. I am submitting for this person and can connect you to them if you wish to talk. I am a real person. This is my true story. It is with a lot of hesitancy that I share this experience because the few times I have, it resulted in a lot of backlash, uncomfortable silence and or/disbelief from the medical community and even people that I once considered good friends. I am the CEO of a health care organization and I fear the ramifications of speaking up about my vaccine injuries and the impact on my career. I am one of the lucky ones that has been able to work remotely and through the use of Zoom and using different screen backgrounds have even worked when I was completely bedridden. I hope one day things will change and I will feel safe enough to come out and share these things in person. I want to make clear that I am not anti -vaccine, but I am definitely pro informed consent. I do not feel that I had all of the information necessary at the time to make an informed decision. On April 2, 2021 my life was forever changed by the decision I made to get one dose of the Pfizer COVID vaccine. It is hard for me to think of who I once was or even look at photos or videos of what I used to be, when to this day I have difficulty walking, due to the post vaccine disability in my feet. Throughout 2021,	10/20/2024 5:50 PM

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2022 and now even into 2023, I have spent many days bedridden or dependent on a wheelchair due to high heart rate and nerve pain in my feet. Pre-vaccine, I was a fully recovered early stage breast cancer survivor. I started each day with 3 mile walks or hour long cycling classes, and 10-mile outdoor biking was part of my weekly regimen. I rode my bike 15 miles the day before the vaccine. I had a clean bill of health from my doctor. I had perfect blood work one week prior to receiving the vaccine and I was on no medications. I was advised by my doctor to get the vaccine. It is hard to swallow that I am a breast cancer survivor but got my butt kicked by the COVID vaccine. My reaction happened within 4 hours of receiving the vaccine and the physical ramifications have been relentless ever since. The vaccine has impacted multiple systems throughout by body; cardiac, neurological, gastrointestinal, and vascular. I have verified post vaccine autoimmune syndrome and dysautonomia (injury of the autonomic nervous system). My daily symptoms include brain fog, muscle twitching, loss of muscle mass, internal tremors, poor balance accompanied by a concussed dizzy off balance feeling, extreme nerve pain in both my hands and feet (burning, stabbing, pins and needles, numbness, and itching), vascular insufficiency in my toes verified via ultrasound, and difficulty walking. I can't even sleep with a blanket on my hands and feet due to the nerve pain (which has plagued me daily for the last 2 years). I also suffer from heat, cold, and exercise intolerance, tinnitus, light sensitivity, blurred vision, hair loss, dry eyes, dry mouth, fatigue and nausea, insomnia, shortness of breath, rashes, gastrointestinal issues, and inappropriate sinus tachycardia (suspected dysautonomia) with heart rates as high as 210. Post vaccine, my menstrual cycles got heavier and heavier and closer and closer together until I eventually hemorrhaged, became severely anemic and was rushed in for emergency surgery in Feb 2022. During the last two plus years, I have sought medical help starting with primary care. The primary care doctor did not know how to help me and hoped I would improve as time went on. Unfortunately, time is not my friend and I continue to decline. Out of desperation, I even emailed neurologists at the NIH, who emailed me back saying that they were aware of neuropathy across all the vaccines and to consult with a local neurologist. I was then shuffled around amongst many specialists, neurologist, 2 cardiologists, rheumatologist, 2 hematologists, gynecologist, podiatrist, vascular surgeon, osteopath, dermatologist, functional medicine doctor, ear nose throat doctor, and a second opinion with the Cleveland Clinic. Most of them have heard very little about this type of reaction and the rheumatologist told me I am in uncharted waters. The neurologist labeled me with an "anxiety disorder" because I continue to seek answers and treatment and he cannot figure out what is wrong with me. Since the vaccine, I've had 4 Emergency Department visits, 1 surgery, 2 hospital stays and a variety of tests (multiple vascular and pelvic ultrasounds, lost count of number of ECG's, 2 echocardiograms, 5 halter monitors, lung CT, chest x rays, countless blood tests, tilt table test, neurological exams, etc.) I've been diagnosed with mixed connective tissue disease (my ANA titer is high and I have symptoms of Lupus, Rheumatoid Arthritis, Reynaud's, vascular and small blood vessel problems etc. but they cannot pinpoint it to one autoimmune disorder). I've developed autoantibodies for Antiphospholipid Syndrome (a rare autoimmune blood clotting disorder), inappropriate sinus tachycardia from suspected autonomic nervous system injury from the vaccine, erythromelalgia, (a rare condition that causes episodes of burning pain and redness in the feet, hands, arms, legs, and ears) and vascular insufficiency in my toes. I am still in the process of sorting out whether or not I have small fiber neuropathy and a host of other autoimmune diseases. My condition is not improving and is poorly controlled by a careful regimen of medications that I cannot function without which was figured out by working with the different specialists, trial and error, many different tests (described above), blood draws, monitoring of symptoms, and countless doctors' appointments (including a second opinion from a Cleveland Clinic hematologist which cost \$2,000 out of pocket). I am still terrified that this is some sort of degenerative process. I went from taking no medications pre vaccine to 5 medications and a variety of supplements post vaccine to control my symptoms. I am patched together by medications, which do not always work to keep me functional, and I am nowhere near the person I used to be.

70	Please do not include the Covid shot on the childhood vaccine schedule! There have been reports of way too many injuries and reports of death as a result of the Covid shot and boosters given to adults. Please take into account the extremely low rate of infection in children. Thank you.	10/20/2024 5:40 PM
71	Under NO circumstances will I be told how to treat my body. The fact that you are even considering a jab that has NEVER stopped the virus and has only caused harm is atrocious and a horrible character flaw. This jab has done so much harm already and the supreme court of the United States has just confirmed that the damage from this jab is irreparable and the Nuremberg code has been activated for crimes against humanity. How can you even consider having this murder serum in Idaho?	10/20/2024 5:27 PM

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72	Will NOT comply #mybody #mychoice 🇺🇸🇺🇸🇺🇸	10/20/2024 4:27 PM
73	There has been far too much damage to people of all ages for this shot to be employed much less recommended.	10/20/2024 4:23 PM
74	In favor of removing covid vaccine from schedule.	10/20/2024 4:20 PM
75	I am against having the color vaccine mandatory for children: 1. Not enough research has been done on long term effects. The vaccine shedding and adverse reactions are highly concerning, especially in people who are healthy otherwise. 2. Covid does not affect children like it does adults. 3. More research and transparency needs to be exhibited on ALL ingredients in vaccines.	10/20/2024 4:17 PM
76	Please do not make vaccines mandatory. There are varying health risks to individuals and they should have a choice in all matters medical	10/20/2024 4:14 PM
77	against continuing to purchase, promote, and administer COVID-19 vaccines within the health district.	10/20/2024 2:50 PM
78	The covid shot should be banned. Thousands of people have died from the side effects of the MRNA vaccines. Stillborn, miscarriage, turbo cancer, miocarditis, neurological conditions have all skyrocket. Healthy young people are having heart attacks. A recent study shows only children that got the covid vaccine are having myocarditis. These injections are poison.	10/20/2024 2:45 PM
79	Have you lost your minds!!! I've lost 2 relatives within 3 months of taking this "safe and effective" vaccine. One in remission for 5 years and the other 10+ years. I would fully support criminal legal action for any health board that recommended this shot for anyone (much less helpless children). Shame on you! I expected better of Idaho health officials.	10/20/2024 2:23 PM
80	Please take this harmful vaccine off the list that children need to have.	10/20/2024 2:04 PM
81	Hello I live in canton county. I am not in favor of Covid shots for anyone under 18. I also am sorry that people do not know the horrible side effect from them. Many have died from the shot. Please do not mandate these.	10/20/2024 1:56 PM
82	I am Against SWDH to purchase, promote, & administer Covid-19 vaccines within the health district!!! Please listen carefully & thoughtfully to Dr. McCullough!!! Please remember that some of the previous Covid guidelines have been clinically proven to not be the truth!!! Again, I am Against this vaccination proposal!!! Sincerely, Darrell Watson	10/20/2024 1:56 PM
83	Please pull the dangerous COVID-19 vaccine from the schedule for children as young as 6 months old and to adults. This vaccine has not adequately been studied to show it's long term health effects and should not be paid for with the tax payer's dollar.	10/20/2024 1:52 PM
84	I am a concerned citizen regarding this topic and want to voice my avid stance in supporting Dr. Tribble, Drs. Ryan Cole and Peter McCullough. Thank you, Pamela R Bruderer	10/20/2024 1:51 PM
85	The truth has been revealed. The Covid injections caused many deaths, medical conditions and illnesses . It does not prevent contracting Covid. It had and has zero valid usefulness in society.	10/20/2024 1:41 PM
86	No vaccine!!!	10/20/2024 1:39 PM
87	Hi, I'm a father and small business owner in Boise who moved to Idaho 1991. I'm writing to share my opinion it is time to step back and stop buying and promoting the COVID vaccine in Idaho. It's ok for those who want it, to purchase for themselves. But it's not ok for the state of Idaho to push on it's trusting citizenry without informed consent. mRNA vaccines are a new and unproven technology, undoubtably with many long term implications. I'm concerned with the lack of long term safety studies and obvious ineffectiveness of the COVID vaccine. (Not to mention the lack of accountability by the manufactures, conflicts of interest, and lack of transparency in the approval process.) And include in your decision calculus the negligible risk of COVID to our children and young people. For them, the "cure" is definitely riskier than the disease. Please put people before pharma profits and stop buying and promoting the COVID vaccine. Ben Price	10/20/2024 1:35 PM
88	Please vote NO on COVID vaccines!	10/20/2024 1:34 PM
89	Please stop requiring or mandating these shots. There was not enough research on them before they rolled them out. Look at the negative side effects of only on the VAERS site.	10/20/2024 1:17 PM

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Physicians should remember their Hippocratic oath to First do no harm.

90	Covid-19 injections should not be recommended at any age, but especially not for bodies that are still developing. There has been a huge amount of evidence regarding the long-term injuries or deaths that have occurred as a result of these injections, and corporations and governing bodies recommending or requiring these injections are inviting lawsuits. Initial recommendations for the injections was given despite a lack of evidence which is criminal negligence, but as the evidence mounts, the penalties from these lawsuits will likely become even more severe.	10/20/2024 1:12 PM
91	I would ask that you remove the Covid vaccine from the childhood schedule for our children. We have enough evidence now to know that children are at very low risk. We need to allow it to be an optional vaccine for everyone. Let them decide the risk involved.	10/20/2024 1:12 PM
92	Please stop buying and recommending covid 19 shots. They are not effective and have not been subject to long term safety studies. We do not need IT public exposure to some new untested technology that has not helped Americas health.	10/20/2024 1:01 PM
93	Dr. Cole and Peter McCullough have extensive expertise in the topic of the vaccine. Their recommendations should be heeded for Idaho.	10/20/2024 12:53 PM
94	If one is willing to put in the time and effort; there are plenty of sincere medical professionals who are raising a warning voice concerning this vaccination. Having a PHD does not guarantee sincerity of intent nor integrity. There is evidence that many are impaired and impacted negatively by this vaccine. To require children who have no voice of their own to obtain a potentially detrimental procedure is grossly unjust and indefensible. Consider future consequences of administering to youth a serum which has shown itself to be destructive in certain conditions.	10/20/2024 12:50 PM
95	I have had friends who have been physically harmed by the Covid vaccines. I don't feel anyone should lose employment if they reject the vaccine. It doesn't prevent Covid nor reduce the harm it causes or the length it runs. Definitely not in favor of this vaccination.	10/20/2024 11:22 AM
96	Do you believe that children's little bodies should have a chance to develop the way God intended before pumping toxins into thier fragile system?	10/20/2024 11:21 AM
97	Please remove Covid vaccinations from the schedule of childhood vaccinations.	10/20/2024 11:01 AM
98	I am a physical therapist treating chronic pain and autoimmune conditions. I have seen many clients post COVID vaccine who began experiencing a variety of neurological conditions: degenerative systemic neurological damage as diagnosed by the Mayo Clinic, intraocular stroke, and commonly chronic depletion/fatigue. Several other clients have described family members and spouses experiencing cardiac conditions shortly after receiving the "vaccine". I myself experienced my one and only miscarriage shortly after the rollout in early 2021 at 10 weeks gestation, after I had already had a healthy 8 week scan with all systems appearing normal at that time. The miscarriage came a few days after going to a doctor's office who supported the COVID vaccine. I'll never know if shedding was a factor, but I can't help but wonder. 🤔 I would not recommend this gene therapy, masquerading as a "vaccine" to anyone for any reason, especially children.	10/20/2024 10:33 AM
99	Please vote against allowing children as young as 6 months form getting this vaccine. There are studies out of several countries showing how unsafe and in some cases deadly these vaccines are. We also do not see this stopping the spread of Covid. If anything evidence is showing the vaccinated get sick with Covid more often and get the virus worse then an unvaccinated person. The amount of young healthy people dying from complications of this vaccine is alarming and there is proof now. Can you imagine this vaccine going into an infant ? If this is allowed then the health district will be responsible for promoting something they know has not been proven safe or effective that can kill or cause severe harm. I personally do not want my tax dollars going to promote this experimental vaccine.	10/20/2024 10:22 AM
100	Do not spend my tax dollars on shots that are not proven to bolster health. Do not spend my tax dollars without a vote in favour from the women and men of Idaho. Remember your placement was to be of service for the people. thank you	10/20/2024 10:17 AM
101	These shots do more harm than good. Just use 10ppm colloidal nano silver and you will be fine without any complications.	10/20/2024 9:56 AM
102	The Covid vaccine does not prevent transmission. The CDC acknowledged this long ago.	10/20/2024 9:46 AM

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Therefore, taking it cannot possibly be seen as other than a personal medical decision. Those should be left to the individual.

103	I would not support making the COVID-19 shot a mandatory vaccine. First and foremost, it is not a vaccine. This shot has promoted multiple updates over the years. Second, it does not work, it is untested, it is truly in Beta right now. I have watched multiple people who took the series of shots, have their autoimmune system go completely haywire attacking their body. Third, it is very unclear who and or IF anyone is tracking the fallout and failure of this effort. This shot was completely untried and tested. Its launch and much of the management of this crisis has irreparably damaged the trust in medical and government agencies charged with responsible management of any health crisis. Follow the money... I say NO	10/20/2024 9:25 AM
104	Leave vaccination decisions between patients and doctors. NO MANDATES. No advertising via billboards or commercials a big push to take them. It's a personal choice.	10/20/2024 9:19 AM
105	Dr. Phil was on the View and stated Children were the least affected by Covid. Children don't need the vaccine. A vaccine should stop an illness, not lessen the effects. Children are already given to many vaccines as it is.	10/20/2024 9:19 AM
106	IHD should not be recommending covid shots for babies 6 months and older!	10/20/2024 8:59 AM
107	The covid shots are not safe or effective. In fact, they have injured and killed many people. Put a stop to this madness!	10/20/2024 8:58 AM
108	There should never be a vaccine put on a recommended schedule that has such a high adverse event rate, especially when the risk of complications of the disease are so low, parents that are not educated about the vaccine and its risks will blindly agree to the recommendations, unnecessarily putting their children at risk. There are no long term studies on the safety of these vaccines. So they should not even be considered. Period.	10/20/2024 8:30 AM
109	As a Ada County resident and Chiropractic Physician I'd like to publicly state that the Covid vaccine should be removed from the schedule and not promoted in any way. This shot has caused great harm and doesn't even confer immunity. If it doesn't confer immunity then technically it cannot be classified as a vaccine. The Covid shot has been a travesty and caused more harm than good. Please take the proper action to protect people and children. Thank you	10/20/2024 8:26 AM
110	Please take the Covid shot off of the market and off the vaccine schedule. It is a known fact to cause myocarditis. I know too many people who have either died, or vaccine injured by this gene therapy.	10/20/2024 7:53 AM
111	NO...just NO!!!! NO SHOT! I know too many who have died from the shot. If you TRULY care about your Community you will pull it from the list! PLEASE!	10/20/2024 7:49 AM
112	Please do not put the Covid-19 shot on the vaccine schedule. We do not need to purchase or promote these shots either. There is so much research out there that shows the many adverse affects after receiving these shots. Unfortunately, many people would prefer to ignore this research and demonize doctors who have courageously spoken up on the negative affects they have seen. If people would simply do their own research with an open mind they would most likely come to the same conclusion that many of us have. We do not want the covid-19 shot and do not wish to see them on the vaccine schedule. Thank you	10/20/2024 7:49 AM
113	We do not support the COVID shot being put on the vaccine schedule!	10/20/2024 7:45 AM
114	Stop the Covid Shot	10/20/2024 7:24 AM
115	Stop recommending the covid shot! No one with any common sense is going to get your clot shots.	10/20/2024 6:41 AM
116	Covid-19 was unleashed from a US DoD funded BioLab in Chynadiieve, Ukraine	10/20/2024 6:13 AM
117	No more Covid vaccines and no mandates. Too many people have been injured and died needlessly. Uphold our Constitution.	10/20/2024 5:41 AM
118	I would like to see the covid vaccines removed from the vaccine schedule. At no point has the data supported this vaccine for children, as their death rates are incredibly low (almost 0, and not per capita. 0 total.)	10/20/2024 5:40 AM
119	Definitely NO MORE COVID VAXX!! It's been proven over and over again to be downright dangerous!!!!	10/20/2024 5:13 AM



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120	I am asking the board to remove the Covid 19 shot from the vaccine schedule. This shot has proven to be neither safe nor effective. The Covid 19 shot was pushed onto the public as having the capability to stop transmission of the Covid virus, and also eliminate the public from catching the virus once they received the shot. Pfizer, Moderna, etc. knew in their trials that this was not the case. The public was locked down, businesses were closed, employees were mandated to get the shot to keep their job and people died alone due to these absurd, inhumane and un-American measures. Not to mention the unprecedented number of people who have died suddenly since the roll out of the Covid shots. The American people have learned that they were lied to, and have therefore lost complete faith in doctors and our public health system. Please do the right thing and remove the Covid shot from the schedule.	10/20/2024 12:39 AM
121	NO more COVID shots!!!	10/20/2024 12:13 AM
122	No person, young or old should take the COVID19 vax as it's harmful to one's health.	10/19/2024 11:22 PM
123	In regarding COVID Vaccines availability and approval and expenditures. Time has come and gone for real discussions regarding the safety and efficacy of these vaccines. The health concerns and the continued push for these so called vaccines is absurd. It is unthinkable to offer such dangerous therapeutics in the name of health and use tax dollars to do so. Swdh must wash their hands in their roll of this crime against humanity and play no further role in rolling out this deadly and detrimental agenda. COVID vaccines have been known to transfer to those who have not consented to this medical treatment and therefore cause risk to the public exposed against their consent. This is unacceptable and cannot continue. This must stop here. Dr Tribble and Dr Cole have been on the forefront and have seen the damages caused by this practice. As a resident of Canyon County, I do not consent to this treatment. It's not acceptable for public health to be complicit of this crime. This must stop here. Anyone who votes to sustain this or any further push for this should and will be held accountable. Jill Watts Canyon County	10/19/2024 11:12 PM
124	greetings. there is absolutely NO reason to administer any Covid shots (they were never actually vaccines) to children, period. They have a near zero chance of any serious health problems from Covid but do have extremely serious health issues, including death, with the shots. Don't think so? Really? have you never actually looked an the data? really?????	10/19/2024 11:10 PM
125	It is not the CDC's responsibility to control everyone. We have a free choice to decide if we need a shot or not. Please do not take our health freedom away.	10/19/2024 10:59 PM
126	I think the Board of health should actually be concerned about health not just pushing their agenda on innocent people subjecting them to unsafe vaccines pushed by corrupt pharmaceutical companies!	10/19/2024 10:42 PM
127	I don't want my tax money spent on a useless harmful program! Didn't we waste enough with all of the billboards and harmful shots already? ENOUGH!!! 1) stop killing people 2) stop wasting our money on killing people!	10/19/2024 10:36 PM
128	I am against the use of public money to promote, purchase and administer COVID-19 shots. This is still "Experimental." We could be causing long term harm to people and don't even know it. For what gain? The common flu is more harmful then C-19. Please stop this program.	10/19/2024 10:32 PM
129	Attention SWDH Board of Directors, Please I beg you to terminate this unsafe Covid-19 shot from the vaccine schedule. I personally know people who have died from it. My baby sister took it and the boosters. She kept getting Covid, then had a Heart Attack, Pericarditis, Pneumonia several times. She was in and out of the hospital for many months with the Pneumonia which they finally deemed she had Metastatic Breast Cancer which spread to her Lungs, her liver, and her bones in Jan. And my Baby Sister passed away in April because she took that unsafe shot. I worry for the rest of my Family and Friends who took the shot . I beg you to consider taking it off the schedule . And to give it to Babies whose innate immune system can fight many illnesses. The shot is unsafe abd is killing lots of people. Let Idaho be the 1st in the country to lead the way in terminating this shot from the vaccine schedule. Put Idaho on the map!! Please don't promote the Covid-19 shot. It's truly not safe for anybody to take it especially babies. Thank you, Delynn Gruver Caldwell, Idaho	10/19/2024 10:23 PM
130	Please listen to Dr. Ryan Cole and Dr. Peter MC Cullough. They have sacrificed their careers to save lives. The first year the injections rolled out we had an increase in all cause mortality of 40% nationwide with Idaho being at 46%. We now have children dying from heart attacks. Never have we seen this. People are now dying suddenly that were once very healthy and athletic. The embalmers are now reporting clots in the dead. We are not living in a free country	10/19/2024 10:05 PM

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if anyone is being told they have to have an injection of any kind. These shots are not licensed, nor have they been approved. EUA- Emergency Use Authorization - just means people can choose to volunteer their bodies to science.

131	Please terminate the covid-19 shots -they are unsafe for any and all age groups!	10/19/2024 9:54 PM
132	Dear Members of the CDH, I am writing to express my concerns regarding the inclusion of the COVID-19 vaccine in the immunization schedule for children aged six months and older. While vaccinations are essential for public health, I urge you to reconsider the COVID-19 vaccine for young children based on emerging evidence regarding its safety and constitutional implications. Recent studies have indicated a potential link between the mRNA COVID-19 vaccines and cardiovascular issues, including myocarditis and pericarditis, particularly in younger populations. For instance, a study published in the Journal of the American Medical Association (JAMA) found an increased risk of myocarditis following mRNA vaccination, especially in adolescent males and young adults. This risk, while generally low, raises valid concerns for parents considering vaccination for their young children. You can find this study at: <a href="https://jamanetwork.com/journals/jama/fullarticle/2789332">https://jamanetwork.com/journals/jama/fullarticle/2789332</a> . Additionally, the CDC's reports have documented cases of myocarditis and pericarditis after mRNA vaccination, leading to increased monitoring and guidance for healthcare providers regarding these potential adverse events. More information on this can be found at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/myocarditis.html</a> . Given that cardiovascular health is paramount in developing children, the implications of these findings cannot be ignored. Furthermore, mandating a vaccine for children without sufficient evidence of its safety and necessity raises constitutional concerns, particularly regarding the Fourteenth Amendment, which protects individuals' rights to make personal medical decisions without government interference. This amendment underscores the importance of personal liberty and parental rights in making healthcare choices for their children. Parents should have the right to make informed decisions regarding their children's health, particularly when it comes to vaccines with potential side effects. The risk of severe outcomes from COVID-19 in young children is relatively low compared to older populations, and many children may have already developed natural immunity from previous infections. In light of this information, I respectfully urge the CDH to remove the COVID-19 vaccine from the recommended immunization schedule for children. It is essential to prioritize transparency and safety, allowing families to make informed choices regarding their children's health. Thank you for considering my perspective during your discussions and decision-making process.	10/19/2024 9:18 PM
133	I am against continuing to purchase, promote and administer Covid-19 vaccines within the health district. This is an outrageous lashing against th medical freedom that is every persons/parent's right. -M. Phillips	10/19/2024 9:08 PM
134	Please immediately remove this unproven CV Vax from the schedule. It has *likely*produced many injuries/death for young and old in my personal sphere and beyond. It does not prevent CV and there is no solid evidence it lessens symptoms of the virus. Cheryl Hurd Meridian	10/19/2024 9:06 PM
135	No COVID shots in Idaho on the schedule	10/19/2024 9:05 PM
136	I respectfully request that Covid vaccines are removed from children's vaccine schedules	10/19/2024 8:55 PM
137	I do not want my tax dollars paying for COVID vaccines and do not want these vaccines as a part of the vaccine schedule in Idaho.	10/19/2024 8:53 PM
138	You need to remove the Covid vaccine from the recommended list of shots for kids. Further study is needed. The testing so far is not conclusive on if this is a good idea or not.	10/19/2024 8:50 PM
139	Please remove the covid Vaccine from the schedule for little ones. This vaccine has caused so many issues and little ones have not developed for a vaccine like this as well as this vaccine hasn't been around or studied enough to be safe for adults let alone children.	10/19/2024 8:24 PM
140	We Dan & Diane Sheirbon DO NOT want this so called vaccine pushed in this state to ANYONE, ANY LONGER. STOP USING OUR MONEY!! STOP PUSHING THIS LIE. Thank you tax paying citizens of Idaho	10/19/2024 8:23 PM
141	Just say NO to this insidious shot!	10/19/2024 8:15 PM
142	Please do NOT purchase, promote, recommend or distribute the COVID-19 injections. These dangerous injections should not be supported by any agency in Idaho	10/19/2024 8:14 PM
143	I am against adding the COVID vaccine to the recommend shot list for babies & adults. Too	10/19/2024 8:12 PM

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many unknowns about the long term potential side effects and an ever evolving virus.

144	Remove the COVID vaccine from the schedule of vaccines given to 6 month olds and up. Tyler Ricks Meridian	10/19/2024 8:06 PM
145	I'd like to ask the board members to please consider removing the covid vaccine from the vaccine schedule, especially for children. Including a proven unsafe vaccine for children in the schedule makes my family distrust our medical leaders and more likely to write off your further recommendations and instructions regarding other health issues. I know we are not alone in this thinking. Thank you for your time.	10/19/2024 8:01 PM
146	You should not recommend vaccines for all above 6 months. As a health care provider, I have people who took the vaccine lose their entire vision - this was reported by the MD's who cared for this patient that it was a result of the vaccination. When I worked in a Skilled nursing facility, the staff who got the COVID vaccination had COVID often as many as 3 times. Our good friend who had the covid vaccination and every booster, died of covid. I have another friend who had just gone through chemo, started radiation and got covid. She was not vaccinated and survived COVID and has not had a reoccurrence. We need to encourage our medical providers to give alternate meds, such as ivermectin, steroids, fluids, etc. rather than thinking a vaccination will solve the issue. There are TOO many side effects and particularly for children as well. I have two friends who's children developed cardiac issues. One child was into sports and was told she can never do this again. PLEASE DO NOT RECOMMEND THIS FOR EVERYONE INCLUDING CHILDREN.	10/19/2024 7:59 PM
147	The COVID shots are not vaccines. They have serious production issues with contaminants and plasmids (DNA fragments, misfolded proteins, non-human DNA).	10/19/2024 7:54 PM
148	I do not think the Covid-19 shot should be recommended by the CDC because it has not had time to be tested for long-term side effects. Millions of people have already been harmed by it and many have even died! The American people should not be used as test subjects in an experiment! Furthermore it has been shown that Covid 19 caused death mostly in elderly people, obese people or people with comorbidities, so why vaccinate the others? This is clearly a waste of taxpayer money and unnecessarily putting millions more people at risk of adverse reactions or even death. Thank you	10/19/2024 7:45 PM
149	This is a positive move toward vaccine CHOICE rather than mandated or compulsory vaccinations. Dr. Tribble is a terrific physician that puts his patients health needs first.	10/19/2024 7:16 PM
150	I have had many friends and relatives that have taken those so-called Covid "vaccines", including my husband. THEY HAVE ALL HAD HEALTH PROBLEMS EVER SINCE! Four of them are on CPACs, Three of them have had beginning stages of cancer, one of them is on an oxygen tank 24/7, two have had prostates removal, my husband has had two strokes, and there are friends that have had severe health problems ever since taking those shots. Please stop those shots from ever reaching peoples arms again. All the ones that took this poison thought they were helping themselves and others. Little did they know that this was a destruction plan to weed out humans that has been in the works for many years by our corrupt government.	10/19/2024 6:38 PM
151	The COVID vaccines have not stopped COVID as promised & did not go through the standard 12 year protocol for trials. Pfizer has thousands of records they are slowly letting go for public that are revealing MANY troubling side effects. Any vaccine that is mandated is against our freedoms & our right to choose what we want in our bodies. Some lost their livelihoods as a result of choosing NOT to take the jab. Many ppl I know personally have had onsets of auto/immune diseases, heart issues & repeated bouts of COVID after receiving the supposed safe vaccine. This was rushed & forced on American citizens. Interesting that the recovery without co-morbidities were supposedly 98% & children were originally not in the group that was recommended to receive the vaccine. We have to ask, why was this being forced on American citizens?	10/19/2024 6:22 PM
152	No covid 19 shot recommendation should be made for 6 months and up. The side effects are not worth it and babies should not be getting them.	10/19/2024 6:03 PM
153	Please take the Covid vaccine OUT of the required vaccines, please do NOT purchase nor promote it. It's efficacy and safety has been proven to be negligible at best, and frankly anyone can get the vaccine if they so desire. We do NOT need it to be promoted, purchased nor administered in our health district.	10/19/2024 5:39 PM
154	Stop this insanity.	10/19/2024 5:37 PM

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155	The Southwest Health district should NOT recommend or promote the Covid 19 vaccine. The vaccine was not safe nor effective. Tax dollars should not be wasted on more nonsense.	10/19/2024 5:29 PM
156	I am opposed to wasting taxpayer money on ineffective vaccines. Recent studies show negative effectiveness. High risks of heart damage, lowered immunity as a result. This is clearly a waste of money	10/19/2024 5:24 PM
157	As we all know the COVID vaccines are a touchy subject. They are widely untested and the detriment of getting the vaccine is well known at this point. There are far too many serious conditions that have developed as a result of these shots, that the "benefit" does not even compare to the risks. As a mother of three, I will never give my children a COVID vaccine. In fact, two of my children are completely unvaccinated. There is no more trust in the medical community because doctors don't seem to understand functional health or nutrition. Doctors just want to vaccinate and prescribe. It's not a system many of us want to participate in anymore.	10/19/2024 5:18 PM
158	I do not want my tax dollars going to purchasing vaccines or to force people to take any vaccine. Please hear the people taking the time to let you know what we want.	10/19/2024 5:15 PM
159	The COVID-19 vaccines are ineffective and incredibly dangerous. The proof is everywhere. The Bears report is just one of many showing how deadly and dangerous the vaccines have been since thousands and thousands and thousands of people they should be stopped Immediately!!! It is a crime against humanity to continue recommending let alone mandating these injections	10/19/2024 5:14 PM
160	Totally a bad idea suggesting anyone to take a Covid Shot. The truth is out about the massive side effects and harm they do. My wife took the first shot despite my warning and it almost killed her.	10/19/2024 5:04 PM
161	No medication should be forced on anyone. Especially one that has no benefit to the demographic it is being forced on. There is evidence that shows the COVID vaccine does not prevent transmission, does not prevent death and has serious side effects to include myocarditis. 97-99% of people below the age of 70 have literally no issues with the disease. Do the right thing. Stop promoting products to benefit the businesses that are selling them. Promote the health of the people of Idaho especially the children!!	10/19/2024 4:38 PM
162	I've read enough research from credible sources about the danger of the mRNA shots to fill a person's reading quotient for 100 years. Aside from research, could be and oftentimes is subjective and biased....I trust my higher knowing about what is safe and what is not. The covid shot never felt safe. My heart is sickened that many of my fellow humans have lost their own God-given intelligence. Without accurate information to inform their consent, they are like sheep being lead to slaughter. So sad what these profit driven corporations are perpetrating on the masses, in collusion with our governments.	10/19/2024 4:26 PM
163	I will provide the referenced CDC documents if so requested. Obtained through FOIA, the CDC formed the "COVID-19 Vaccine Breakthrough Team" on or before February 1, 2021. So, soon after the vaccine EUA was approved, the CDC knew that vaccine breakthrough cases would occur. They instituted a nation-wide reporting network to handle such anticipated COVID-19 vaccine breakthrough cases. Also at that very early date, the CDC had already prepared informational advice sheets for health departments to distribute to "fully vaccinated" COVID-19 + people. The COVID-19 vaccines neither stopped viral transmission nor stopped the spread of the virus. The numerous documented vaccine breakthrough cases in Washington State, which occurred post-termination of over 2,000 unvaccinated employees who were denied accommodations, provides further evidence that the COVID-19 vaccines did not stop virus transmission. Lastly, the CDC admitted on January 5, 2022, that COVID-19 had become "endemic," never to be eradicated. There is no reason to further vaccinate when 1) all have already been exposed, 2) the current national COVID-19 booster vaccine rate is only 6.1%, and 3) there have been no reports of new, extensive COVID-19 outbreaks. Thank you for affording me the opportunity to comment.	10/19/2024 4:13 PM
164	I am horrified that this would not be banned KNOWING the loss of life, the life altering devastating repercussions die to this Shot!!! This is CRIMINAL to have it even available!!!	10/19/2024 4:12 PM
165	Covid vaccines are a hoax and should be banned immediately. They have never been proven to be effective and they were killing thousands of people including children. This was a planned pandemic designed to further compromised individuals on to their deaths and make normally	10/19/2024 4:07 PM

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healthy people sick. We have more sickness now because of the pharmaceutical industry than we ever did when I was growing up. Big Pharma is nothing but a killing machine!

166	The shots are death shots and should be banded and the pharmaceutical company's be tried for murder. To many people dropped dead suddenly.	10/19/2024 4:04 PM
167	I am against our health board promoting Covid Vaccines. I see so many people that are sick from these vaccines. Until there is a double-blind clinical trial that shows they are safe and effective, this is a hard no for any discerning person. Furthermore, until the makers of these vaccines can be held liable for damages, no vaccine should be promoted by the board.	10/19/2024 4:04 PM
168	This seems completely reckless. Will you be assuming full responsibility for any/all medical disasters due to this?	10/19/2024 3:51 PM
169	It is common knowledge the COVID-19 shots are poison. They are experimental gene altering shots and it's insane you would even consider recommending them to any human being. Dr. Robert Malone. Dr. Peter McCullough. Doctor after doctor after doctor risked their careers to show us that these shots are deadly. The CDC has a monetary and political reason to recommend them; they are bought and paid for by big Pharma. Think for yourselves. Reject this deadly, stupid idea. COVID shots are poison.	10/19/2024 3:49 PM
170	Please do not listen to the CDC or FDA recommendations regarding vaccination, including the Covid-19 injections. Both are federal agencies that have been long bought out by the pharmaceutical drug cartel and have shown themselves to be untrustworthy many, many times. As a RN for 25 years, I cannot tell you how many wonder drugs have come and gone in my career under the "care and protection" of these agencies and have shown to be harmful to the public. The record speaks to this as do the many victims of these irresponsible agencies, and the poor state of health of the USA in general. Under the guidance of these agencies, we pay the most for healthcare but our health benchmarks are less than many third world countries. That should be evidence enough. Stop listening to the crooks and listen to the doctors on the presenting panel that will tell you a different story at your meeting. Remember that We the People are the real government, not the "experts" that are funded by corrupt corporations.	10/19/2024 3:11 PM
171	Good afternoon, I understand that Idaho Health District is recommended the COVID shot to all residents 6 months and older. I am a Registered Nurse, that resides in Idaho, working in a hospital. I have seen first hand that the covid shots do not prevent a covid infection, nor do they prevent hospital admission with the diagnosis of covid, nor do they prevent severe respiratory distress that needs intubation and a ventilator from a covid infection. The covid shots are neither effective nor are they needed for "all residents". Please keep this recommendations from becoming a part of the vaccine schedule. Thank you, Holly Dane, RN, MSN, PHN	10/19/2024 2:55 PM
172	No! Please protect the future of humanity. Do not pass the CDC recommend Covid 19 shot for infants. Do some research. MRNA tech is not safe.	10/19/2024 2:54 PM
173	This shit should be terminated from the schedule immediately.	10/19/2024 2:46 PM
174	As a woman of Idaho . I advise, claim and require those in elected office to be of service to the women and men of Idaho as you are required to do. Vaccines are an individual choice of the women and men, whom elected you. Vote no for any vaccine to be "Mandatory ".	10/19/2024 2:43 PM
175	Regarding the issue of giving COVID-19 "vaccines" to children, especially infants, there are many reasons why this is a terrible idea. First, it has been noted that children are not susceptible to serious effects from the virus. Children should have already been exposed to the virus, as we all have, and have natural immunity, which is the best defense against disease. The "vaccine" has been proven to be ineffective against the virus and has harmed many individuals, as is evident even from the VAERS reporting system. Lastly, why are we still talking about a 4-5 year old virus? We have all had it, as with the major bugs that go around. If adults want to get an experimental injection, that is up to them, but stop pushing bad medicine on children. Lorrie Kirchner 12018 W Flintlock Dr. Boise 83713	10/19/2024 2:24 PM
176	This abomination of a so called vaccine needs to be dropped from the recommended vaccine schedule for everyone!	10/19/2024 2:21 PM
177	Thank you for reading my comment. I strongly beseech you that you DO NOT include the Covid vaccine in the vaccine schedule. Enough information has since been revealed indicating the long term, as well as short term adverse effects of said vaccine; including, but not limited	10/19/2024 2:16 PM

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to damage to the DNA. In addition, these vaccines are being shown to shed further endangering others with these possible negative effects. At the very least, this vaccine needs to be further studied LONG TERM before requiring it of others. These studies should be done by an objective third party so that WE THE PEOPLE may get the honest and accurate information, and be able to make well informed choices. Please do NOT include these science experiments in the vaccine schedule. Please do NOT promote these little studied MRNA injections until the rate of injury and/or death from these infections fall well below general recall standards. Thank you for your time.

178	Idaho should NOT participate in this world wide human clinical trial!!! Test this in fucking monkeys and see what happens. Not human beings!! Don't bow to this elite global nonsense. This is poison. Not a vaccine. You're better than this Idaho!!!!!!!	10/19/2024 2:11 PM
179	I hope that people realize that the Covid 19 vaccine is not a preventable injection but a military bio weapon.	10/19/2024 2:06 PM
180	My brother died after getting the vaccine, and his sister-in-law became paralyzed after getting the vaccine. Please no more of these vaccines which are making well people very sick. Please just stop.	10/19/2024 1:58 PM
181	The COVID shots have been admittedly proven to not prevent infection by the Covid-19 virus. There are also extensive numbers (documented) of adverse events even admitted by the CDC. Small children have a very low infection rate, but may have adverse events. Youth, teens and young adults, including athletes, have experienced adverse events including cardiac and hormonal harm. There is not a single good, valid reason to recommend these shots to pediatric or young adult patients. IF they are recommended, there MUST be advised consent about adverse events provided to the parents...at a minimum.	10/19/2024 1:55 PM
182	I am strongly against covid shots! My mother died from it just a few months after taking the second dose. My daughter who is 30 took double shots and booster now has serious heart issues and lymph node damage throughout her body. She is in and out of the hospitals. Do not offer these proven killer shots. My cousins in California had shots and boosters and now have serious health issues in and out if hospital. No covid shots. It has been proven there are more deaths from the shots compared to deaths from actual covid. Proven covid is not a problem for the youth, never was a single incidence of death before they started strongly encouraging and bullying parents to give them shots!	10/19/2024 1:54 PM
183	Stop pushing the death and disability causing Covid vaccines immediately!	10/19/2024 1:52 PM
184	This vaccine does not prevent or lessen the virus's spread. Infants should not be subject to it. In fact, infants should not be subjected to most of the vaccines they are currently required to receive...especially in the time frame they typically get them. Less is more in the case of vaccines.	10/19/2024 1:52 PM
185	COVID 19 injection needs to be removed from the vaccine schedule as it has proven itself to be neither safe, nor effective. If is so unsafe the Health District should ban its administration within the district boundaries. If that is not possible it should be required to carry a black box warning.	10/19/2024 1:33 PM
186	I am absolutely against requiring covid shots for any reason at any time. Please think about people more than money and take the shot off of the schedule.	10/19/2024 1:32 PM
187	The administration of the COVID-19 shots has to stop. They have proven to be ineffective, unnecessary, and even dangerous. We must stop forcing this on people, especially children.	10/19/2024 1:27 PM
188	Vote to terminate	10/19/2024 1:20 PM
189	MRNA jabs are dangerous. Outrageous to give them to kids. Had enough of this eugenicists agenda.	10/19/2024 1:20 PM
190	I'm a registered nurse. The Covid 19 vaccine sent three of my coworkers to the ICU within two weeks of receiving the vaccine. There is nothing safe about this vaccine. Many patients have developed blood clots or cancer after receiving the vaccine as well. It is harmful and dangerous.	10/19/2024 1:19 PM
191	Not only has this Covid-19 disaster destroyed trust in government, it has also created an environment of mistrust in one of the most sacred relationships between people and physicians. Our family urges the state of Idaho to lead the way in ending this nightmare. NO SHOTS!	10/19/2024 1:19 PM

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192	This is absolutely insane!! These vaccines are not safe!! All they care about is making money and do not care about anyone!! Not even babies!! I am absolutely disgusted with the CDC, pharmaceutical companies and all investors!! Not only are the vaccines, not effective, they kill people!!! Stop this now!!!!	10/19/2024 1:13 PM
193	Please terminate the COVID 19 shot from the vaccine schedule! Don't require citizens to be scientific guinea pigs without their consent.	10/19/2024 1:12 PM
194	Please end the distribution of the Covid shots. They have proven to not give anyone immunity and so much damage is being reported that it's not in our best interest to still fund and promote them	10/19/2024 1:06 PM
195	Please remove the Covid shot from being a required vaccine. I'm so tired of hearing it being pushed in grocery stores (boosters too). And if my tax dollars are funding it, I definitely want to get rid of it.	10/19/2024 1:05 PM
196	mRNA injections are not vaccines and studies have revealed over the past 4 years that covid19 shots create serious maladies of major concern such as cardiac issues, and even death. They should be removed from use immediately. Absolutely no babies or school age children should be forced to receive a covid19 injection. Most if not all vaccines that are recommended for school children should be taken off the agenda as they create more harm than good.	10/19/2024 1:03 PM
197	The Covid- 19 shots have been proven to hurt and kill children and adults per the Pfizer Papers that were released to the public. The shots are neither safe nor effective. The book, "The Pfizer Papers" by Wolf/Kelly and the analyzed Pfizer data was just published. Continuing to purchase, promote and administer Covid-19 vaccines is a danger to all. Do the right thing. Terminate this shot from the Vaccine schedule. In fact, go the next step and research the efficacy of every shot that is on the Vaccine schedule. Sherry Gorrell, Mom and Grandma, 716 W. Franklin St. #1, Boise, ID 83702	10/19/2024 1:00 PM
198	Due to mass censoring many innocent people have no idea the true risks of Covid vaccine. As an RN, I have independently visited clinics & a pharmacy to see for myself if patients are receiving full disclosure from providers. Innocent trusting people are NOT being given full disclosure. My request is that this Health committee recommend every primary MD, NP, etc. order for at risk patients, Vit D serum levels & supplementation PRN to achieve optimal range (recommended by FLCCC) for true/effective preventive care. Zinc also needed as to reduce viral replication.	10/19/2024 12:50 PM
199	Please get rid of the Covid-19 vaccines. These vaccines do not prevent infection or transmission and are debatable whether they prevent severe Covid-19. Everyone I know who has recieved 2 or more these vaccines have had Covid repeatedly and often it has Not been mild. What is the point of keeping these around? Especially since myocarditis and pericarditis has been reported in younger age groups who are not at risk of severe infection. It's irresponsible to keep Covid-19 vaccines especially on the childhood vaccine schedule.	10/19/2024 12:49 PM
200	The shot does not do what it promised. It does more bad than good. Recommending it at this point is foolish. Liability must be returned to makers for them to make better products.	10/19/2024 12:45 PM
201	I am against continuing to purchase, promote, and administer COVID-19 vaccines within the health district!	10/19/2024 12:41 PM
202	Please do not use my tax dollars to purchase the COVID shot for anyone. If people still believe it is necessary for them they should pay for it just like any other shot.	10/19/2024 12:38 PM
203	Time to quit allowing big Pharma to inject us with their poison so they can keep us sick and keep us on their drugs so they can keep getting rich!	10/19/2024 12:35 PM
204	I am ordering you, take these harmful COVID shots off the schedule and off the market. There's overwhelming evidence of harm, so little of benefit. I could provide hundreds of links but this message would be much too long. Instead, I offer two: 1. Covid Essential Links: <a href="https://eolson47.substack.com/p/covid-essential-links">https://eolson47.substack.com/p/covid-essential-links</a> 2. Idaho's County Commissioners Advise Against Gene Therapy Shots. Includes tools. How you can help in your own state or county: <a href="https://eolson47.substack.com/p/idaho-county-commissioners-advise">https://eolson47.substack.com/p/idaho-county-commissioners-advise</a> Thank you for your attention. We will be watching and praying for you to make the right decision.	10/19/2024 12:33 PM
205	We are overstimulating our immune systems with too many vaccines. The first batches of polio vaccines caused polio and the same pattern can be identified with the Covid vaccines.	10/19/2024 12:32 PM

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206	I am a resident of Canyon County and I am writing my public comment in support of SWDH continuing to offer the COVID-19 vaccine. I applauded the board when they didn't force masking, I applauded the board when they weren't going to force anything on anyone, but getting rid of that choice is a bad idea. Personally, I never got the vaccine nor do I ever plan to, but those who wish to get it should be able to. This all comes down to personal choice. While I don't think I will ever get it, our members of government shouldn't be making that decision for us. SWDH is in a unique position, you serve primarily low income individuals and families in your clinic. Telling someone they need to go somewhere else because they want the vaccine is not always that easy. SWDH is one of very few providers that help low income families and they may not be able to get it as cheap as they can at SWDH, proving to be more of a burden. Finally, Dr. Tribble ran away from California because they were "forcing" the vaccine, yet he comes to Idaho to give away that choice? That's hypocrisy. People should have the choice to get it or not, and since SWDH is a government agency, they should provide it as long as it has FDA approval. Denying vaccinations is just as bad as forcing them, and is a great way to lose trust with a community that you've been working to regain. I urge the board not to remove the COVID-19 vaccine from its offerings as it should be a CHOICE to get it. Not forced one way or another. I would like to say I appreciate Aberasturi & Haines for speaking up for personal choice while 3 others (Brooks, Purdy, & Tribble) attack it. Giving up that choice is just as bad as forcing something. Medical decisions should be left to individuals, not to politicians.	10/19/2024 12:29 PM
207	Idaho should NOT purchase, promote, or administer any more COVID-19 vaccines. The effectiveness and safety of these pharmaceutical products have been misrepresented by their manufacturers and by public health agencies. While pharmaceutical giants have profited, many citizens have suffered significant harm from these products. The Southwest District Health (SWDH) Board of Directors needs to act to discontinue public funding of Covid-19 vaccines now.	10/19/2024 12:26 PM
208	I am 100% against continuing to purchase, promote, and administer COVID-19 vaccines within the health district.	10/19/2024 12:23 PM
209	There is now sufficient data to show that Covid-19 vaccines do not prevent infection, do not prevent transmission, and have significant and often serious side effects: the risks far outweigh the benefits. Furthermore, most cases of "Long Covid" have now been determined to be side effects of the vaccines. Dr. Ryan Cole can provide access to this data. Please drop all consideration of Covid-19 vaccines for any purpose and for all populations. Thank you.	10/19/2024 12:12 PM
210	The Covid vaccines are flawed and have never been studied properly. If they're made mandatory you should accept liability.	10/19/2024 12:08 PM
211	If Covid/any vaccines are requested by a citizen, they should be available. But if a person does not desire it, there should not be any pressure to take it.	10/19/2024 12:08 PM
212	Based on current data please terminate the Covid shot from the vaccine schedule.	10/19/2024 12:05 PM
213	I fully support terminating the Covid-19 shot from the vaccine schedule.	10/19/2024 12:03 PM
214	No covid shots to anyone, ever. The evidence is overwhelming....they harm, maim, kill. Move on from these ridiculous covid shots.	10/19/2024 12:02 PM
215	Please take the Covid shot off the list. It doesn't work. It's an experimental product that needs to be removed immediately	10/19/2024 11:54 AM
216	Please do not spend anymore resources on Covid.... Enough is enough! Take it off the schedule!	10/19/2024 11:50 AM
217	Terminate this shit from the vaccine schedule.	10/19/2024 11:50 AM
218	I do NOT want my tax dollars to go toward purchasing, promoting, and administering COVID-19 vaccines!	10/19/2024 11:48 AM
219	Dear board members, Please do not put the Covid-19 shot into the vaccines schedule. They do not stop the spread of Covid (which for most people is no more than a cold,now) they may cause all kinds of complications for people of all ages. They are not proven to do anything to help people but they have been proven to hurt people. I implore you not to put this into Idaho vaccine schedule.	10/19/2024 11:48 AM
220	I am against continuing to purchase, promote, and administer COVID-19 vaccines within the	10/19/2024 11:46 AM



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health district. the vaccine is not safe, has little efficacy and has distrust with the public.

221	With tragic consequences for following such a “recommendation” by lettered people on the SWDH, many young parents who blindly authorize their child to be jabbed will live with a heavy heart in later years or in willful ignorance and denial over being duped. Pushing this dangerous and even deadly vaccine is beyond irresponsible; it is evil.	10/19/2024 11:43 AM
222	As a full-time adult hospitalist nurse practitioner in Idaho, who took care of both Covid 19 infected patients AND Covid 19 vaccine injured patients throughout the entire pandemic, I strongly urge SWDH to terminate the Covid 19 vaccine from Idaho's vaccine schedule. The Covid 19 virus no longer carries the same health risks - but the Covid 19 vaccine still carries the same risks, AND the same low efficacy. I had two patients on my service THIS WEEK, who recently received the vaccines and were subsequently admitted with adverse health events. Meanwhile, I have no patients on my service who require hospitalization for a Covid 19 infection. Please do NOT continue this vaccine on the recommended vaccine schedule.	10/19/2024 11:42 AM
223	countless millions of lives have been saved, and no doubt the same for deaths for those who chose not to vaccinate. Take a few deaths that may have coincided with the vaccine, with no proof of connection , and blown up by conspirators and misinformation.	10/19/2024 11:42 AM
224	Please take the Covid shot off the recommended vaccine schedule. Thank you	10/19/2024 11:40 AM
225	Unless a person is totally compromised, throw the toxic covid shots in the garbage can. They have proven to be only minimally effective and mostly dangerous to most. STOP big TOXIC pharma. NOW!	10/19/2024 11:38 AM
226	It has been proven that the jab is ineffective and causes major health issues! Please stop forcing it on citizens!	10/19/2024 11:37 AM
227	I just ask that you please remove the Covid vaccine from the list of recommended vaccines and stop purchasing them and trying to convince people to get them from the age of 6 months and up. There is so much science based evidence that these vaccines are not only ineffective, but they pose a significant health risk to those who have gotten it.	10/19/2024 11:34 AM
228	I am disappointed that our tax dollars are being spent on a vaccine that clearly has many health concerns associated with it! I'm a small business owner and father of 4. There is no reason for this vaccine to be recommended and administered to any individuals let alone healthy ones. Please stop this practice in Idaho.	10/19/2024 11:30 AM
229	This is totally irrational and so wrong considering all the health problems and deaths the vaccines have been proven to have caused! A terrible idea!	10/19/2024 11:27 AM
230	The C-19 jabs should be banned! They are not safe or effective unless your goal is to KILL people. NEWS: Children 6 times more likely to die after COVID-19 mRNA Vaccine, according to Taiwan's Institute of Public Health study published June 2024 A damning study has identified a shocking 500% surge in deaths among children who have been “vaccinated” for Covid with mRNA shots. The alarming study of 64,000 children and teenagers found that kids are six times more likely to die after receiving a Covid “vaccine” when compared to unvaccinated. The finding was buried in a study published earlier this year that identified Covid shots as the cause of increasing cases of new-onset asthma in children. However, the disturbing discovery of increased deaths among kids went largely unreported as it was only quite mentioned toward the end of the study's paper. The study's note about death rates among vaccinated children was highlighted by Alex Berenson. Led by Professor Chiao-Yu Yang, the study was conducted by top researchers from Taiwan's Institute of Public Health and the Chung Shan Medical University Hospital in Taichung City. The findings were published in the Springer Medical Journal. In the “Conclusion” section of the study's paper, the researchers wrote: “The study highlights a strong link between COVID-19 infection and an increased risk of new-onset asthma in children, which is even more marked in those vaccinated.” The researchers found that children who had Covid infection without being vaccinated had a 4.7 percent rate of new-onset asthma. However, kids who had been infected after being vaccinated had an 8.3 percent rate of new-onset asthma. While the results section listed these percentages, it only listed asthma. Yet, buried deeper into the study it is revealed that those numbers refer to asthma or death. While explaining the data on the “Incidence of new-onset asthma in the COVID-19 and non-COVID-19 groups,” the researchers wrote: “4.7% of COVID-19-infected unvaccinated children developed new-onset asthma or death, compared to 2.0% in their non-COVID-19 counterparts within a year. “For Cohort 2, COVID-19-infected vaccinated children exhibited an 8.3% incidence of new-onset asthma or death, which was higher than the	10/19/2024 11:25 AM

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3.1% observed in those who were not infected.” Berenson analyzed the study’s data in a post on Substack, writing: “They show that 354 of the 64,000 children and teenagers who received a Covid mRNA shot died within a year after vaccination – a death rate of almost six kids per 1,000. “In contrast, only 309 out of 320,000 unvaccinated kids died, fewer than one per 1,000. “Both the difference and the absolute death rates reported in the study are shockingly high (Covid infections did not cause more deaths, the data show).” While warning about the vast array of health ailments that may stem from it, the researchers also note that asthma can impact future societal outcomes. “Asthma, marked by airway inflammation and hyperreactivity, profoundly affects children’s health across the globe. In the “Introduction” section of the study’s paper, the researchers note: “Childhood asthma significantly impacts long-term health, leading to deteriorations in health status, increased obesity rates, and a 40–50% rise in absenteeism in early adulthood. “These outcomes highlight the profound influence of early health conditions on future health and societal outcomes.” Covid vaccines are believed to influence the onset of asthma by causing an inflammatory reaction that impacts the respiratory system. Meanwhile, the Canadian government has just admitted that deaths surged among citizens who received Covid mRNA “booster” shots. As Slay News reported, the damning admission was revealed in previously hidden data that lawmakers compelled that nation’s top federal health agency to hand over. A parliamentary inquiry ordered the Public Health Agency of Canada (PHAC) to unseal and surrender data for the country’s death rates during the pandemic. The data revealed that the individuals who received the so-called “boosters” died at far higher rates than unvaccinated individuals during the same period. It also shows that more of the vaccinated died than the unvaccinated. Additionally, the data shows that death rates increased in each group that received more shots. According to the report, the more Covid shots a person received, the more likely they were to die. Subscribed Give a gift subscription Share LIKE COMMENT RESTACK © 2024 Dr. William Makis MD 5970 Mullen Way, PO BOX #36560, Edmonton, AB, T6R 0T4 CANADA Unsubscribe

231	Cancel this vaccine It is unsafe	10/19/2024 11:25 AM
232	Please remove this injection from the vaccine schedule.	10/19/2024 11:23 AM
233	It has become more and more obvious that the Covid vaccine not only does not benefit young children but is causing them irreversible harm. Do not mandate this for our children	10/19/2024 11:20 AM
234	Please do NOT make this mandatory as there are side effects that cannot be overlooked or ignored. Where there is risk there must be a choice! Thank you in advance for listening to the people.	10/19/2024 11:17 AM
235	As a Nutrition and Fitness Coach helping others in the Treasure Valley get Fit and Healthy, to ultimately reverse and prevent the scourge of chronic disease in our society, I see very little need for the recommendation to take the mRNA product for immunization against Coronavirus-19. What the CDC has determined as the highest risks for developing severe outcomes including death are underlying conditions ( <a href="https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html">https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html</a> ), most of them are preventable chronic diseases. The vast list of chronic diseases that our society is dealing with today is due to the overconsumption of carbohydrates and sedentarism that lead to mitochondrial metabolic dysfunction. Having one or more diagnosed chronic diseases stemming from mitochondrial metabolic dysfunction compromises one's immune system and thus makes it harder for one to fight off infections like from Coronavirus-19. As one gets older, the decades of poor nutrition, and the continued lack of engaging in functional movement both add up to not only elevating the risk of developing chronic diseases, but also the risk of contracting of, and developing severe symptoms and death from Coronavirus-19. If SWDH locally were to take the lead, focus on, and support partners in the community in sustaining comprehensive communication and efforts (like education though clinics, workshops, seminars, and courses) of encouraging our fellow citizens in pursuing better nutrition and exercise to get more Fit (increased work capacity across broad time and modal domains) and Healthy (increased work capacity across broad time and modal domains over a lifetime) for prevention, then that would result in a larger ROI, in terms of keeping severe infection and death from Coronavirus low in our local community; sending money to local professionals and providers to focus on prevention is better than sending money to international pharmaceutical companies. Our immune systems are enough. Our bodies were designed to be robust and heal itself and thrive. The combination of eating well (meat and vegetables, nuts and seeds, some fruit, little starch, and no sugar, and keeping intake to levels that support exercise and not chronic disease) and continuing to pursue higher levels of fitness creates, supports, and even re-generates an effective immune system. Devoting more of the budget to fund more paid positions for professional nutrition and fitness coaches for example, to run the existing (and more) Fit and Fall Proof program for Senior	10/19/2024 11:13 AM

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Citizens statewide would pay off in dividends. All the state's health districts should be partnering with their local gyms and nutrition, fitness, and health coaches and trainers would be a huge step in the right direction to unify and attack the root cause. The mRNA product used to immunize people for Coronavirus-19 is just a band-aid. Teaching and guiding others to breathe, hydrate, eat, and move well and helping to revitalize and re-focus our culture to prioritize that as the foundation in our lives should be the main objective of SWDH, and I hope to be a partner with SWDH in that. I am already doing this with CDH in hosting Fit and Fall Proof classes locally in Boise 2 days a week for half a year now, and the changes that these Senior Citizens I and they are seeing and experiencing are not only miraculous, but as expected. We can do more of the same to a higher degree for everyone in our state. Recommending the mRNA product for immunization from Coronavirus-19 is not necessary if we all focus on the right things. I invite you to take a look at this video:  
<https://youtu.be/FgnukiqovaA> Albert Lu, BS, CCFT/CF-L3, CRTS, PN-1  
 albert@audaciousfitness.com

236	My uncle had a double stroke the day after receiving the Johnson & Johnson Covid vaccine. His doctor admitted it was from the vaccine as well as a full floor of patients that had a reaction. No to COVID vaccines!	10/19/2024 11:08 AM
237	Covid/mRNA injections did not work as originally presented. People are still becoming seriously injured or dying from their side effects. The time to terminate them from the vaccine schedule and public access is now. It's time to embody the Hippocratic Oath and do no harm. End administering and general promotion of mRNA injections posthaste.	10/19/2024 11:07 AM
238	End covid vaccines they have caused more harm than good. We are the long term effects of heart problems and many other dis ease	10/19/2024 11:06 AM
239	Covid vaccine is a hoax and is being pushed by big pharma and all the politicians and people who are invested with them. The vaccine does not work, the last few years have proven this. The China virus was created in a lab and may or may not have been put out as a test or as a means to make billions. This needs to end.	10/19/2024 11:04 AM
240	COVID-19 vaccines are completely unnecessary! No one needs these dangerous toxins in their body.	10/19/2024 11:03 AM
241	Take the recommendation of the COVID 19 vaccination off the recommended childhood schedule immediately!!	10/19/2024 11:03 AM
242	The covid-19 shots have been a failure to protect people. I know more people who have had harms from the shot and it has not even protected the vulnerable from getting covid! Please stop this madness and vote against promoting a shot that has failed to protect us!	10/19/2024 11:02 AM
243	Just say NO to more toxic shots which have killed more people than any other "vaccine". Stop wasting taxpayer money on a scam that is harming people.	10/19/2024 11:01 AM
244	Please discontinue these dangerous vaccines!	10/19/2024 10:59 AM
245	I have lost three family members, 3 neighbors and I know Of 6 people who have either died or are battling cancer since taking the Covid jabs. Two young people I know under age 22 are battling blood clots. A friends employee paralyzed from the neck down. All took the jabs . I have Seen more death and illness in the last 3 years than in the 60 years prior . These mandates are genocide. Please for the sake of humanity STOP these vaccines!	10/19/2024 10:56 AM
246	I have no desire to go backwards I will not ever consent to a test I will not ever consent to any Injection of any kind into my body (my choice) I implore you to not enforce this policy onto society ever again Too many have been negatively affected as society has witnessed. Do better Idaho Stop the insanity	10/19/2024 10:54 AM
247	The Covid19 vaccines are dangerous. They cause myocarditis and many other health issues. They need to be banned.	10/19/2024 10:54 AM
248	Please eliminate the requirement for COVID-19 vaccines. No vaccine requirements should be needed; if we are a free society, let us choose for our own vessel/body what is good and necessary for each of our bodies. If masks and sanitation supposedly helps let us decide for ourselves if we ought to mask up or apply chemicals hand sanitizer to our skin(which is an organ). Let us look at statistics and compare our own health concerns to the efficacy of this injection. If the vaccine works and you choose to get it, why are you afraid of catching it from an unvaccinated person? Loving our neighbors should never require forced action or coercion;	10/19/2024 10:52 AM

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especially not from any government agency. We are freethinking People and amassed in this land in the United States of America and Idaho; we do not have the inability to make decisions for ourselves. Please lift the burden of compliance and allow us to truly be free in the Nation that claims freedom as Her torch and reason that we came to be.

249	<a href="https://gettr.com/post/p3ccq463c6b">https://gettr.com/post/p3ccq463c6b</a>	10/19/2024 10:47 AM
250	Given Covid in children has virtually no risk of death and children given the vaccine have had an increase in cardiac issues, I strongly do not support recommending children of any age get this vaccine.	10/19/2024 10:46 AM
251	I 100% support the DISCONTINUATION of the covid 19 shot from the vaccination schedule. I sincerely ask that you do the same.	10/19/2024 10:46 AM
252	I would love to see an end to the recommendation of the Covid vaccine! It is unsafe and does not even prevent Covid. Should not have ever been used and does not belong on any vaccine schedule.	10/19/2024 10:44 AM
253	How can you encourage and push the public to take the COVID vaccine when we still don't know the extent of the many side effects? Will you inform the public of the serious side effect of myocarditis in children? There has not been transparency around this vaccine and our own government agency, FDA, fought in a legal case to suppress the information from the vaccine trials. Until there can be honest discussions about the side effects and true informed consent, no government agency should recommend this vaccine to the public. I do not consent to my tax dollars paying for an experimental vaccine that lacks safety trials, transparency of serious side effects and no informed consent.	10/19/2024 10:43 AM
254	To Southwest District Health Board, I am an Idaho father, husband, business owner and board certified Chiropractic Physician. You have a chance to correct the course and repair the trust that has been lost since the COVID crisis began. The data at this point is overwhelmingly clear that further mRNA vaccination programs are unnecessary and harmful. You have a responsibility to help protect the citizens of SW Idaho from illness, including illness caused by modern medicine. Your judgement should be blind to special interests and should look at emerging data, data we didn't have in the height of the crisis, with an open mind. If you are willing to set aside bias and look honestly at what the data shows, you will find compelling reasons to remove COVID mRNA vaccines from the Idaho Schedule. I pray that you will have the courage to do what is right to protect the citizens of SW Idaho regardless of which powerful special interest it will offend. Do that and you will have served the people of this great State and protectes them from harm. Sincerely, Dr. Andrew L. Rostenberg, D.C., DIBAK	10/19/2024 10:38 AM
255	I am in utter disbelief that the covid19 "vaccination" is still being pushed in the state of Idaho. It is wrong to push medicine on children who are not at risk to begin with. It is downright evil to push an intervention which has been repeatedly proven to be neither safe nor effective.	10/19/2024 10:37 AM
256	I am against any promotion or incentive for taking or administering the vaccine. I am also against any restrictions or retaliation for those without the vaccine. Vaccines are a personal medical choice and are not in scope of the government to regulate for any reason.	10/19/2024 10:37 AM
257	These shots have caused nothing but harm and death. They should be removed and made unavailable to all humankind.	10/19/2024 10:35 AM
258	I am 100% against this vaccine and would love to see it discontinued	10/19/2024 10:35 AM
259	America is a FREE country last I checked. Please do not put people in a position where they have to make a decision that puts them in legal jeopardy. A recommendation is fine, but please never make it mandatory. My body, my choice, right?	10/19/2024 10:34 AM
260	COVID 19 vaccine hasn't proven to stop transmission. This is still a shot being studied (see the site in Meridian) for its effects. Testing is ongoing. An experimental drug should not be required for anyone.	10/19/2024 9:57 AM
261	To whom it may concern: I am writing to oppose the covid 19 vaccine being included in the vaccine schedule for Canyon and surrounding counties. I also oppose tax payers funding this proposal.	10/19/2024 9:46 AM
262	mRNA COVID-19 vaccines have been associated with an excess risk of serious adverse events, including coagulation disorders, acute cardiac injuries, Bell's palsy, and encephalitis. This risk was 1 in 550 individuals, which is much higher than other vaccines. Recommending the Covid vaccine, especially to little children is the exact opposite of acting in the interest of	10/19/2024 9:43 AM

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public health. You ask us often to follow the science, why aren't you following the science? not only has his vaccine proven to be dangerous, but we still don't know the long-term effects of mRNA vaccines. Shame on you!!! Put our children and our citizens first, Not your work establishment policies.

263	Do not require the Covid shot . It's our body our choice !	10/19/2024 9:12 AM
264	Thousand of kids and adults after receiving this vaccine. Please no COVID vaccine for kids!!! To experimental even more so after all the mysterious deaths after receiving the vaccine. Thx	10/19/2024 9:04 AM
265	Do not Californicate Idaho! No to mandatory COVID vaccinations! Two inlaws got four and three shots each and BOTH caught COVID! Two of my daughter's 40 year old friends died of myocarditis after getting the jabs! This is another money grab as well!	10/19/2024 9:03 AM
266	There have been numerous side effects and deaths related to the Covid vaccine. An increase in the auto immune condition Postural orthostatic tachycardia syndrome (POTS) in children and adolescents. This condition causes your heart to race in the 120-180 heart rate range and for your blood pressure to bottom out. This is debilitating! Say NO to the covid vaccine in our children and adolescents! Heather Davidson, BSN, RN	10/19/2024 8:53 AM
267	Please terminate the the C-19 vaccine as part of the vaccine schedule. I personally have known many friends and family that have been hurt by them. I have never known children and your adults to suffer from the heart problems and cancers that have exploded since the vaccines started being administered. Please help protect our children and grand children.	10/19/2024 8:48 AM
268	COVID shots don't work; everybody knows that. Why is it OK to mandate them?	10/19/2024 8:38 AM
269	DO NOT ADD THIS VACCINE TO THE SCHEDULE!!! I personally have 2 in my family that suffered horrible side effects & 2 who were in cancer remission then suddenly both returned THE SAME WEEK post vaccine. DO NOT ALLOW.	10/19/2024 8:29 AM
270	Please stop requiring that children or anyone should take these so-called Covid vaccines. They have caused far more harm than good!!!	10/19/2024 8:28 AM
271	I am against purchasing, promoting and administering COVID-19 "vaccines ". Why is our tax monies going to this crazy, full of side effects shot??	10/19/2024 8:17 AM
272	In America we have 5 states suing Pfizer because of their covid vaccine. Efficacy of the vaccine was a lie. It didn't prevent you from spreading covid, it didn't prevent you from getting it, people died from taking the vaxx, miscarriages were caused by it and of course myocarditis and pericarditis in thousands of people. This is not a safe and effective drug at all, and should have never been given to the people. Especially without lengthy research. Idaho is a strong conservative state and we should stand with these 5 states-Texas, Utah, Kansas, Mississippi, and Louisiana. Let's Take a note From the Amish community who declined the Covid vax and their community survived the pandemic well with no residual health issues. Keep Idaho and its citizens healthy, covid vaccine has no place in our vaccine schedules.	10/19/2024 8:14 AM
273	Rather than continuing to overload our bodies with unnatural substances that may or may not benefit our health. I think that it would be more wise to use our tax dollars for less harmful methods of health care. The Covid Vaccine has not proven to be very effective in saving the lives or even keeping those who have been vaccinated healthy. There needs to be a more thorough and honest look at what is being recommended/required of especially the most vulnerable in our communities. Thank you to those who are trying to effect this matter in a positive way, that gives us as Americans and Idahoans a choice of how our tax dollars are used and what goes into our bodies.	10/19/2024 7:56 AM
274	There is ample evidence now proving that I made the right decision to NOT get "vaccinated" with this dangerous Covid shot! It, as well as many other proven dangerous drugs, must be taken OFF the market and never given to any persons, especially NOT OUR CHILDREN!!	10/19/2024 7:48 AM
275	I am begging you, take these harmful COVID shots off the schedule and off the market. There's overwhelming evidence of harm, so little of benefit. I could provide hundreds of links but this message would be much too long. Instead, I offer two: 1. Covid Essential Links: <a href="https://eolson47.substack.com/p/covid-essential-links">https://eolson47.substack.com/p/covid-essential-links</a> 2. Idaho's County Commissioners Advise Against Gene Therapy Shots. Includes tools. How you can help in your own state or county: <a href="https://eolson47.substack.com/p/idaho-county-commissioners-advise">https://eolson47.substack.com/p/idaho-county-commissioners-advise</a> Thank you for your attention. We will be watching and praying for you to make the right decision.	10/19/2024 7:02 AM
276	The Covid-19 vaccine has proven over and over to be harmful and life threatening to so many.	10/19/2024 6:53 AM

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How could you possibly in good conscience recommend this to the public. It should be banned!

277	Thank you for standing up to this awful mandate. We were forced to leave Hawaii because we refused and were refused any medical treatment by the military and civilian doctors. We moved here to Idaho for freedom so this stuff infuriates me. God Bless you and your team. I'm praying for you.	10/19/2024 6:26 AM
278	Please remove covid 19 from the vaccine requirements especially for children under 18	10/19/2024 6:16 AM
279	There is ample evidence that the COVID 19 shot is not only ineffective but that it has caused great harm. I personally know three dozen people who were adversely affected including myocarditis, AMI and DVT. I also personally know four who died shortly after getting it. My personal testimony is not unique. Furthermore, I know several who are no longer able to work bc they were injured by it and finally several who also lost their employment bc they refused it. We do not want it to be mandatory in Idaho.	10/19/2024 6:12 AM
280	Good Morning - I am submitting this public comment on behalf of my husband and I both. My husband and I knew from the beginning of Covid that "something" didn't feel right. We heard story after story of how dangerous and deadly Covid was, however big box stores remained opened while small businesses were told to "close for everyone's safety." My father lived through Covid without ever taking the Covid vaccine and his immune system kept him healthy. I understand that wasn't true for everyone due to underlying health conditions they had. Pushing this vaccine on anyone especially babies and children is inconceivable. We implore you to vote against making this vaccine mandatory. We as Americans have the right to decide what we allow to be put into our bodies, and as parents the same for our children.	10/19/2024 6:01 AM
281	Please vote to terminate the Covid vaccine mandate. Individuals should make the choice of having the shot or not. My body, my choice. Parents should have the choice of choosing or not choosing to have their children vaccinated. My tax dollars should not go towards vaccines that an individual should pay for themselves if they want it.	10/19/2024 5:50 AM
282	Please stop recommending and purchasing the Covid-19 shot! It's killing people and injuring others.	10/19/2024 12:49 AM
283	There is sufficient evidence to show more people were harmed or killed by the vaccine, boosters and other hospital protocols. Assuring success in ending lives.. no one was able to have an advocate. Many of us have horrible stories of loved ones dying as nurses followed instructions to administer deadly treatments. Susan Angermeier Frenette	10/18/2024 11:47 PM
284	Please please stop the covid shot!! It has hurt so many people and it doesn't help! People still get covid. AND many have gotten cancer of various kinds from the shot! It has so much heavy metals and poisons in it! Please stop !!!!!	10/18/2024 11:19 PM
285	No vaccines are safe and especially not this one. Please stop attacking people's immune system with this vaccine. I am a nurse in idaho. It needs to stop.	10/18/2024 10:55 PM
286	Vote no, on the C-19 shot requirement.	10/18/2024 10:25 PM
287	I am writing to encourage you to consider leaving the COVID Vaccine off of the required vaccines list. It is unnecessary for young people and has far too many side effects to be a requirement. Thank you, Marchand Hovrud	10/18/2024 9:53 PM
288	If it's "my body, my choice" why are we being forced to take this vaccine?	10/18/2024 9:36 PM
289	Quit injuring people, quit harming people, quit lying to people, quit deluding yourselves, quit killing people.....END THE COVID 19 POISON SHOT....	10/18/2024 9:30 PM
290	I am adamantly opposed to any future mandates about dangerous injections. Scientific Evidence continues to show without a doubt that the alleged "vaccines" did nothing to stop the spread of COVID, while also causing irreparable harm to thousands if not millions of unsuspecting citizens. It is imperative to respect the constitutional rights of people to have medical autonomy over their own bodies and the freedom to make their own choices.	10/18/2024 9:26 PM
291	I do not believe this program is needed and do not want my tax dollars wasted on such a program. Please don't spend our tax dollars on something that, if someone who wants it, they can EASILY access the product.	10/18/2024 9:23 PM
292	test 10/17/2024 1:53 p.m.	10/17/2024 1:54 PM



**Board of Health Meeting**  
 Tuesday, October 22, 2024, 9:00 a.m.  
 13307 Miami Lane, Caldwell, ID 83607

Public comments specific to an agenda item for the October 22, 2024 Board of Health meeting can be submitted [here](#) or by mail to: SWDH Board of Health, Attn: Administration Office, 13307 Miami Lane, Caldwell, ID, 83607. The period to submit public comments will close at 9:00 a.m. on Monday, October 21, 2024. The meeting will be available through live streaming on [the SWDH You Tube channel](#).

**Agenda**

	<u><b>A = Board Action Required</b></u>	<u><b>G =Guidance</b></u>	<u><b>I = Information item</b></u>
9:00	A	Call the Meeting to Order	Chairman Kelly Aberasturi
9:01		Pledge of Allegiance	
9:02		Roll Call	Chairman Kelly Aberasturi
9:04	A	Call for Changes to Agenda; Vote to Approve Agenda	Chairman Kelly Aberasturi
9:05	I	Executive Session Pursuant to Idaho Code 74-206(b)	Chairman Kelly Aberasturi
9:15		In-Person Public Comment	
9:20	I	Open Discussion	
9:25	I	Introduction of New Employees	
9:30	A	Approval of September 17, 2024 minutes	Chairman Kelly Aberasturi
9:32	I	Director's Report	Nikki Zogg
		- Idaho Association of Public Health District Directors Meeting	
		- Public Health Symposium – December 17, 2024, 9:00 a.m.	
		- Idaho Association of District Boards of Health Meeting and Proxy Forms	
9:50	A	Expenditure and Revenue Reporting Timeline	Nikki Zogg
10:00	I	September 2024 Expenditure and Revenue Report	Troy Cunningham
10:10	I	Quarterly Contracts and Revenue Report Status Update	Troy Cunningham
10:20	I	Social Security Administration 218 Participation Vote Next Steps	Don Lee
10:30	A	Family and Medical Leave/Foster Care Benefit	Don Lee
10:40	A	WIC Lease Agreement Approval	Beth Kriete
10:50		Break	
11:00	A	COVID-19 Vaccine Availability at SWDH Clinics	Chairman Kelly Aberasturi
		- 11:05 SWDH Staff	Dr. Perry Jansen
		- 11:25 Board of Health Physician Representative and Guests	Dr. John Tribble
		- 11:45 Discussion and Decision	
12:00		Adjourn	

**NEXT MEETING:** Tuesday, November 19, 2024 – 9:00 a.m.

***Healthier Together***

13307 Miami Lane ● Caldwell, ID 83607 ● (208) 455-5300 ● FAX (208) 454-7722



**BOARD OF HEALTH MEETING MINUTES**  
**Tuesday, September 17, 2024**

**BOARD MEMBERS:**

Jennifer Riebe, Commissioner, Payette County – present  
Lyndon Haines, Commissioner, Washington County – present  
Zach Brooks, Commissioner, Canyon County – present  
Kelly Aberasturi, Commissioner, Owyhee County – present  
Viki Purdy, Commissioner, Adams County – present  
John Tribble, MD, Physician Representative – present  
Bill Butticci, Commissioner, Gem County – present

**STAFF MEMBERS:**

In person: Nikki Zogg, Katrina Williams, Don Lee, Rick Stimpson, Troy Cunningham,  
Virtual attendees: Jeff Renn

**GUESTS:** None

**CALL THE MEETING TO ORDER**

Chairman Kelly Aberasturi called the meeting to order at 9:02 a.m.

**PLEDGE OF ALLEGIANCE**

Meeting attendees participated in the pledge of allegiance.

**ROLL CALL**

Chairman Aberasturi – present; Dr. John Tribble – present; Commissioner Purdy – present via Teams ;  
Vice Chairman Haines – present via Teams; Commissioner Brooks – present; Commissioner Riebe –  
present; Commissioner Butticci – present.

**REQUEST FOR ADDITIONAL AGENDA ITEMS AND APPROVAL OF AGENDA**

Chairman Kelly Aberasturi asked for additional agenda items. Board members had no additional agenda items or changes to the agenda.

**MOTION:** Commissioner Brooks made a motion to approve the agenda as presented. Dr. Tribble seconded the motion. All in favor; motion passes.

**IN-PERSON PUBLIC COMMENT**

Staff reported no members of the public present to provide in-person public comment, and no public comments submitted via the online public comment survey mechanism. Staff also reported that last month the online public comment mechanism was not checked prior to the meeting and two comments regarding the resolution in opposition of legalization of marijuana were received. Those comments are included today in board members' front left binder pocket for review.



### **INCIDENT COMMAND SYSTEM FOR GOVERNMENT OFFICIALS**

Ricky Bowman, Public Health Emergency Preparedness and Epidemiology Response (PHEPER) Program Manager and Molly Smith, Training and Exercise Coordinator, provided a workshop covering Incident Command System (ICS) for government officials. The goal of this workshop is to complete the board's request to further develop board member skills in public health emergency response, gain an understanding of public health authorities and the board's responsibility for policy setting, and future training needs. Board members completed the one-hour workshop.

### **OPEN DISCUSSION**

There were no items for open discussion.

### **APPROVAL OF MEETING MINUTES – AUGUST 27, 2024**

Board members reviewed meeting minutes from the August 27, 2024 meeting.

**MOTION:** Commissioner Brooks made a motion to approve the August 27, 2024 meeting minutes as presented. Commissioner Butticci seconded the motion. All in favor; motion passes.

### **AUGUST 2024 EXPENDITURE AND REVENUE REPORT**

Troy Cunningham, Financial Manager, presented the August 2024 Monthly Expenditure and Revenue Report. Troy was successful in establishing a trial balance in Luma. He explained that the fund balances are impacted from May and June billings that were completed in July due to the billing ability being cut off in Luma prior to the end of fiscal year 2024. County contributions are on target. Troy explained that contract revenue is also currently high due to the timeline of billings in July. Personnel expenditures remain on target.

Troy reported that Western Idaho Community Crisis Center (WIDCCC) activity is impacted by the shift in payments coming from Idaho Department of Health and Welfare (IDHW) and third-party payers to a flat monthly payment from Magellan, the new behavioral health managed care provider. In addition, the crisis center operating expenses appear alarmingly high due to invoices being coded as operating rather than Trustee and Benefits. Troy explained that Trustee and Benefits are funds that SWDH receives and then passes through to an organization in the community to complete the work. In this instance, Clarvida, the WIDCCC operator, receives these funds.

Troy also reported that activity for Western Idaho Youth Support Center (WIYSC) shows that the committed funds from the Idaho Department of Juvenile Corrections have been received. Personnel expenditures are right on target. Operating expenses are slightly low.

### **CARRYOVER FUND RECOMMENDATION**

Troy presented a Fiscal Year 2024 carryover funds request and recommended that the difference between committed and restricted funds of \$292,903 be committed to the facilities improvement activities. Board members asked if there is an ideal balance we try to keep in the facilities improvement fund. Troy explained that the balance is usually maintained at about \$750,000. Nikki added that the fund balance dropped after paying for unexpected building re-siding at the Caldwell SWDH location several years ago.

Dr. Tribble asked if recruiting clinical providers and staff is still a challenge. Beth responded that currently the clinic is at full staff. Providers, clinical assistants and dietitians work out of the Caldwell location and travel to the satellite offices as scheduled. Dr. Tribble suggested if there is no urgent

pressing need for the money, it may be beneficial to provide some of those funds as a bonus for hard to recruit staff to improve recruitment and retention.

**MOTION:** Commissioner Butticci made a motion to approve the carryover fund recommendation for \$292,903 to the Facility Improvements fund as requested. Commissioner Riebe seconded the motion. All in favor; none opposed. Motion passes.

### **BEHAVIORAL HEALTH SERVICES FEE SCHEDULE**

Beth Kriete, Family and Clinic Services Division Administrator, shared a proposal for adding behavioral health services to Southwest District Health. She noted that the 2023 Community Health Needs Assessment identified behavioral health as a top priority. Mental health and substance misuse were a consistent theme on the needs assessment surveys. All counties in District 3 as well as statewide are considered to be mental health professional shortage areas as of 2023 based on Healthcare Professional Shortage Data. In 2021, Idaho tied for 12th highest suicide rate in the country.

Beth explained that the behavioral health services will serve youth, families and individuals with a prioritization of clients already being served through Women Infants and Children (WIC) program, Parents as Teachers (PAT), and Nurse Family Partnership (NFP).

Beth shared the proposed fee schedule and asked for Board approval. She explained that the behavioral health staff are currently working to complete the credentialing process. By December, the team hopes to be able to see patients. When a client does not have insurance, the fee for service would be determined by the sliding fee schedule according to federal poverty guidelines. Commissioners Riebe and Butticci expressed support of offering this behavioral health service.

Beth also explained that 25% of the behavioral health services budget would be supported by counties for this fiscal year only and after services ramp up, Medicaid and private insurance reimbursements should be enough to keep the program self-funded. Program revenue will be monitored. Beth noted that when Central District Health began offering behavioral health services it took a while to share out the information, offer the service, and get participant engagement.

**MOTION:** Commissioner Butticci made a motion to accept the behavioral health service fee as scheduled. Commissioner Riebe seconded the motion. All in favor; none opposed. Motion passes.

### **FIT AND FALL PROOF™ OVERVIEW**

Daniel Adams, Health Education Specialist, Senior, presented a program overview for Fit and Fall Proof™. September is healthy aging month and falls prevention awareness month. He shared that the program objectives include a better understanding of the definition of falls, the risk factors and consequences of falls, as well as the resources available in District 3.

In the U.S., an older adult (aged 65 and older) falls every second resulting in 36 million falls per year and 32,000 deaths per year. These fall-related deaths are the leading cause for unintentional injury deaths of older adults in the U.S. Fall risk is increased by use of medication and is an increased risk among people with Parkinsons and dementia. Dr. Tribble asked for information on the correlating factor and asked why are more people dying after falling. Is it that use of medication and people with Parkinsons or dementia has changed or are we saying we just have more people that use medication and suffer from Parkinsons or dementia? Daniel will provide a response to Dr. Tribble's questions at the next Board meeting. Dr.

Tribble stated that he expects the total numbers to go up as we increase population but if the actual rate of people dying when they fall is increasing, that is alarming.

Aside from physical injury, effects of falls also include medical costs and psychological impacts within our communities. Some of the risk factors are modifiable and preventing falls is a team effort. Modifiable risk factors include home health safety checks to address items such as loose throw rugs in living rooms or bathrooms, grab bars in bathroom, improved lighting, and help accessing vision and hearing screening.

The Fit and Fall Proof™ program exercises can be modified so participants with a cane or walker can still participate. Classes are held two to three times per week for 45 to 60, which meets recommended guidelines for physical activity with two of those days being strength activities. The classes are organized into 10-week sessions. Class locations determine frequency of classes, but most classes are consecutive. Once a 10-week session is completed, participants begin another session. Classes are in a variety of locations such as recreation centers, senior centers, libraries, schools, and churches.

Progress is measured through a timed up and go assessment which has a participant sit in a chair with a cone 8 feet out from the chair and timing standing up, navigating to the cone, turning around and getting back to the chair. These assessments are taken at the beginning and end of each session. Boise State University compiles a quarterly and annual report showing the results of each health district as well as statewide data.

Benefits of class participation include maintaining independence, improving muscular strength, flexibility, balance and posture improvement, and improved mobility, endurance, and walking gait. Currently, classes in southwest Idaho are offered at 23 active class locations by 79 trained volunteer leaders and had 436 participants during quarter 3 of 2024. 86% of participants are female.

Dr. Tribble asked if we have local level data on fall deaths and if we have tracked fall rates over the decade this program has been implemented. Dr. Tribble also asked if we have data showing efficacy or a delayed fall risk. Daniel will work to provide follow up information to respond to Dr. Tribble's questions.

Commissioner Riebe asked about expansion of classes to more locations. Daniel explained that as funding allows, the program will seek opportunities to expand. Class leaders are volunteers and sometimes health or other circumstances prevent them from continuing on. In those instances, the location and instructor might change.

#### **2025 IDAHO ASSOCIATION OF DISTRICT BOARDS OF HEALTH (IADBH) MEETING DATES**

Discussion and planning for the 2025 IADBH meeting hosted by District 3 next year will be carried over to a future agenda.

#### **DIRECTOR'S REPORT**

##### **Idaho Association of Counties (IAC) Fall Conference: The Role and Responsibilities with local public health and other agencies (September 23)**

Nikki shared that the IAC Fall Conference is next week and public health district directors will be presenting information on the roles and responsibilities of local public health districts with other

Board of Health Meeting Minutes  
September 17, 2024

government agencies at 4pm in Room 110 CD on Monday, September 23. Nikki will be presenting the information and moderating the question-and-answer session.

**IADBH Fall Conference Registration and Proxy Forms**

The fall IADBH meeting is scheduled for October 22-24, 2024 in Idaho Falls hosted by District 7. The discussion of and voting on resolutions is scheduled at 2pm on October 24. Katrina will help Board members coordinate travel. Proxy forms will be available for board members unable to attend.

There being no further business, the meeting adjourned at 12:11 p.m.

Respectfully submitted:

Approved as written:

Nikole Zogg  
Secretary to the Board

Kelly Aberasturi  
Chairman

Date: October 22, 2024



# SOUTHWEST DISTRICT HEALTH

## REVENUES & EXPENDITURE REPORT FOR FY2025

Sept 2024

*Cash Basis*

Target **25.0%**

Fund Balances		
	FY Beginning	Sept 2024 Ending
General Operating Fund	\$ 636,900	\$ 779,912
LGIP Operating	\$ 6,938,818	\$ 7,047,142
LGIP Vehicle Replacement	\$ 108,497	\$ 109,924
LGIP Capital	\$ 1,299,174	\$ 1,299,174
<b>Total</b>	<b>\$ 8,983,390</b>	<b>\$ 9,236,152</b>

Income Statement Information			
	YTD		Month
Net Revenue:	\$ 3,936,954	\$ 799,478	
Expenditures:	\$ (3,012,290)	\$ (805,992)	
Net Income:	<b>\$ 924,664</b>	<b>\$ (6,514)</b>	

Revenue								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget	Percent Budget to Actual
County Contributions	\$ 254,509	\$ -	\$ -	\$ -	\$ 254,509	\$ 771,494	\$ 3,122,831	25%
Fees	\$ -	\$ 79,482	\$ 116,952	\$ -	\$ 196,434	\$ 436,365	\$ 1,704,841	26%
Contract Revenue	\$ -	\$ (91,695)	\$ 325,084	\$ 78,008	\$ 311,397	\$ 2,286,667	\$ 6,257,743	37%
Sale of Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%
Interest	\$ 37,138	\$ -	\$ -	\$ -	\$ 37,138	\$ 109,750	\$ 337,850	32%
Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 332,677	\$ 1,656,666	20%
Monthly Revenue	<b>\$ 291,647</b>	<b>\$ (12,213)</b>	<b>\$ 442,036</b>	<b>\$ 78,008</b>	<b>\$ 799,478</b>	<b>\$ 3,936,954</b>	<b>\$ 13,079,931</b>	<b>30%</b>
Year-to-Date Revenue	<b>\$ 882,162</b>	<b>\$ 828,314</b>	<b>\$ 1,984,522</b>	<b>\$ 241,956</b>	<b>\$ 3,936,954</b>	DIRECT BUDGET		

Expenditures								
	Office of the Director	Clinic Services	Env & Community Health	District Operations	Total	YTD	Total Budget <small>*Shift personnel savings down*</small>	Percent Budget to Actual
Personnel	\$ 26,208	\$ 290,302	\$ 238,484	\$ 114,688	\$ 669,682	\$ 2,227,714	\$ 9,324,880	24%
Operating	\$ 2,661	\$ 24,651	\$ 25,191	\$ 81,275	\$ 133,778	\$ 774,437	\$ 2,403,122	32%
Capital Outlay	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 80,000	0%
Trustee & Benefits	\$ -	\$ -	\$ 2,532	\$ -	\$ 2,532	\$ 10,139	\$ 1,271,929	1%
Monthly Expenditures	<b>\$ 28,868</b>	<b>\$ 314,954</b>	<b>\$ 266,207</b>	<b>\$ 195,963</b>	<b>\$ 805,992</b>	<b>\$ 3,012,290</b>	<b>\$ 13,079,931</b>	<b>23%</b>
Year-to-Date Expenditures	<b>\$ 118,050</b>	<b>\$ 1,414,363</b>	<b>\$ 902,063</b>	<b>\$ 577,813</b>	<b>\$ 3,012,290</b>	DIRECT BUDGET		

**SOUTHWEST DISTRICT HEALTH - ADULT CRISIS CENTER ACTIVITY**  
**REVENUES & EXPENDITURE REPORT FOR FY2024**

Sept 2024



*Cash Basis*

Target **25.0%**

**Adult Crisis Activity - Fund 29001**

**Income Statement Information**

	YTD	Month
Net Revenue: \$	612,546	\$ 250,000
Expenditures: \$	(331,553)	\$ (122,629)
Net Income: \$	280,993	\$ 127,371

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Contract Revenue	\$ 250,000	\$ 612,546	\$ 1,020,000	60%
Monthly Revenue	\$ 250,000	\$ 612,546	\$ 1,020,000	60%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 1,706	\$ 5,850	\$ 18,870	31%
Operating	\$ 120,924	\$ 325,703	\$ 77,495	420%
Capital Outlay	\$ -	\$ -	\$ -	0%
Trustee & Benefits	\$ -	\$ -	\$ 923,635	0%
Monthly Expenditures	\$ 122,629	\$ 331,553	\$ 1,020,000	33%
DIRECT BUDGET				

# SOUTHWEST DISTRICT HEALTH - YOUTH CRISIS CENTER ACTIVITY

Sept 2024

## REVENUES & EXPENDITURE REPORT FOR FY2024

*Cash Basis*

Target **25.0%**



### Income Statement Information

	<u>YTD</u>	<u>Month</u>
<b>Restricted Funds:</b>	\$ 1,336,691	\$ -
<b>Net Revenues:</b>	\$ 410,650	\$ 252,500
<b>Expenditures:</b>	\$ (563,772)	\$ (359,887)
<b>Net Income:</b>	\$ 1,183,569	\$ (107,387)

## Youth Crisis Activity - Fund 29002

Revenue				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Carry Over Restricted	\$ -	\$ 1,336,691	\$ 1,336,691	100%
Other (Donations & Grants)	\$ -	\$ -	\$ -	0%
Contract Revenue	\$ 252,500	\$ 410,650	\$ 355,750	115%
Monthly Revenue	\$ 252,500	\$ 1,747,341	\$ 1,692,441	103%
DIRECT BUDGET				

Expenditures				
	Crisis Center	YTD	Total Budget	Percent Budget to Actual
Personnel	\$ 10,207	\$ 45,687	\$ 221,775	21%
Operating	\$ 125,162	\$ 216,991	\$ 717,973	30%
Capital Outlay	\$ 149,352	\$ 215,972	\$ -	<b>0%</b>
Trustee & Benefits	\$ 75,165	\$ 85,121	\$ 752,693	11%
Monthly Expenditures	\$ 359,887	\$ 563,772	\$ 1,692,441	33%
DIRECT BUDGET				






# CONTRACTS & SERVICES REPORT

QUARTERLY UPDATE

SOUTHWEST DISTRICT HEALTH  
13307 Miami Ln., Caldwell, ID 83607





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## Purpose of Public Health

The purpose of governmental public health can be described as:

- Prevent epidemics and spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of services

## Foundational Public Health Services

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of foundational capabilities and foundational areas that must be available in every community. This framework aligns with the Idaho legislature’s intent for public health districts. Idaho’s public health districts will provide the basic health services of public health education, physical health, environmental health, and public health administration, but this listing shall not be construed to restrict the service programs of the district solely to these categories (IC 39-409).

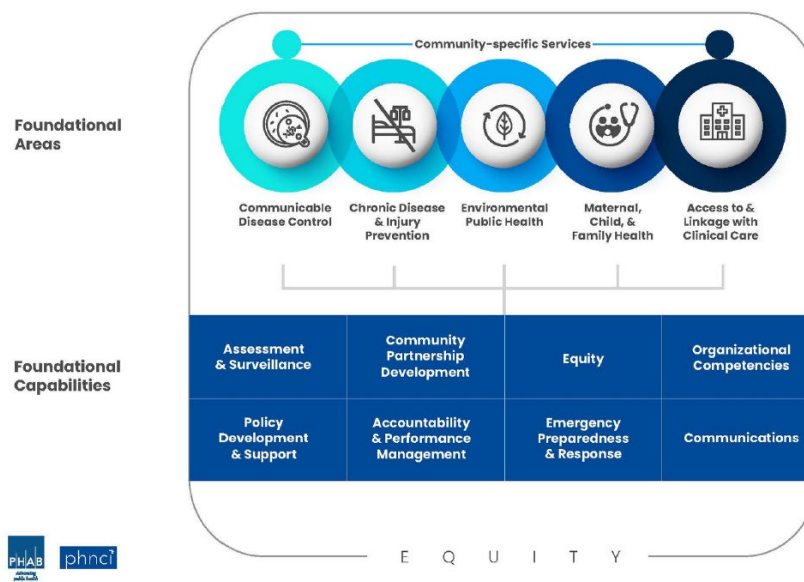
### Foundational Areas

Foundational Areas are basic public health topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

### Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health and well-being.

## Foundational Public Health Services



## Essential Public Health Services

The 10 Essential Public Health Services provide additional detail and serve as a framework for SWDH to ensure we are maintaining the technical skills, knowledge, and capacity to accomplish the work the public expects of its local public health authority with excellence.

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health



## Contract Agreements & Services - FY25

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required <small>(taken from FY24 budget)</small>	Contract #	Effective Dates
Public Health Infrastructure	Infrastructure	\$401,987	This subgrant provides funding for a variety of public health infrastructure purposes such as workforce development, performance management, quality improvement, and communications, and building public health capabilities like data collection, evaluation, and analytical tools.	Federal	IDHW	-	-	Accountability and Performance Management	EPHS 8, 9 & 10	2.5	HC5502	07/01/2024 - 06/30/2025
STD/HIV Prevention Activities	STD	\$427,237	This subgrant enhances access to clinical services, HIV testing, partner services, linkage to care, and STD Testing.	Federal	IDHW	-	-	Communicable Disease	EPHS 2 & 7	0.68	HC1416, HC2650	01/01/2022 - 12/31/2024
Women's Health Check	Cancer Prevention	\$19,920	This subgrant expands access to cancer prevention awareness through client reminders, provider referrals, small media, and collaboration with other community and non-profit organizations.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 7	0.51	HC5566	06/30/2024 - 06/29/2025
State Supplied Immunizations and High Risk Seasonal Flu Vaccine	Immunizations	\$82,306	This subgrant funds activities such as marketing, promotion, and education in direct support of increasing immunization rates in Idaho, including populations at high-risk for severe illness or premature death. Funds also support site visits to immunization clinics to assess their general knowledge, provide technical assistance, and education.	Federal & State	IDHW	-	-	Communicable Disease Control	EPHS 7	1.44	HC5544	07/1/2024 - 06/30/2025
Oral Health	Oral Health	\$42,000	This subgrant expands capacity for dental screenings to school based clinics and parent education.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 4 & 7	1.07	HC2838, HC3539	07/01/2023 - 06/30/2025
State Actions to Improve Oral Health	Oral Health	\$26,275	This subgrant expands capacity to coordinate school-based/linked dental sealant clinics to children and adolescents in elementary and middle schools to improve oral health and reduce the risk for chronic diseases.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 4 & 7	0.2	HC3188	09/01/2024 - 08/31/2025
Nurse Family Partnership	Home Visiting	\$448,024	This subgrant funds a portion of the Nurse Family Partnership program, including nurses, nurse supervision, and their required training.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	3.74	HC1461, HC2745	07/01/2024 - 06/30/2025
NFP MIECHV ARPA	Home Visiting	\$146,297	This subgrant funds a portion of the Nurse Family Partnership program, including nurses, nurse supervision, and their required training.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	1.11	HC2726	07/07/2022 - 09/29/2025
Parents as Teachers	Home Visiting	\$179,968	State funding supports the Parents as Teachers home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	State Appropriation	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	2.24	Appropriation passed through DHW	07/01/2024 - 06/30/2025



## Contract Agreements & Services - FY25

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required <small>(taken from FY24 budget)</small>	Contract #	Effective Dates
Parents as Teachers - ARPA	Home Visiting	\$179,968	State funding supports the Parents as Teachers home visiting program to improve outcomes and reduce justice involvement for low-income and high-risk families.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	2	HC1651, HC3164	07/01/2024 - 06/30/2025
Citizen's Review Panel	Foster Care	\$6,000	State funded program to support the oversight of DHW's foster care program and improve outcomes of children entering the foster care system.	State Appropriation	IDHW	-	-	Maternal, Child, & Family Health	EPHS 4 & 5	0.07	Appropriation passed through DHW HC2997	07/01/2024 - 06/30/2025
Crisis Center	Adult Mental Health & Substance Use Crisis	\$1,020,000	This subgrant increases access to adult behavioral health crisis de-escalation service by establishing a Behavioral Health Community Crisis Center in Region 3.	State	IDHW	977000	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	0.32	BC1097, BC0281	06/29/2018 - 04/30/2025
ID Juvenile Correction	Juvenile Justice & Child Welfare Systems	\$33,150	This funding award increases access to behavioral health services for youth and their families by establishing a Safe Teen Assessment Center in Region 3. The majority of this funding is sub-awarded to community partners to carry out the work or to cover training and technical assistance expenses to successfully implement the model. SWDH is serving as the backbone organization.	State	IDJC		WICAP, NFJC, AAFV, Boys & Girls Club of Nampa	Access to & Linkage with Clinical Care	EPHS 7	1.17	SWYCOLD3	07/01/2024 - 06/30/2025
Youth Behavioral Health Community Crisis Center Grant	Youth Mental Health & Substance Use Crisis	\$1,100,000	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	State	IDJC & IDHW/ Behavioral Health Authority	\$219,999	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	1.17	IDJC	12/06/2022 - 06/30/2025
City of Caldwell	Youth Mental Health & Substance Use Crisis	\$70,000	This funding is committed to support the renovation costs of the Youth Behavioral Health Community Crisis Center in Region 3.	City	-	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	Transfer	07/01/2022 - 06/30/2025
City of Nampa	Youth Mental Health & Substance Use Crisis	\$159,000	This funding is committed to support the renovation costs of the Youth Behavioral Health Community Crisis Center in Region 3.	City	-	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	Transfer	07/01/2022 - 06/30/2025
Pre-Prosecution Diversion Grant	Justice Involvement, Sequential Intercepts 0, 1, & 2	\$1,829,513	Canyon County in partnership with SWDH applied for and received funding to develop a pre-prosecution diversion program which aims to divert adults with behavioral health needs and law enforcement and justice system involvement out of the system and into coordinated support services, if eligible.	State	Canyon County/ IDOC	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	PPD-FY23-Canyon-004	07/01/2023 - 06/30/2025



## Contract Agreements & Services - FY25

Title	Keywords	Amount	Brief Description	FUNDING SOURCE	Pass Through	Trustee & Benefit \$	Trustee & Benefit Org.	Foundational Area/ Capability	Essential Public Health Service (EPHS)	FTE Required (taken from FY24 budget)	Contract #	Effective Dates
Community Health Block Grant	Youth Mental Health & Substance Use Crisis	\$386,568	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	Federal	IDHW	\$0	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	0	BC3605	10/02/2023 - 05/31/2027
Community Mental Health and Social Services Block Grant	Youth Mental Health & Substance Use Crisis	\$386,568	This subgrant increases access to youth behavioral health crisis de-escalation service by establishing a Youth Behavioral Health Community Crisis Center in Region 3. Services will support youth and their parents/guardians.	Federal	IDHW	\$120,000	Pathways of Idaho	Access to & Linkage with Clinical Care	EPHS 7	0	BC3687	07/01/2023 - 06/30/2027
Behavioral Health Partnership for Early Diversion of Adults and Youth	Behavioral Health, Early Diversion, Rural, EMS Capacity	\$171,571	This funding award provides capacity enhancing funds to deliver and coordinate early diversion programming at the youth and adult crisis center, via formal partnerships with first responders, schools, and community-based organizations, crisis intervention team training, and a Psychiatric Evaluation Team in Washington County.	Federal	-	-	-	Access to & Linkage with Clinical Care	EPHS 7	0	H79SM089492	09/30/2023 - 09/29/2028
Women, Infants, and Children (WIC)	WIC, Nutrition, Breastfeeding	\$1,155,142	This subgrant funds personnel for the general administration, clients services, breastfeeding promotion, nutrition education, and breastfeeding peer counseling of the WIC program.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 7	16.76	HC2062	10/01/2024 - 09/30/2025
FDA Program Standards Mentorship - NEHA	Food Protection Standards	\$349,000	This funding develops staff competencies in the nine Voluntary National Retail Food Regulatory Program Standards. SWDH aims to be accountable to the food establishment industry and strengthen the retail food safety program.	National Environmental Health Association/ FDA	-	-	-	Environmental Public Health & Organizational Competencies	EPHS 8 & 9	0	G-BDEV1-202210-02788	07/01/2023 - 06/30/2028
Public Water Systems	Potable Drinking Water	\$269,331	This subgrant funding provides for the oversight, inspection, and related activities to ensure that public drinking water systems comply with applicable state and federal regulations.	Federal	IDHW	-	-	Environmental Public Health	EPHS 6	1.12	K345	07/01/2023 - 06/30/2025
Child Care Health/Safety Program and Child Care Complaints	Child Care	\$514,465	This subgrant funding provides for the implementation of the Child Care Health and Safety Program throughout Idaho and helps ensure that all children in child care settings are in a health and safe environment while receiving care.	Federal	IDHW	-	-	Environmental Public Health	EPHS 6	2.03	WC0899	07/01/2022 - 06/30/2026
Fit and Fall Proof	Physical Activity, Fit and Fall	\$74,897	This subgrant funding provides for the implementation of Fit and Fall Proof fall prevention training and coordination; age friendly park assessments; childhood obesity prevention; and the promotion of child and family health.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.85	HC3658	10/01/2024 - 09/30/2025
Diabetes	Diabetes Prevention	\$16,000	This subgrant funding provides for the delivery of community-based diabetes prevention programming.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.22	HC5534	06/30/2024 - 06/29/2025



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Cancer Prevention Activities	Cancer Prevention Education	\$19,366	This subgrant funding provides for the implementation of evidence-based strategies to increase cancer screening and prevention (e.g., sun safety training, physical activity to reduce cancer risk, etc.).	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.21	HC5616	06/30/2024 - 06/29/2025
Prescription Drug Monitoring Program (PDMP)	Prescription Drug Monitoring	\$114,000	This subgrant funding advances opioid prevention work through public and prescriber education, local capacity building, and public safety partnerships.	Federal	IDHW	-	-	Injury Prevention	EPHS 3	1.16	HC3878	09/22/2024 - 08/31/2025
Opioid Settlement Funds	Opioid Settlement	\$815,229	The opioid settlement funding must be used for specific purposes as outlined in the settlement agreement. The Board of Health will approve all uses of the settlement funding.	Settlement	-	-	-	Injury Prevention	EPHS 1, 2, 3, 4, & 7	0	-	-
Families Talking Together	Healthy Relationships, Unplanned Pregnancy Prevention	\$30,564	This subgrant will implement the Families Talking Together program to provide parents/caregivers with the tools/strategies to increase parent-child communication about sexual health topics.	Federal	IDHW	-	-	Maternal, Child, & Family Health	EPHS 3	0	HC5594	07/01/2024 - 06/30/2025
Suicide Prevention	Suicide Prevention	\$45,000	This subgrant funding supports staffing to organize and coordinate a district-wide collaborative of individuals, businesses, community members, and survivors, whose purpose is to develop a plan with strategies consistent with the Idaho State Suicide Prevention Plan to reduce deaths by suicide.	State	IDHW	-	-	Community Partnership Development	EPHS 1, 4, & 7	0.3	HC4104, HC3554	07/01/2023 - 06/30/2025
Partnership for Success	Partnership for Success	\$374,455	This award supports improving positive outcomes for youth health and reducing and preventing youth use of alcohol, marijuana, and stimulants. Funds are used to support personnel, community capacity to address risk and protective factors, and community-led youth substance use prevention projects.	Federal	-	-	-	Maternal, Child, & Family Health	EPHS 3 & 4	0	H79SP083777	09/30/2023 - 09/29/2028
Tobacco Prevention Resource Program Activities	Tobacco Use Prevention	\$64,000	This subgrant funding provides resources to prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	Federal	IDHW	-	-	Chronic Disease Prevention	EPHS 3	0.43	HC5349	4/29/2024 - 4/28/2025
Millennium Fund	Millennium Fund, Tobacco Use Prevention	\$182,672	State appropriated funds to prevent tobacco use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	State Settlement	IDHW	\$10,000	Carl Rizzo, Stop Tobacco Now, Valor Health	Chronic Disease Prevention	EPHS 3 & 7	0.92	-	07/01/24 - 06/30/25
Millennium Fund	Millennium Fund, Youth Vaping Prevention	\$71,400	State appropriated funds to prevent tobacco/vape use among youth and young adults, eliminate secondhand smoke, promote quitting among youths and adults, and identify and eliminate tobacco related disparities among population groups.	State Settlement	-	-	-	Chronic Disease Prevention	EPHS 3 & 4	0	-	07/01/24 - 06/30/25



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Disease Reporting	Epidemiology	\$89,474	This subgrant funding provides resources and capacity for epidemiologic investigation and reporting of all reportable diseases as outlined in IDAPA.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2 & 6	0.47	HC2453	07/01/2021 - 06/30/2025
TB Elimination	Tuberculosis Prevention	\$6,628	This subgrant funding provides capacity for directly observed therapy, contact investigations, RVCT reporting, EDN reporting, and attendance at tuberculosis-specific training.	Federal & State	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.12	HC170400 (archived)	01/01/2020 - 12/31/2024
Perinatal Hep B	Hepatitis B	\$7,050	This subgrant funding provides for the surveillance and case management of perinatal hepatitis B.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.1	HC5685	07/01/2024 - 06/30/2025
Viral Hepatitis Prevention	Hepatitis	\$8,915	This subgrant funding supports capacity for documenting and investigating reportable viral hepatitis infection cases as described in IDAPA.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2, 3, & 7	0.12	HC3077	8/11/2022- 4/30/2025
Preparedness - Preparedness Assessment, Cities Readiness Initiative	Emergency Response Planning, Training, and Coordinating	\$524,275	This funding provides capacity for community preparedness and recovery, incident management and emergency operations coordination, emergency public information and warning management, medical countermeasures dispensing and administration, mass care, fatality management, and public health surveillance and epidemiologic investigation.	Federal	IDHW	-	-	Emergency Preparedness & Response	EPHS 4, 5, & 7	4.06	HC5636	07/01/2024 - 06/30/2025
NACCHO MRC	Medical Reserve	\$25,000	This award is intended to provide resources to support volunteer training to meet mission requirements, technology to support volunteer management and administrative requirements, and replenish or purchase needed response materials and supplies.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0.52	MRC RIS 0246	-
NACCHO Community	Epidemiology, Data Analytics, Predictive Modeling	\$64,483	This funding provides abilities to strengthen local readiness to respond to existing or emerging infectious diseases by building capacity to create, interpret, and communicate models and outbreak analytics and to also strengthen disease forecasting and communications.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0.52	MRC RIS 0246	-
NACCHO Decreasing Syphilis	Syphilis	\$136,043	This funding provides additional capacity to build community connections to identify, reach and involve populations disproportionately affected by syphilis and mobilize public health partners to actively engage in addressing syphilis. Also, this funding will develop a community-informed plan to decrease syphilis that is tailored to the affected community and addresses the issues identified during the community engagement process.	Federal	National Association of City & County Health Officials	-	-	Communicable Disease Control	EPHS 2	0.52	2023-073105	07/01/2023 - 12/31/2024





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NEDSS - National Electronic Disease Surveillance System	Disease Surveillance	\$125,286	This subgrant funding provides capacity for vaccine preventable disease surveillance and disease investigation data entry.	Federal	IDHW	-	-	Communicable Disease Control	EPHS 2	0.2	HC1747	12/19/2022 - 07/31/2025
<b>Non-contract Services</b>												
Nuisance Complaints	Nuisance	\$60,518	SWDH responds to calls from the public about a variety of public health and safety issues including, but not limited to improper sewage disposal, open dumps, hotel, bed bugs, swimming pool/splash park, restaurant complaints and food borne illnesses, mold, rabies exposure/animal control, harmful algal blooms, chronic wasting disease, and uninhabitable housing.	Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 2	0.62	-	-
Food Safety Inspections	Food Safety, Protection	\$469,690	SWDH permits and inspects food establishments to assure that food from regulated food facilities is safe for consumption by the State of Idaho's residents and visitors. Improperly handled food can become contaminated by microbiological, physical, or chemical constituents that can result in illness or injury.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	5.6	-	-
Food Safety Training	Food Handler, Training, Food Safety, Manager	\$4,853	SWDH offers food handler training to food services managers and workers.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 3	0.1	-	-
Public Pools	Public Pools	\$7,312	SWDH inspects public pools and investigates complaints and waterborne disease outbreaks linked to pools.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	0.1	-	-
Water Quality	Well Water Testing, Ground Water Quality, Education	\$69,511	SWDH offers educational and consultation services to homeowners with private wells.	Fees and Counties	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 1, 2, 3	0.4	-	-
Solid Waste	Solid Waste, Landfill	\$28,860	SWDH approves solid waste operations and maintenance plans and conducts annual inspections of municipal and non-municipal solid waste facilities.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	0.25	-	-
Sub-surface Sewage	Sewage Disposal	\$257,102	SWDH permits the installation and repair of sub-surface sewage systems, licenses and inspects septic installers and pumper trucks, to protect ground water quality and surface water quality so that ground water can continue to be used as a safe source of drinking water and that the surface waters of the state are safe for swimming, fishing, and other recreational, agricultural, commercial or industrial uses.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	6.9	-	-
Land Development	Land Development, Sub-divisions	\$14,196	The primary goal of the Land Development Program is to provide a reasonable process for the development of platted parcels while preventing the spread of disease and protecting current and future beneficial uses of surface and ground water.	Fees	-	-	-	Environmental Public Health & Communicable Disease Control	EPHS 6	1.2	-	-



## Contract Agreements & Services - FY25

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Chief Health Strategist	Health Strategist, Health Educator, CHAT	\$184,227	SWDH staff lead or provide support to local community efforts to identify and address the most pressing health issues alongside residents and key community partners. SWDH staff bring expertise, data, connections to resources, and infrastructure such as grant writing to help move initiatives forward that address the community's top priorities.	Counties	-	-	-	Community Partnership Development and Communication	EPHS 4	0.47	-	-
Medical Clinic	Medical Clinic, Primary Care, Preventative Care	\$835,266	SWDH team has family medicine providers who specialize in preventative care, diagnosis, and treatment of acute and chronic illnesses, as well as manage the overall health and well-being of individuals and their families.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	9.8	-	-
School-based Clinic	School Clinic	\$16,736	SWDH provides a part-time nurse practitioner to the Marsing School Hub to deliver school-based medical care.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	0.6	-	-
Dental Clinic	Dental, Oral Health	\$23,627	The SWDH dental program offers a range of preventive services to promote good oral health and prevent infectious and chronic disease. Services include oral health assessments, fluoride treatments, dental sealants, patient education, and referrals.	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	0.4	-	-
Immunizations	Immunizations, Vaccines	\$259,143	The SWDH immunization program offers a wide variety of vaccines, and some are not readily available to the community anywhere else (e.g., monkey pox, rabies).	Fees and Counties	-	-	-	Access to & Linkage with Clinical Care and Community Partnership Development	EPHS 1 & 7	1.9	-	-

## RENTAL AGREEMENT

THIS RENTAL AGREEMENT (hereinafter referred to as the "Agreement") is made and entered into and effective this \_\_\_\_ day of November 2024, by and between **Southwest District Health** entity (hereinafter referred to as "**Tenant**") and the **CITY OF NAMPA**, a political subdivision of the State of Idaho (hereinafter referred to collectively as "**Landlord**").

### WITNESSETH:

WHEREAS, Landlord is the fee owner of certain real property being, lying and situated in Canyon County, Idaho, such real property having a street address of 315 Stampede Drive, Nampa, Idaho 83687 (the "Property"), and a particular portion of this Property is to be leased by Landlord to Tenant which is described as follows (herein the "Premises"): 315 Stampede Drive, Suites #201, Nampa, ID 83687; and

WHEREAS, Landlord is desirous of leasing the Premises to Tenant upon the terms and conditions as contained herein; and

WHEREAS, Tenant is desirous of leasing the Premises from Landlord on the terms and conditions as contained herein;

NOW, THEREFORE, for and in consideration of the covenants and obligations contained herein and other good and valuable consideration, the parties hereto agree as follows:

1. TERM. Landlord leases to Tenant and Tenant leases from Landlord the above-described Premises for a term beginning on **November 1, 2024** and expiring on **September 30, 2025**. Upon the expiration of the term hereof, Tenant shall remove all of its personal property and furnishings and surrender the Premises in as good a state and condition as they were at the commencement of this Agreement.
2. RENT. The total rent for the term hereof is the sum of **One Thousand Five Hundred Dollars (\$1,500)** per month payable on the 1<sup>st</sup> day of each month of the term. First rent payment is due November 1, 2024. All such payments shall be made on or before the due date and without demand to Landlord at: City of Nampa, 411 3<sup>rd</sup> Street South, Nampa, Idaho 83651.
3. UTILITIES. Utilities, including water, gas, electricity, sewer and regular dumpster services, are included in the rental amount, with no additional charge to Tenant.
4. ~~DAMAGE DEPOSIT. Tenant shall remit to Landlord a deposit in the amount of **One Thousand Dollars (\$1,000)**, payable on February 1, 2024. This deposit will be applied to any necessary repair, restoration and cleaning costs associated with the Premises at the end or termination of the Agreement. The deposit or remaining portion thereof will be returned to Tenant at the end of the term of this Agreement. The full deposit will be returned in the event the Premises is surrendered in as good a state and condition as they were at the commencement of this Agreement.~~
5. OPTION TO EXTEND AGREEMENT. Provided Tenant is not in default under any term or provision contained in this Agreement and is in possession of the Premises at the time Tenant exercises its option, Tenant shall have two (2) options to extend the Lease Term

("Extension Options") for consecutive periods of one (1) year each ("Option Terms") for the Premises then under the Agreement under the same terms and conditions. If Tenant wishes to exercise the Extension Options, Tenant shall deliver written notice to Landlord no less than six (6) months prior to the expiration of the then existing Term ("Exercise Notice"). If Tenant fails to timely deliver the Exercise Notice, Tenant shall be considered to have elected not to exercise the Extension Options.

6. ACCESS TO AND USE OF PREMISES. Tenant acknowledges and agrees that Landlord has provided Tenant with a building access code to enter the Property, and a key to Tenant's Premises, and Tenant acknowledges having access to the Premises at all times. Tenant acknowledges and agrees it is Landlord's sole discretion to employ staff or not employ staff during regular business hours for unlocked front-door access to the Property and Tenant agrees to release, indemnify and hold Landlord harmless from any claims or liability related to Landlord's decision staff or not staff the facility during or outside of regular business hours. The Premises shall only be used and occupied by Tenant as the office location of Tenant's business. No new equipment, tools or machinery may be brought onto the Premises by Tenant without Landlord's written consent. At the expiration of this Agreement all tools, equipment and machinery shall be removed from the Premises at Tenant's sole expense.

7. USE OF COMMON AREAS. Tenant shall have shared use of the common area "Break Room" on the second floor of the Property without additional charge. Tenant shall have shared access to the common kitchen area upon approval from Landlord. Tenant acknowledges and accepts that Landlord rents spaces within the Property to the public for one-time and/or recurring uses at all hours and every day of the week, some of which may include large parties, which may also include loud music. Tenant acknowledges these events may cause occasional inconvenience, but knowingly enters into this Agreement.

8. CUSTODIAL SERVICES. Landlord will provide custodial services to Tenant within Tenant's Premises. Tenant is responsible for keeping the Premises clean and free from debris and trash. Landlord will provide custodial services to the common areas of the Property.

9. CONDITION OF PREMISES. Tenant stipulates, represents, and warrants that Tenant has examined the Premises, and that they are at the time of this Lease in good order, repair, and in a safe, clean and tenantable condition.

10. ASSIGNMENT AND SUBLETTING. Tenant shall *not* assign any of their rights and obligations under this Agreement, sublet or grant any license to use the Premises, or any part thereof, without the prior written consent of Landlord.

11. ALTERATIONS AND IMPROVEMENTS. Tenant shall make no alterations to the Premises or make any other improvements on the Premises without the prior written consent of Landlord. Any and all alterations, changes, and/or improvements built, constructed or placed on the Premises by Tenant shall, unless otherwise provided by written agreement between Landlord and Tenant, be and become the property of Landlord and remain on the Premises at the expiration or earlier termination of this Agreement.

12. HAZARDOUS MATERIALS. Tenant shall not keep on the Premises any item of a dangerous, hazardous, flammable or explosive character that might unreasonably increase the danger of injury, fire or explosion on the Premises or that might be considered hazardous or extra hazardous by any responsible insurance company.

13. MAINTENANCE AND REPAIR; RULES. Tenant will, at its sole expense, keep and maintain the Premises and appurtenances in good and sanitary condition and repair during the term of this Agreement and any renewal thereof. Tenant shall keep the Premises clean and free of debris.

14. INDEMNIFICATION AND INSURANCE. Landlord shall not be liable for any damage or injury of or to the Tenant, Tenant's family, guests, invitees, agents, officers or employees or to any person entering the Premises or the building of which the Premises are a part or to goods or equipment, or to the structure or equipment of the structure of which the Premises are a part. Tenant hereby agrees to release, indemnify, defend and hold Landlord harmless from any and all claims or assertions of every kind and nature related to Tenants use of the Premises and the building and property of which it is a part. Tenant shall maintain general liability insurance in the amount of no less than one million dollars and shall name Landlord as an additional insurance on the policy and provide proof of said insurance to Landlord within ten (10) days of occupancy. Landlord is not responsible for any lost or stolen items and Tenant is encouraged to obtain renter's insurance.

15. TERMINATION. Landlord may terminate this Agreement if Tenant materially fails to comply with any of the provisions of this Agreement, or materially fails to comply with any duties imposed on Tenant by federal, state or local law or regulation within five (5) days after written notice is mailed by Landlord specifying the non-compliance and indicating the intention of Landlord to terminate the Lease. Either Party may terminate this Agreement at any time for any or no reason upon providing ninety (90) days advance written notice to the other Party. Rent to be paid with any prorations through the date of termination.

16. ATTORNEYS' FEES. Should it become necessary for Landlord to employ an attorney to enforce any of the conditions or covenants hereof, including the collection of rentals or gaining possession of the Premises, Tenant agrees to pay all expenses so incurred, including reasonable attorneys' fees.

17. RECORDING OF AGREEMENT. Tenant shall *not* record this Agreement on the Public Records of any public office. In the event that Tenant records this Agreement, this Agreement shall, at Landlord's option, terminate immediately and Landlord shall be entitled to all rights and remedies that it has at law or in equity.

18. GOVERNING LAW. This Agreement shall be governed, construed and interpreted by, through and under the Laws of the State of Idaho.

19. SEVERABILITY. If any provision of this Agreement or the application thereof shall, for any reason and to any extent, be invalid or unenforceable, neither the remainder of this Agreement nor the application of the provision to other persons, entities or circumstances shall be affected thereby, but instead shall be enforced to the maximum extent permitted by law.

20. MISCELLANEOUS. The covenants, obligations and conditions herein contained shall be binding on and inure to the benefit of the heirs, legal representatives, successors and assigns of the parties hereto. The descriptive headings used herein are for convenience of reference only and they are not intended to have any effect whatsoever in determining the rights or obligations of the Landlord or Tenant. No indulgence, waiver, election or non-election by Landlord under this Agreement shall affect Tenant's duties and liabilities hereunder. The parties hereby agree that this document contains the entire agreement between the parties and this Agreement shall not be

modified, changed, altered or amended in any way except through a written amendment signed by all of the parties hereto.

21. NOTICE. Notice required to be provided by either of the Parties under this Agreement shall be in writing and be deemed communicated when mailed by United States Mail or upon personal delivery, addressed as follows:

Landlord: City of Nampa  
Attention: Mayor's Office  
411 3<sup>rd</sup> Street South  
Nampa, Idaho 83651

Tenant: Southwest District Health  
Attention: Lora Ramirez  
13307 Miami Lane  
Caldwell, Idaho 83607

Either party may change its address for the purpose of this paragraph by giving formal notice of such change to the other in the manner herein provided.

IN WITNESS WHEREOF, the parties have caused these presents to be duly executed and agreed to and dated this \_\_\_\_ day of October 2024.

LANDLORD:

TENANT:

CITY OF NAMPA

Southwest District Health

By: Mayor Debbie Kling  
Address: 411 3<sup>rd</sup> Street South  
Nampa, Idaho 83651

By: Nicole Zogg  
District Director  
Address: 13307 Miami Ln  
Caldwell, Idaho 83607



# COVID-19 Vaccination in Idaho

Perry A. Jansen, MD, MPH

Medical Director

Board of Health Meeting

October 22, 2024

# Southwest District Health – About Us

- One of Idaho's seven public health districts responsible for providing physical health, environmental health, public health education, and public health administration services. (§39-409, Idaho Code)
- Proudly serving Adams, Canyon, Gem Owyhee, Payette, and Washington Counties.
- Assessing needs and gaps and taking action to minimize poor health outcomes among at-risk populations.
- Serves as a safety-net provider offering affordable medical care, health screenings, immunizations, and reproductive health services; sliding fees for qualified patients.



# Southwest District Health – Recommendation

Recommendation: Continue to offer COVID-19 vaccine.

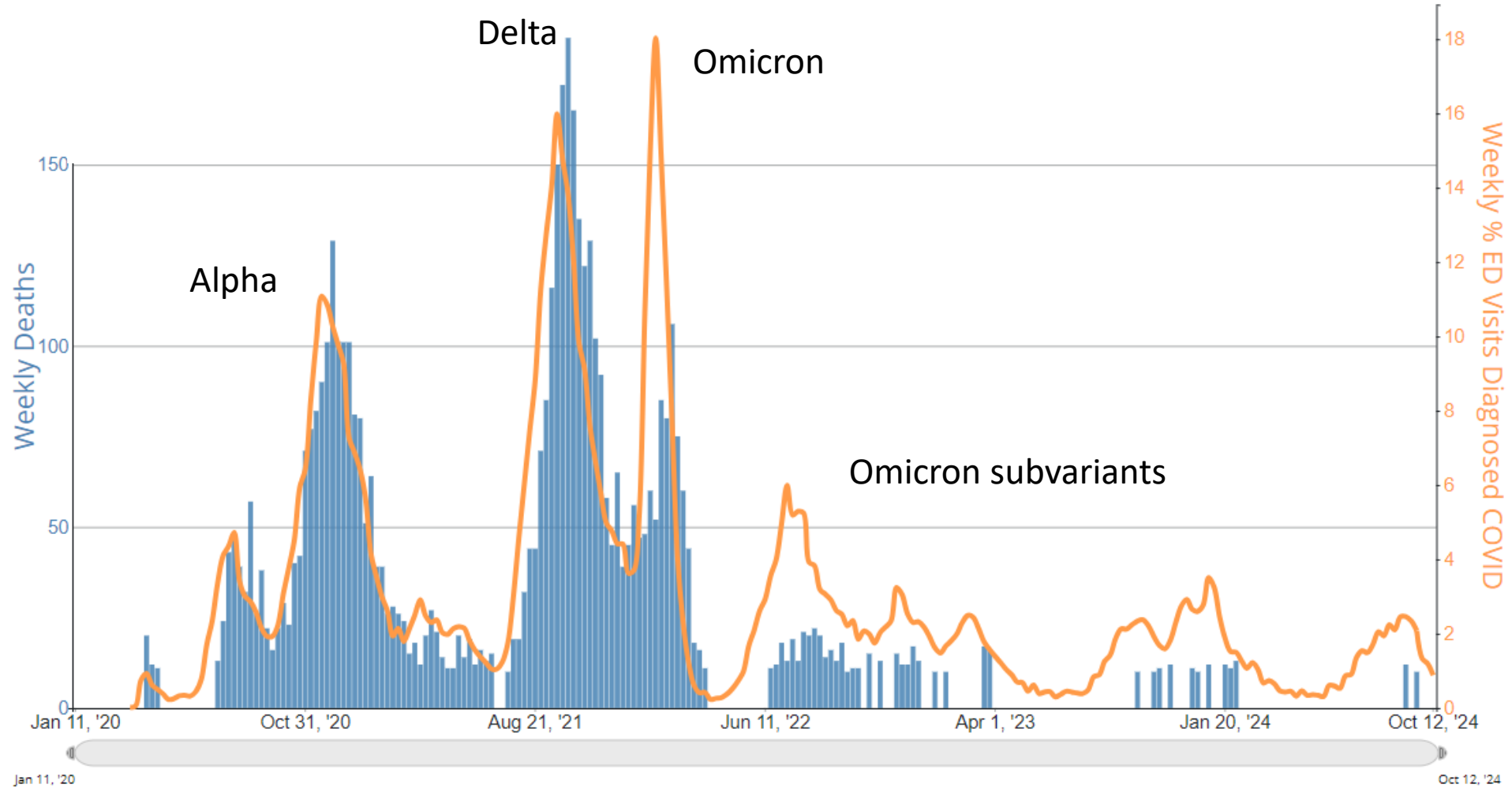
- Protects freedom of choice
- Helps keep vaccine affordable as we offer at cost
- Safeguards patient-provider relationship

# COVID-19 | Post-Pandemic, Immunity, and Idaho Data

- **Post-Pandemic Phase** (Mid 2023-Present)
  - Protecting high-risk groups
  - Monitoring for new strains
  - Evaluating lessons learned and preparation for next epidemic
- **COVID-19 Immunity**
  - Both natural COVID-19 infection and immunization provide temporary immunity to reinfection that wanes with time
  - New COVID-19 variants can evade both types of immunity
  - Temporary COVID-19 immunity provides protection against severe infection, hospitalization, and death, especially in high-risk
  - Protection is highest with "hybrid" immunity (natural infection + immunization)

# Idaho Data on COVID-19

Provisional COVID-19 Deaths and Percentage of Emergency Department (ED) Visits Diagnosed as COVID-19, by Week, in Idaho, Reported to CDC



# COVID-19 Immunization | Adverse Events

## mRNA Vaccines (Pfizer, Moderna)

- Myocarditis
  - Increased risk for males (18-29 yrs)  
~40/million immunizations (especially after 2<sup>nd</sup> dose)
  - Risk for death from COVID-19 infection  
~200-300/million
  - Myocarditis risk in the overall population is ~1/million
- Acute Disseminated Encephalomyelopathy (ADEM)
  - Especially children < 10 years
  - Much higher than natural infection
  - 3.78/million

## Non-mRNA Vaccines (J&J, Novavax)

- Guillian-Barré Syndrome (GBS)
- Cerebral Venous Sinus Thrombosis
- Thrombosis with Thrombocytopenia Syndrome (TTS)
  - Increased blood clotting (especially concerning for pregnancy)
- This adenovirus vaccine is no longer on the market (*specific to the J&J vaccine*)
- Flu-like symptoms

# COVID-19 Vaccines and Pregnancy

- VAERS is not a useful data set for miscarriage and still birth rates
- The baseline rate of ~21,000 miscarriages or still births/year has not significantly changed
- Miscarriage rates among vaccinated individuals were consistent with general population rates, approximately 13%, which aligns with the expected background rate for miscarriage (V-safe Registry)
- Multiple studies have indicated that there are no negative neonatal impacts from vaccination in vaccinated pregnant mothers compared to unvaccinated
- COVID-19 infection is linked with poorer maternal and neonatal outcomes

# Updated Authorizations & Approvals for COVID-19 vaccines

- Adults 18 and over
  - Pfizer-Full FDA approval
  - Moderna-Full FDA approval
    - Including Boosters
  - Novavax-EUA
- Adolescents (12-17 years)
  - Pfizer-Full FDA approval
  - Moderna-EUA
  - Boosters-EUA
  - Novavax-EUA
- Children (Ages 5-11 years)
  - Pfizer-EUA
  - Moderna-EUA
  - Novavax-Not authorized
- Children (Ages 6 mo-4 years)
  - Pfizer-EUA
  - Moderna-EUA
  - Novavax-Not authorized

# COVID-19 Vaccines are Recommended by:

- Idaho Department of Health and Welfare
- Idaho Federally Qualified Health Centers (FQHCs)
- St. Luke's Hospital System
- Saint Alphonsus Hospital
- Mayo Clinic
- Cleveland Clinic
- Kaiser Permanente
- Johns Hopkins
- Loma Linda University Health
- Harvard University
- Northwestern University Hospital
- American Medical Association (AMA)
- American Academy of Family Medicine (AAFP)
- American College of Obstetricians and Gynecologists (ACOG)
- American Academy of Pediatrics (AAP)
- Christian Medical and Dental Association (CMDA)\*

*\*Ethical statement*

# COVID-19 Vaccinations – Key Take Aways

- Patients and their providers should discuss benefits and risks before making a decision about getting immunized
- Are effective at reducing the risk for severe illness, hospitalization, and premature death
- Protect the most vulnerable individuals in our community
- As the local public health authority Southwest District Health recommends continuing to make the COVID-19 vaccines available



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Potential link between Covid vaccination and Asthma in kids. [‘Striking Evidence’ COVID Shots May Increase Kids’ Risk of Asthma • Children's Health Defense \(childrenshealthdefense.org\)](#)

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[Effectiveness of the 2023-2024 Formulation of the Coronavirus Disease 2019 mRNA Vaccine against the JN.1 Variant | medRxiv](#)

[Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020-21 - PubMed \(nih.gov\)](#)

[A Novel Practical Approach for Directly Assessing COVID-19 Vaccine Efficacy against Hospitalization\[v1\] | Preprints.org](#)

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[Autopsy findings in COVID-19 infection-related death: a systematic review - PMC \(nih.gov\)](#)

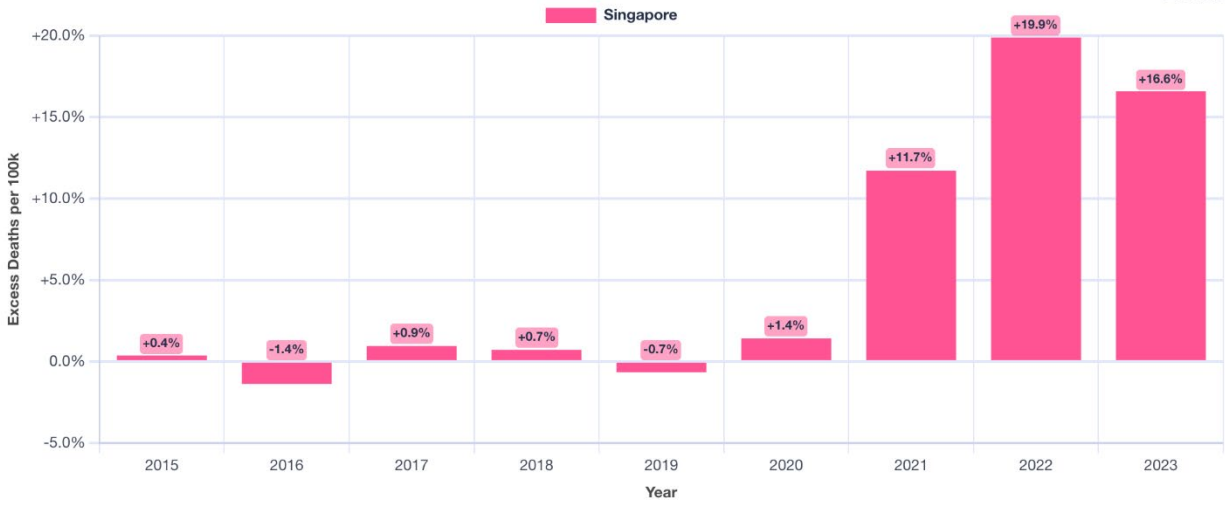
[A case of biopsy-proven inflammatory dilated cardiomyopathy following heterologous mRNA-1273 third-dose immunization - Hashimoto - ESC Heart Failure - Wiley Online Library](#)

[COVID-19 Vaccines: A Risk Factor for Cerebral Thrombotic Syndromes\[v2\] | Preprints.org](#)

[The Hidden Pfizer Report That Shows Up to 40% More Heart Conditions in the Vaccinated – The Daily Sceptic](#)



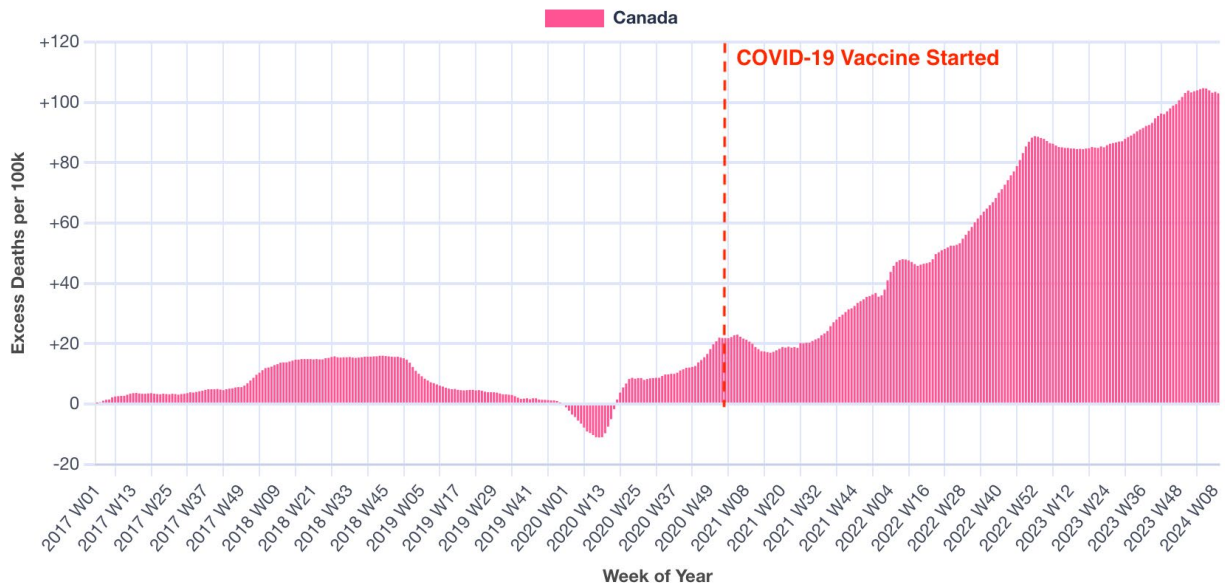
### Crude Excess Mortality



Baseline: Linear Regression 2015-2019



### Cumulative Age-Standardized Excess Mortality



CAN 2020 Standard Population · Baseline: Average 2017 W01-2019 W52

Cumulative Provisional COVID-19 Deaths, by Week, in The United States, Reported to CDC



## Abstract

**Background** Children and adolescents in England were offered BNT162b2 as part of the national COVID-19 vaccine roll out from September 2021. We assessed the safety and effectiveness of first and second dose BNT162b2 COVID-19 vaccination in children and adolescents in England.

**Methods** With the approval of NHS England, we conducted an observational study in the OpenSAFELY-TPP database, including a) adolescents aged 12-15 years, and b) children aged 5-11 years and comparing individuals receiving i) first vaccination with unvaccinated controls and ii) second vaccination to single-vaccinated controls. We matched vaccinated individuals with controls on age, sex, region, and other important characteristics. Outcomes were positive SARS-CoV-2 test (adolescents only); COVID-19 A&E attendance; COVID-19 hospitalisation; COVID-19 critical care admission; COVID-19 death, with non-COVID-19 death and fractures as negative control outcomes and A&E attendance, unplanned hospitalisation, pericarditis, and myocarditis as safety outcomes.

**Results** Amongst 820,926 previously unvaccinated adolescents, the incidence rate ratio (IRR) for positive SARS-CoV-2 test comparing vaccination with no vaccination was 0.74 (95% CI 0.72-0.75), although the 20-week risks were similar. The IRRs were 0.60 (0.37-0.97) for COVID-19 A&E attendance, 0.58 (0.38-0.89) for COVID-19 hospitalisation, 0.99 (0.93-1.06) for fractures, 0.89 (0.87-0.91) for A&E attendances and 0.88 (0.81-0.95) for unplanned hospitalisation. Amongst 441,858 adolescents who had received first vaccination IRRs comparing second dose with first dose only were 0.67 (0.65-0.69) for positive SARS-CoV-2 test, 1.00 (0.20-4.96) for COVID-19 A&E attendance, 0.60 (0.26-1.37) for COVID-19 hospitalisation, 0.94 (0.84-1.05) for fractures, 0.93 (0.89-0.98) for A&E attendance and 0.99 (0.86-1.13) for unplanned hospitalisation. Amongst 283,422 previously unvaccinated children and 132,462 children who had received a first vaccine dose, COVID-19-related outcomes were too rare to allow IRRs to be estimated precisely. A&E attendance and unplanned hospitalisation were slightly higher after first vaccination (IRRs versus no vaccination 1.05 (1.01-1.10) and 1.10 (0.95-1.26) respectively) but slightly lower after second vaccination (IRRs versus first dose 0.95 (0.86-1.05) and 0.78 (0.56-1.08) respectively). There were no COVID-19-related deaths in any group. Fewer than seven (exact number redacted) COVID-19-related critical care admissions occurred in the adolescent first dose vs unvaccinated cohort. Among both adolescents and children, myocarditis and pericarditis were documented only in the vaccinated groups, with rates of 27 and 10 cases/million after first and second doses respectively.

**Conclusion** BNT162b2 vaccination in adolescents reduced COVID-19 A&E attendance and hospitalisation, although these outcomes were rare. Protection against positive SARS-CoV-2 tests was transient.



The background is a complex, abstract composition of various geometric elements in shades of blue. It features a network of interconnected lines and dots, resembling a data visualization or a molecular structure. There are also several circular patterns, some with dashed lines and arrows, and a vertical scale of numbers ranging from 140 to 260. The overall aesthetic is technical and futuristic.

# RESTORING PUBLIC TRUST THROUGH ACCOUNTABILITY

COVID 19 VACCINATION

# LOSS OF TRUST (MASKS)

- ❖ Dr Fauci in March 8<sup>th</sup> of 2020 “Theres no reason to be walking around with a mask”.
- ❖ Dr. Fauci on March 31<sup>st</sup> of 2020 recommended everyone wear masks
- ❖ Dr Fauci in March of 2021, recommended wearing two masks.

# LOSS OF TRUST (6FT DISTANCING RULE)

❖ Instituted by the CDC in March of 2020 led to:

❖ Schools

❖ Business

❖ Churches

❖ AA meetings

❖ Graduations

❖ Visitation of loved ones in hospitals and nursing homes

## LOSS OF TRUST (DISTANCING RULE)

- ❖ September 19<sup>th</sup> 2021, Scott Gottlieb (former FDA commissioner) states, "The 6 foot social distancing rule was political and that CDC made unscientific recommendations"
- ❖ February 2021, study of Massachusetts school data indicates no substantial difference in cases among students or staff with 3 versus 6 feet of distance.
- ❖ January 10, 2024, Dr. Fauci testified in front of Congress that there were no studies to back up the 6 foot distance rule.

## LOSS OF TRUST (COVID LAB LEAK)

- ❖ The idea that the origin of Covid 19 may have been from a US funded lab in Wuhan China doing gain of function research that was outlawed in the US was labeled a 'conspiracy theory' by our federal health agencies and was broadly censored by MSM and social media platforms.
- ❖ May 2024, Francis Collins, (former head of the NIH during Covid) admits to congress that [it] is 'not a conspiracy theory'.
- ❖ It is now widely assumed it *was* leaked from the Wuhan biolab.

# LOSS OF TRUST (COVID 19 VACCINE)

- ❖ Federal Vaccine lies and misinformation:
  - ❖ “Safe and effective”
  - ❖ “Stays in your arm”
  - ❖ “spike protein producing mRNA is gone in a few days”
  - ❖ “Asymptomatic spread is happening”
  - ❖ “The vaccinated can’t get Covid”
  - ❖ “he vaccinated can”t transmit Covid”
  - ❖ “There is no DNA in the vaccine”
  - ❖ Denial of natural immunity
  - ❖ “Children at risk”

# WHAT CAN WE CONCLUDE?

- ❖ The public has lost trust for good reason! (Currently vaccine uptake is at 1.5% nationally)
- ❖ Federal Health Agencies should not be blindly trusted or followed.
- ❖ SWDH has a Moral and Ethical responsibility to critically evaluate any federal guidelines or mandates coming from the federal health agencies and make decisions in the best interest of our districts citizens based on the best available evidence.
- ❖ Today we have the opportunity to do just that!

# Should SWDH continue to fund and promote COVID-19 Vaccines?

Southwest Idaho District, District 3 Board of Health

David Wiseman, PhD MRPharmS

October 22 2024



Synechion, Inc, Dallas  
synechion@aol.com





## COVID-19 Vaccination in Idaho

Perry A. Jansen, MD, MPH

### COVID-19 Vaccines are Recommended by:

- Idaho Department of Health and Welfare
- Idaho Federally Qualified Health Centers (FQHCs)
- St. Luke's Hospital System
- Saint Alphonsus Hospital
- Mayo Clinic
- Cleveland Clinic
- Kaiser Permanente
- Johns Hopkins
- Loma Linda University Health
- Harvard University
- Northwestern University Hospital
- American Medical Association (AMA)
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- American College of Obstetricians and Gynecologists (ACOG)
- American Academy of Pediatrics (AAP)
- Christian Medical and Dental Association (CMDA)\*

*\*Ethical statement*

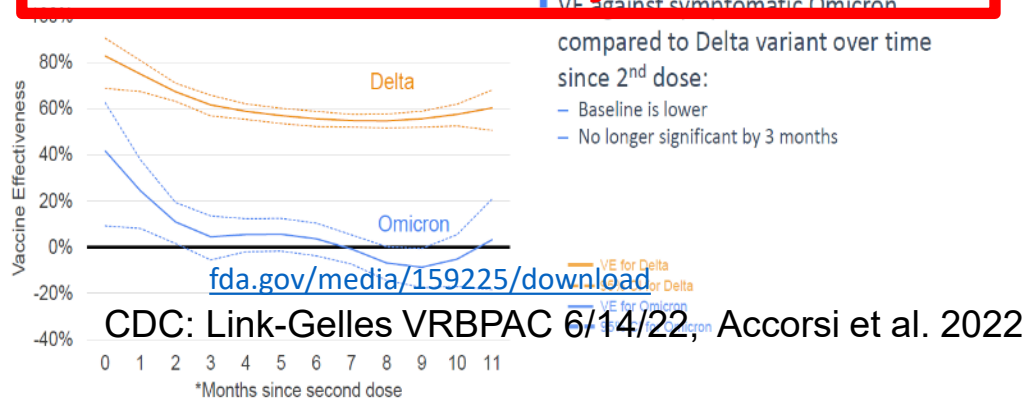
- Primary review of source data vs. “rubber stamp” recommendation?
- Detailed transparent report with author name and COI?
- COI to professional organizations for journal, conferences etc.?

- |          |   |   |                                   |
|----------|---|---|-----------------------------------|
| <b>1</b> | • As the local public health authority Southwest District Health recommends continuing to make the COVID-19 vaccines available          | → | <b>YES: FUNDING</b>               |
| <b>2</b> | • Patients and their providers should discuss benefits and risks before making a decision about getting immunized                       | → | <b>YES, maintains Dr-Pt bond</b>  |
| <b>3</b> | • Protect the most vulnerable individuals in our community  | → | <b>YES</b>                        |
| <b>4</b> | • New COVID-19 variants can evade both types of immunity  | → | <b>YES</b>                        |
| <b>5</b> | • Both natural COVID-19 infection and immunization provide temporary immunity to reinfection that wanes with time                       | → | <b>YES: NEG EFFECT</b>            |
| <b>6</b> | • Protection is highest with "hybrid" immunity (natural infection + immunization)   | → | <b>NO</b>                         |
| <b>7</b> | • Are effective at reducing the risk for severe illness, hospitalization, and premature death   | → | <b>Not FDA indicated</b>          |
|          | • Temporary COVID-19 immunity provides protection against severe infection, hospitalization, and death, especially in high-risk         | → | <b>Not FDA indicated</b>          |
| <b>8</b> | • Multiple studies have indicated that there is no difference in neonatal outcomes between vaccinated and unvaccinated pregnant mothers | → | <b>Not FDA indicated</b>          |
|          | • Protects freedom of choice  | → | <b>ONLY with informed consent</b> |

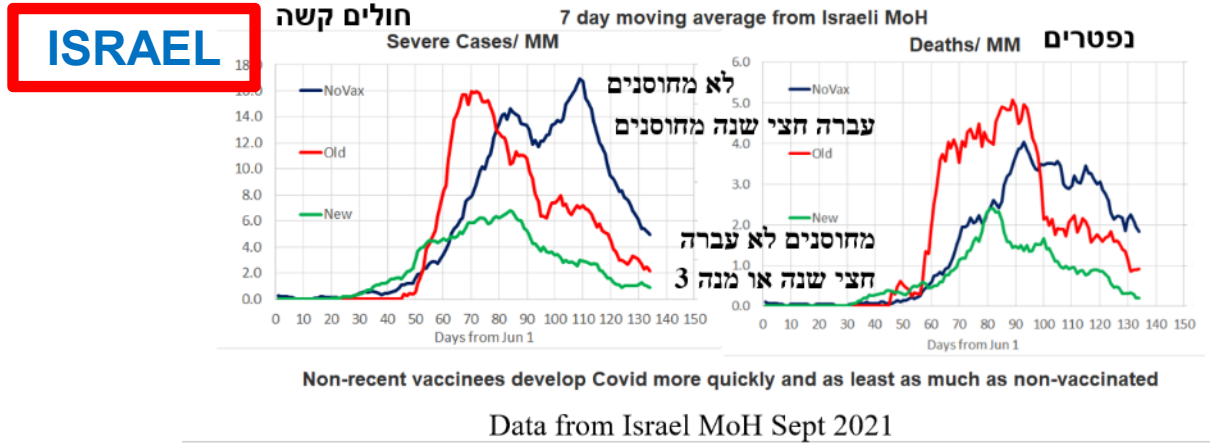
# Vaccine effectiveness wanes with time: BECOMES NEGATIVE

ICATT: Pfizer-BioNTech 2-dose VE against [symptomatic infection](#) by variant and time since 2<sup>nd</sup> dose receipt, [adults ages ≥18 years](#), Dec 10, 2021–Jan 1, 2022

## CDC: Ineffective by 3 months



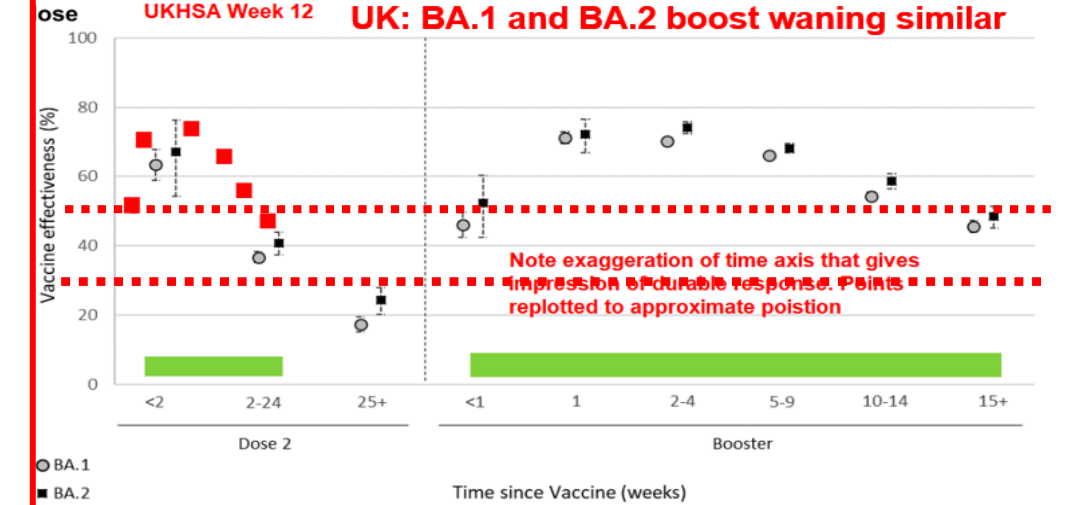
By six months there appears to be no benefit of vaccination



## More doses, higher COVID risk: Shrestha et al., Cleveland Clinic

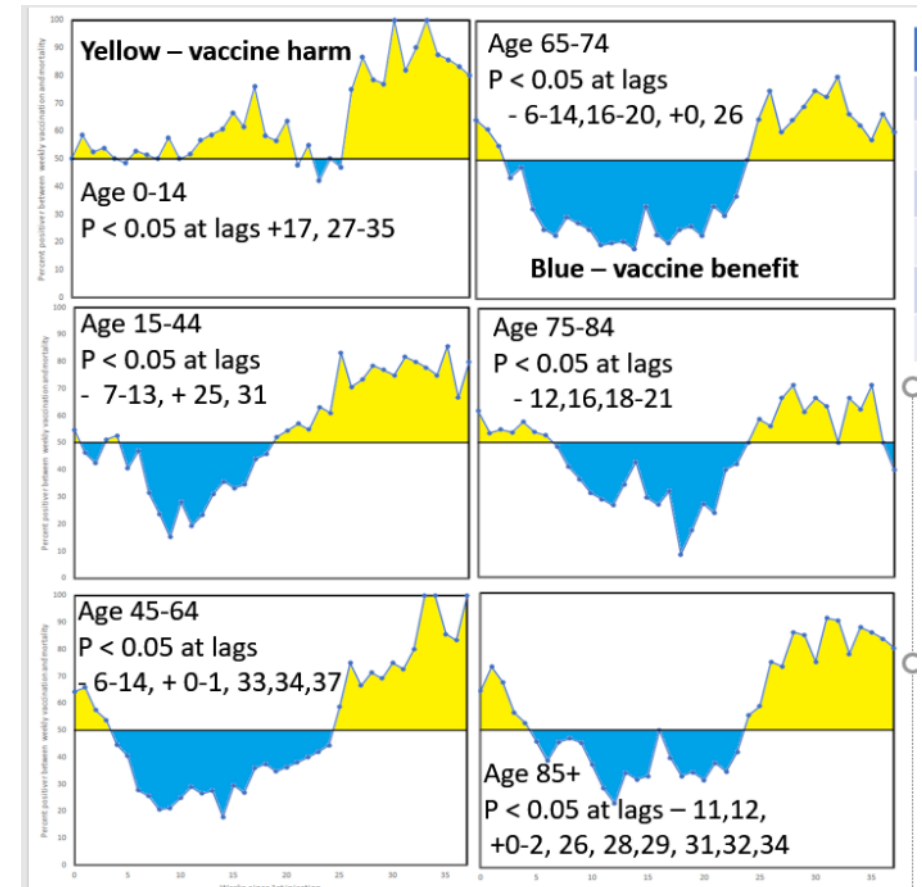
- **“This is not the only study to find a possible association with more prior vaccine doses and higher risk of COVID-19.”** (12/22)
- Since the XBB lineages became dominant, **adults “not up-to-date” by the CDC definition have a lower risk of COVID-19 than those “up-to-date” on COVID-19 vaccination** (6/23)
- **Risk of COVID-19** was lower among those previously infected with an XBB or more recent lineage, **and increased with the number of vaccine doses previously received.** (3/24)

Figure 2. Vaccine effectiveness against symptomatic disease after 2 doses or a booster



# Increase in ALL Cause Mortality among vaccinated?

- **USA estimate 180-450/ million:** Israel MoH / Dagan al. (Seligmann, 2021)
- Denmark **79% negative effectiveness** – All-Cause Mortality in priority groups (Emborg 2021)
- EUROPE: **All-cause deaths correlate with vaccination**
  - Limited benefit window (blue) 4 - 26 w
  - Detriments, especially children and elderly  
Seligmann, 2021



# SWHD: “Protection is highest with “hybrid” immunity (natural infection + immunization)”

THE LANCET  
Infectious Diseases

Log i

ARTICLES | VOLUME 23, ISSUE 5, P556-567, MAY 2023

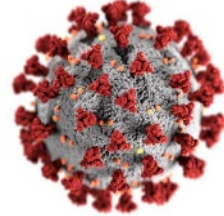
Protective effectiveness of previous SARS-CoV-2 infection and hybrid immunity against the omicron variant and severe disease: a systematic review and meta-regression

Niklas Bobrovitz, DPhil • Harriet Ware, MSc • Xiaomeng Ma, MSc • Zihan Li, BAsc • Reza Hosseini, MD • Christian Cao • et al.

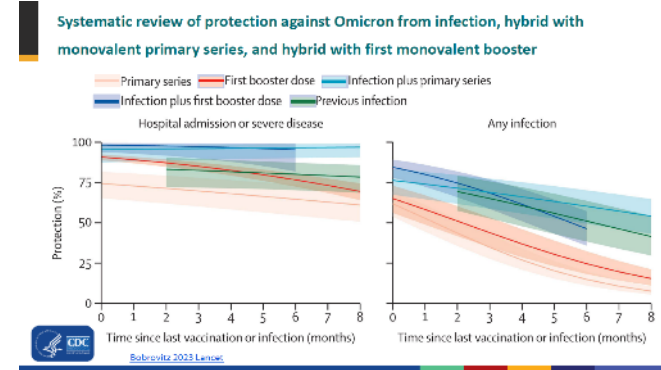
Group	Number of studies	Six-month protection	p-value
<b>Hospitalization or severe disease</b>			
Primary series vaccine	12	64·6% [54·5-73·6%]	<0·0001
First booster vaccine	10	76·7% [72·5-80·4%]	<0·0001
Prior infection	6	80·1% [70·3-87·2%]	0·01
Hybrid immunity (primary series vaccine)	5	96·5% [90·2-98·8%]	ref.
Hybrid immunity (first booster)	4	95·3% [81·9-98·9%]	0·75
<b>Any infection</b>			
Primary series vaccine	15	15·1% [11·3-19·8%]	<0·0001
First booster vaccine	9	24·8% [18·5-32·5%]	<0·0001
Prior infection	10	51·2% [38·6-63·7%]	0·28
Hybrid immunity (primary series vaccine)	7	60·4% [49·6-70·3%]	ref.
Hybrid immunity (first booster)	6	46·5% [36·0-57·3%]	0·08

Infection-induced and hybrid immunity

Jefferson Jones, MD MPH FAAP  
CDR, US Public Health Service



cdc.gov/coronavirus



protection from vaccination alone appears to wane quicker than protection from infection or hybrid immunity

**“all three types [H-B; H-P; H-Nat] of immunity conferring significantly greater protection than primary series vaccination alone or first booster vaccination alone”**

**Risk-benefit analysis must consider a best marginal incremental benefit**

[www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-06-21-23/03-COVID-Jones-508.pdf](http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-06-21-23/03-COVID-Jones-508.pdf)  
[www.youtube.com/watch?v=5htN3rNbt6g&t=5939s](https://www.youtube.com/watch?v=5htN3rNbt6g&t=5939s)

**HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use COMIRNATY safely and effectively. See full prescribing information for COMIRNATY.

[www.fda.gov/media/151707/download](http://www.fda.gov/media/151707/download)

**HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use SPIKEVAX safely and effectively. See full prescribing information for SPIKEVAX.

[www.fda.gov/media/155675/download](http://www.fda.gov/media/155675/download)

**INDICATIONS AND USAGE**

COMIRNATY [SPIKEVAX] is a vaccine indicated for active immunization to **prevent coronavirus disease** 2019 (COVID-19) caused by ...SARS-CoV-2) in individuals 12 years of age and older.

**Pediatric Use**

The **safety and effectiveness** of COMIRNATY in individuals **younger than 12 years of age have not been established.**

**Safety and effectiveness** of SPIKEVAX **have not been established in individuals less than 12 years of age.**

**Pregnancy**

**Available data** on COMIRNATY [SPIKEVAX] administered to pregnant women **are insufficient to inform vaccine-associated risks in pregnancy.**

**Carcinogenesis, Mutagenesis, Impairment of Fertility**

COMIRNATY has not been evaluated for the potential to cause **carcinogenicity**, genotoxicity, or impairment of male fertility.

SPIKEVAX has not been evaluated for **carcinogenic**, mutagenic potential, or impairment of male fertility in animals.

**PACKAGE INSERT**  
**Contains FDA-approved information for the safe and effective use of the drug**

**NOT FDA approved** to reduce the risk for severe illness, hospitalization, and premature death **[or TRANSMISSION]**

FDA has **NOT** determined the vaccines to be **safe and effective** in children

FDA has **NOT** determined the vaccines to be **safe and effective** in pregnancy

Studies were **NOT** conducted to determine if the vaccines **could cause cancer, gene damage, or male infertility**

# Three FDA standards: “safe and effective” vs. “may be effective” vs. “reasonably likely to predict”

## Safety of COVID-19 Vaccines

Updated Mar. 7, 2023 [Español](#) [Print](#)

### What You Need to Know

- COVID-19 vaccines are **safe and effective**.

*“**vaccines are safe and effective**” and that they “**met the Food and Drug Administration’s (FDA’s) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization (EUA).**”*

### Hundreds of Millions of People Have Safely Received a COVID-19 Vaccine

More than 672 million doses of COVID-19 vaccine have been given in the United States from December 14, 2020, through March 1, 2023. To view the current total number of COVID-19 vaccinations that have been administered in the United States, please visit the [CDC COVID Data Tracker](#).

COVID-19 vaccines are **safe and effective**. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the Food and Drug Administration’s (FDA’s) rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization (EUA). [Learn more about EUAs in this video.](#)




- **Full APPROVAL BLA:** requires substantial evidence of clinical trials to establish “safe and effective.” Initial BLA approval deficient (site monitoring, waning, repeat dose, process change etc.)
- **EMERGENCY EUA:** “**reasonably believes**” the product “**may be effective**” based on the “**totality of scientific evidence** [...] including data from **adequate** and well-controlled **clinical trials, if available.**”
- **ACCELERATED APPROVAL BLA:** Only limited clinical study, with a **SURROGATE** endpoint “**that is reasonably likely to predict clinical benefit**” not requiring “**substantial evidence.**” No immune correlate of protection has been established.

2023 Mar 7. [www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html](http://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html).

	Full approval (BLA)	Emergency (EUA)	Accelerated Approval type BLA (eg flu)
Strength of evidence	FDA assesses if sponsor has <b>established</b> that the drug is <b>safe and effective</b> .	FDA determines if it is <b>“reasonable to believe”</b> that the product <b>“may be effective”</b>	<b>LIMITED-size</b> clinical study requiring <b>SURROGATE</b> endpoint <b>“that is reasonably likely to predict clinical benefit.”</b>
Quality / quantity of evidence.	<b>“substantial evidence”</b> “consisting of <b>adequate and well-controlled</b> investigations <b>including clinical investigations.”</b>	“the <b>totality of scientific evidence</b> [...] including data from <b>adequate and well-controlled clinical trials, if available.”</b>	For <b>LIMITED</b> clinical study <b>“substantial evidence”</b> “consisting of <b>adequate and well-controlled</b> investigations <b>including clinical investigations.”</b> <b>No “substantial evidence” required to establish the surrogate endpoint</b>
SAFETY	Small, if any, component of potential risks and benefits applicable.	“known <b>and potential</b> benefits ... outweigh the known and potential risks...” Overestimated threat will overestimate benefit.	Limited assessment, based on limited study.

## How low is the EUA Standard?

- EUA for young children (< 5) issued on data that are **“preliminary, imprecise, and potentially unstable”** (June 2022)
- “Analysis not verified by FDA”** Jansen booster, Pfizer 5-11 children doses

**Supportive Efficacy Analysis**  
(Data accrued through October 8, 2021) 

Vaccine Efficacy in Participants **Without** Evidence of Infection Prior to 7 Days After Dose 2  
(5-11 Years of Age Evaluable Efficacy Population)

	BNT162b2 10 µg (N <sup>a</sup> =1305) n1 <sup>b</sup> Surveillance Time <sup>c</sup> (n2 <sup>d</sup> )	Placebo (N <sup>a</sup> =663) n1 <sup>b</sup> Surveillance Time <sup>c</sup> (n2 <sup>d</sup> )	Vaccine Efficacy % (95% CI)
First COVID-19 occurrence from 7 days after Dose 2	3 0.322 (1273)	16 0.159 (637)	<b>90.7 (67.7, 98.3)</b>

a. N = number of participants in the specified group.  
b. n1 = Number of participants meeting the endpoint definition.  
c. Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from 7 days after Dose 2 to the end of the surveillance period.  
d. n2 = Number of participants at risk for the endpoint.

**FDA, VRBPAC Oct 26, 2021**

**Analyses not verified by FDA**



## COVID vaccines: “We flew the aeroplane while we were still building it”

Recently retired head of vaccine R&D at Pfizer, Kathrin Jansen, discusses the lightning speed development of SARS-CoV-2 vaccines – and the implications for vaccine platforms.



# Time to ground the plane?

## Additional concerns

- modRNA vaccines meet FDA’s biological **definition of gene therapy**
- A number of manufacturing changes were implemented since the original versions in 2020
- FDA/ CDC/ VSD: modRNA previously **undisclosed safety signals** for AMI, VTE, PE, Bells Palsy, ischemic stroke, seizures in children
- Despite mandatory reporting, **deaths are underreported** to VAERS by **10 – 36** fold (FDA)
- **Flawed** FDA **risk-benefit** ratios (**~10x-100x**) (Bourdon et al 2024)
- **Covid era cancer uptick**: cannot exclude SARS-CoV-2 or vaccine. **Cancer signals in VAERS**
- **Residual DNA** found at levels **exceeding guidelines**. **For Pfizer an undisclosed SV40 sequence** was found. Several mechanisms could account for **additional risks, including cancer**
- Vaccines elicit unknown, uncharacterized frameshift proteins of unknown toxicology and distribution

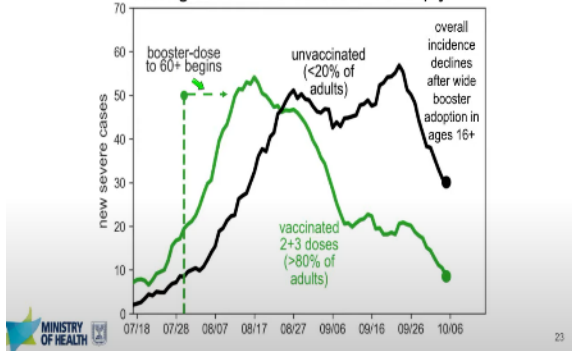
*“Based on the totality of scientific evidence available, including data from adequate and well-controlled trials, if available, it is reasonable to believe that the product may*

*be **ineffective** & **unsafe**”* adapted EUA Guidelines COVID-19 Vaccine

[www.fda.gov/media/142749/download](http://www.fda.gov/media/142749/download)

# SPARE SLIDES

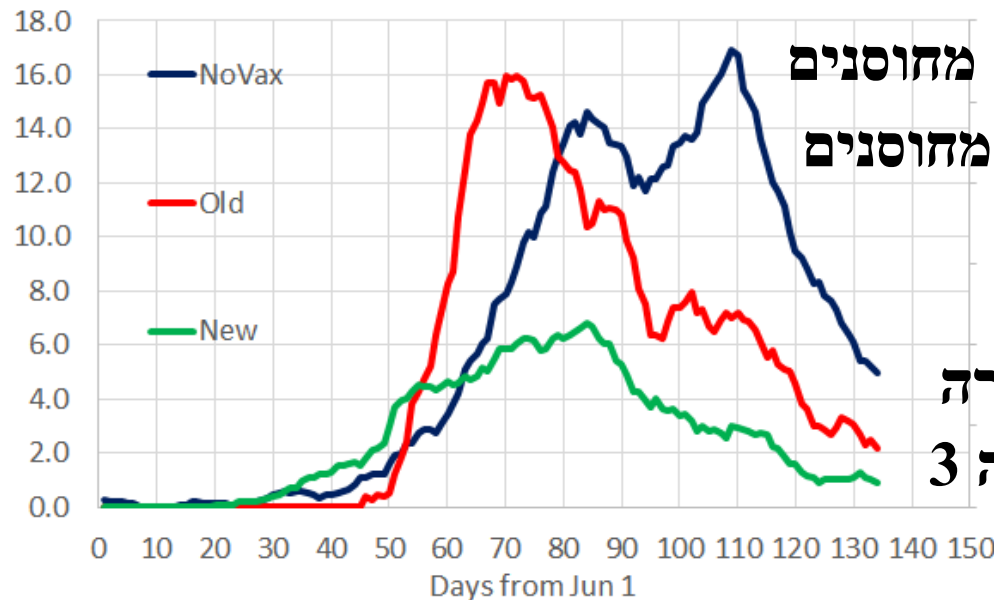
Following the third dose, severe cases among vaccinated decreased sharply



**By six months there appears to be almost no benefit of vaccination**

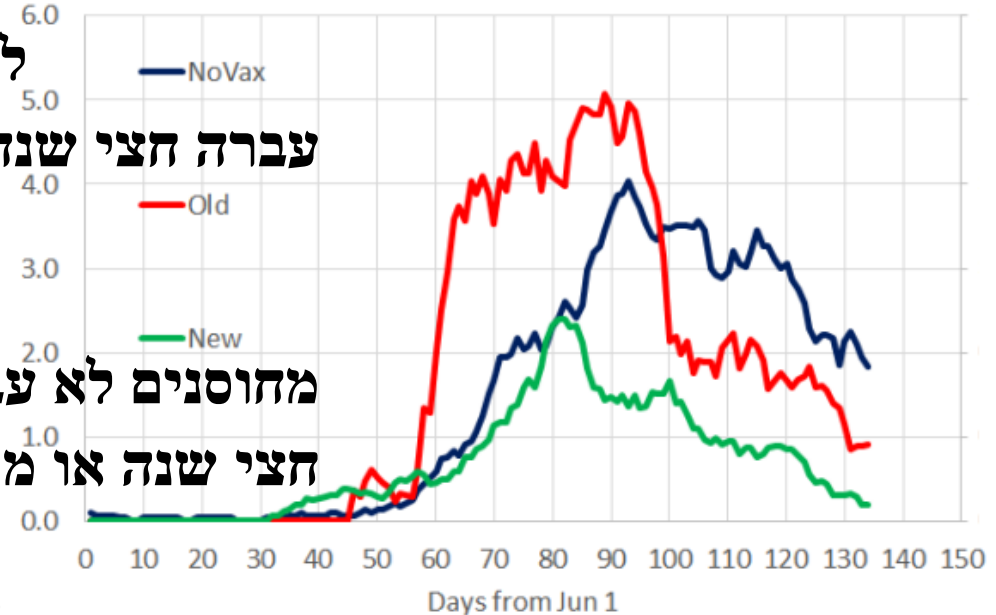
7 day moving average from Israeli MoH

Severe Cases/ MM



לא מחוסנים  
עברה חצי שנה מחוסנים  
מחוסנים לא עברה  
חצי שנה או מנה 3

Deaths/ MM נפטרים



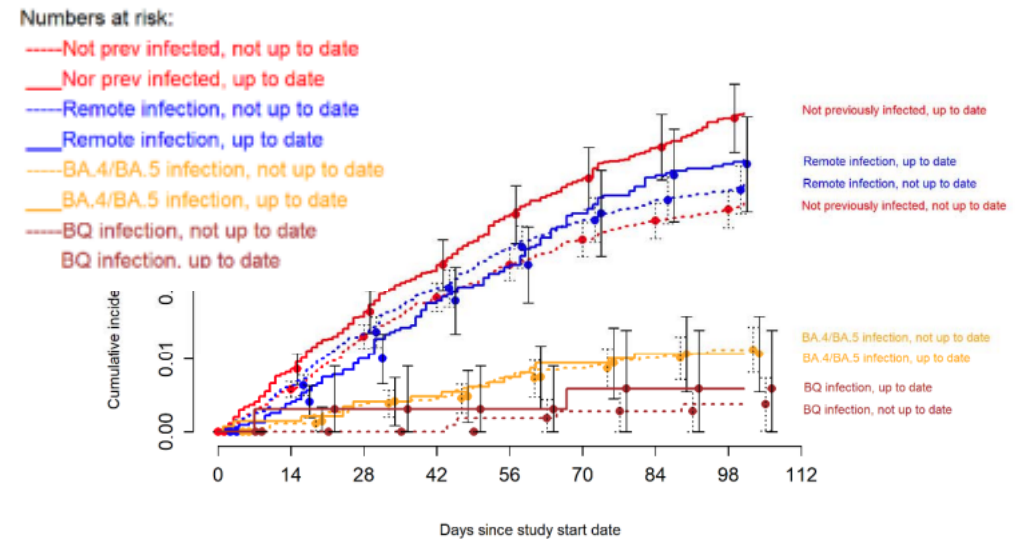
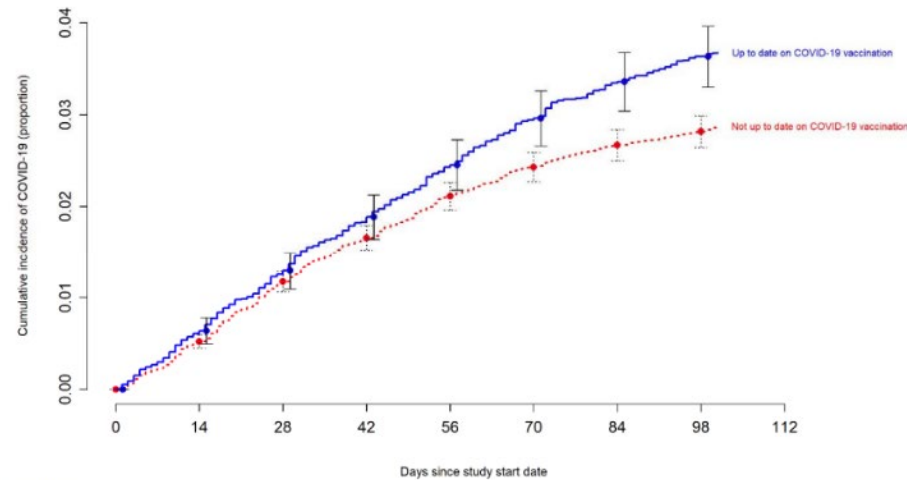
**Non-recent vaccinees develop Covid more quickly and as least as much as non-vaccinated**

Data from Israel MoH Sept 2021

Posted June 12, 2023.

ID Nabin K. Shrestha, Patrick C. Burke, Amy S. Nowacki, Steven M. Gordon  
doi: <https://doi.org/10.1101/2023.06.09.23290893>

Conclusions. Since the XBB lineages became dominant, **adults “not up-to-date” by the CDC definition have a lower risk of COVID-19 than those “up-to-date”** on COVID-19 vaccination, bringing into question the value of this risk classification definition



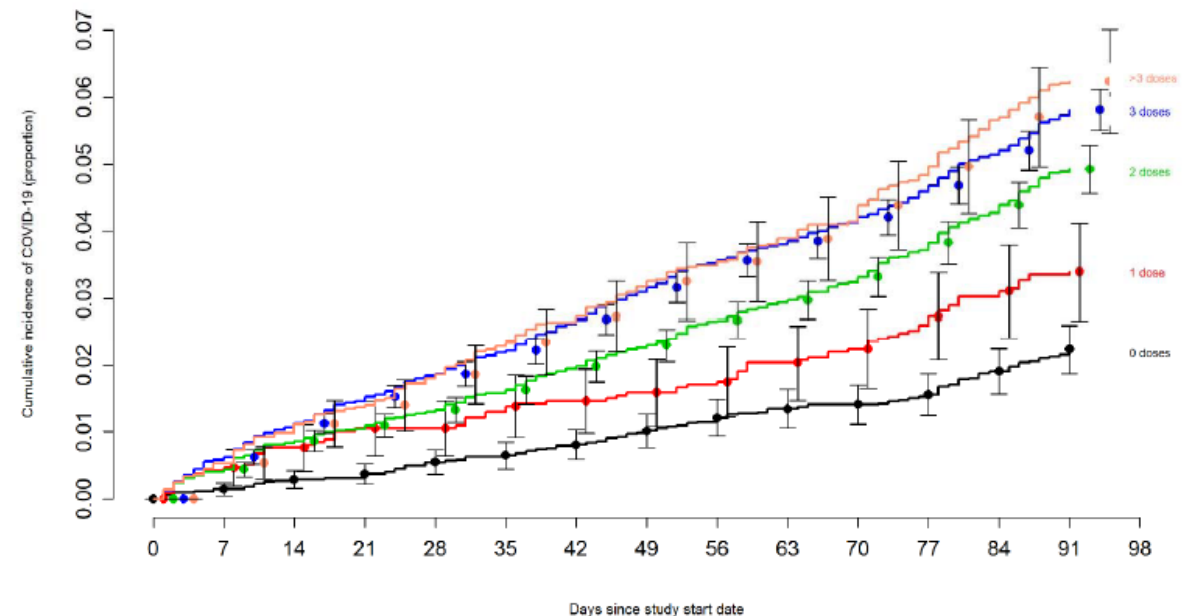
with respect to COVID-19 vaccination.

By phase during which the last prior episode of COVID-19 occurred.

**Methods** Employees of Cleveland Clinic in employment on the day the bivalent COVID-19 vaccine first became available to employees, were included.

Risk of COVID-19 **increased** with time since the most recent prior COVID-19 episode and **with the number of vaccine doses previously received**. In multivariable analysis, the bivalent vaccinated state was independently associated with lower risk of COVID-19 (HR, .70; 95% C.I., .61-.80), leading to an estimated vaccine effectiveness (VE) of **30%** (95% CI, 20-39%). Compared to last exposure to SARS-CoV-2 within 90 days, last exposure 6-9 months previously was associated with twice the risk of COVID-19, and last exposure 9-12 months previously with 3.5 times the risk.

**This is not the only study to find a possible association with more prior vaccine doses and higher risk of COVID-19.**



# Effectiveness of the 2023–2024 Formulation of the Coronavirus Disease 2019 mRNA Vaccine [Get access >](#)

Nabin K Shrestha ✉, Patrick C Burke, Amy S Nowacki, Steven M Gordon ✉

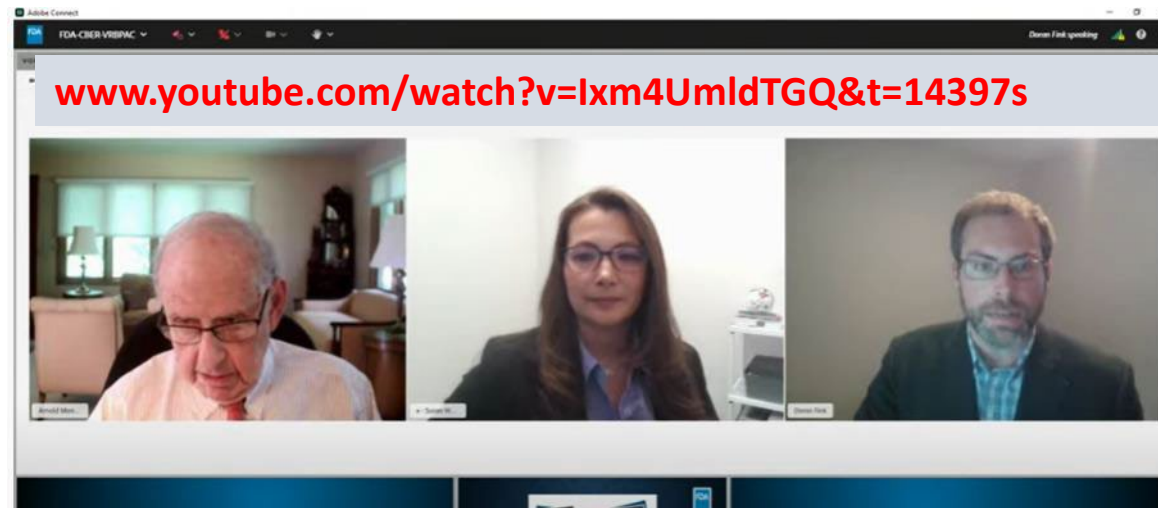
*Clinical Infectious Diseases*, ciae132, <https://doi.org/10.1093/cid/ciae132>

**Published:** 11 March 2024    **Article history** ▼

Cleveland clinic: XBB C19 vax efficacy = 42% (CI 32%-51%) before JN.1 & 19% (CI -1%-35%) after. **C19 risk lower with infection from previous XBB or later strain, and increased with the number of vax doses previously received**

In multivariable analysis, the 2023-2024 formula vaccinated state was associated with a significantly lower risk of COVID-19 before the JN.1 lineage became dominant (HR, .58; 95% C.I., .49-.68, p-value < .001), and lower risk but one that did not reach statistical significance after (HR, .81; 95% C.I., .65-1.01, p-value 0.06). Estimated vaccine effectiveness (VE) was 42% (95% C.I., 32%-51%) before the JN.1 lineage became dominant, and 19% (C.I., -1%-35%) after. **Risk of COVID-19** was lower among those previously infected with an XBB or more recent lineage, **and increased with the number of vaccine doses previously received.**

	Full approval (BLA)	Emergency (EUA)
<b>DESCRIPTION</b>	“established as <b>safe and effective</b> ”	“believes <b>may be effective</b> ”
<b>Depth of review by FDA.</b>	Comprehensive	More abbreviated than for BLA. Data summary taken more at face value than BLA.
<b>EFFECTIVENESS</b>		
<b>Strength of evidence</b>	FDA assesses if sponsor has <b>established</b> that the product is <b>safe and effective</b> for its proposed uses.	FDA determines if it is “ <b>reasonable to believe</b> ” that the product “ <b>may be effective</b> ”
<b>Quality / quantity of evidence.</b>	“ <b>substantial evidence</b> ” “consisting of <b>adequate and well-controlled</b> investigations <b>including clinical investigations.</b> ”	“the <b>totality of scientific evidence</b> available [...] including data from <b>adequate</b> and well-controlled <b>clinical trials, if available.</b> ”
<b>SAFETY</b>	Small, if any, component of potential risks and benefits applicable.	“known <b>and potential</b> benefits of the product outweigh the known and potential risks of the product” Includes potential risks and benefits. Overestimated nature of emergency threat will overestimate potential product benefit. A <b>higher level</b> of product-related <b>safety risk</b> will be <b>accepted</b> in the face of a <b>speculatively higher product benefit.</b>
<b>MANUFACTURING</b>	Good Manufacturing Practices (GMPs) required. <b>Lot release</b> testing by FDA may be <b>required</b>	<b>GMPs may be waived.</b> Regulations for <b>lot release do not apply</b> to investigational or EUA products Limited stability may be available.



*“We have some very preliminary vaccine efficacy results after dose 3 are limited by small number of cases and limited follow up time that appear to suggest an improvement in protection following dose three as compared to following dose two. We do consider this estimate to be **preliminary, we consider it to be imprecise and potentially unstable and so** exactly what the vaccine efficacy is after dose three I think needs further data to inform.” (Dr. Doron Fink, VRBPAC June 15 2022)*

And we would expect to get some of these this data hopefully from updated analyses from the clinical trial if more cases are accrued, recognizing of course that if the vaccine is authorized will result in unblinding of placebo recipients so that they can get their three dose series and also from real world effectiveness data once the vaccine is used. I do want to make it very clear that based on the totality of evidence that we presented including **primarily the immune bridging data** to the 2 dose adult primary series as well as a number of pieces of support data including preliminary descriptive efficacy analysis and other influential lines of data that you have seen from Pfizer. **We do feel very confident that the evidentiary standard for benefit for EUA has been met here.** I think in terms of what the efficacy is after a third dose and whether an additional dose beyond that is needed is going to require more data



Vaccines and Related Biological Products  
Advisory Committee Meeting

FDA Review of Effectiveness and Safety of  
Janssen COVID-19 Vaccine (Ad26.COVS) Booster Dose  
Emergency Use Authorization Amendment

Rachel Zhang, M.D. & Timothy Brennan, Ph.D., M.D., M.S.  
FDA/CBER  
Office of Vaccines Research and Review  
Division of Vaccines and Related Products Applications

Efficacy Studies: COV3001 Study Data



Vaccine efficacy against centrally confirmed moderate and severe/critical COVID-19 with onset at least 14 days after vaccination, primary analysis and final efficacy analysis

	Primary Analysis (cutoff date January 22, 2021; median follow up 2 months) VE% (95% CI)	Final Analysis (cutoff date July 9, 2021; median follow up 4 months) VE% (95% CI)
Moderate and severe/critical	66.9% (59.0, 73.0)	56.3% (51.3, 60.8)
	63.7% (53.9, 71.6)	56.6% (51.0, 61.7)
	76.3% (61.6, 86.0)	55.0% (42.9, 64.7)
Severe/critical COVID-19	76.7% (54.6, 89.1)	73.3% (63.9, 80.5)
COVID-19 requiring medical intervention	75.0% (-25.3, 97.4)	76.1% (56.9, 87.7)
COVID-19 related deaths	Not calculated	84.5% (47.3, 97.1)

**x23 Analysis not verified by FDA**



Safety Analyses: COV1001 Cohort 2a Group 2  
(6-month interval) Solicited Adverse Reactions

Janssen analyses of July 9, 2021 data cutoff not verified by FDA

Frequency of Solicited Local Adverse Reactions Within 7 Days After Primary Vaccination Compared to After Booster Dose (18-55 years of age)

	Post-Primary Vaccination N=29 n (%)	Post-Booster Dose N=19 n (%)
Any solicited local AR	24 (82.8)	15 (78.9)
Grade 3 or higher solicited local AR	0	0
Any Pain	23 (79.3)	15 (78.9)
Any Erythema	1 (3.4)	0
Any Swelling	1 (3.4)	0

Injection site pain- Grade 1: does not interfere with activity; Grade 2: requires modification in activity or use of medication; Grade 3: incapacitating, requires Rx pain reliever  
Erythema and Swelling- Grade 1: 25-50mm; Grade 2: 51-100mm; Grade 3: >100 mm

Analyses Not Verified by FDA

Frequency of Solicited Systemic Adverse Reactions Within 7 Days After Primary Vaccination Compared to After Booster Dose (18-55 years of age)

	Post-Primary Vaccination N=29 n (%)	Post-Booster Dose N=19 n (%)
Any solicited systemic AR	23 (79.3)	11 (57.9)
Grade 3 or higher solicited systemic AR	1 (3.4)	0
Any Fatigue	17 (58.6)	5 (26.3)
Any Headache	16 (55.2)	9 (47.4)
Grade 3	1 (3.4)	0
Any Myalgia	17 (58.6)	4 (21.1)
Any Nausea	8 (27.6)	2 (10.5)
Any Fever	3 (10.3)	0
Antipyretic or pain medication use	12 (41.4)	6 (31.6)

Fatigue, Headache, Myalgia, Nausea- Grade 1: no interference with activities; Grade 2: requires modification in activity or use of medications; Grade 3: incapacitating, prevents daily activity, use of Rx pain reliever.  
Fever- Grade 1: 38-38.4 C, Grade 2: 38.5-38.9 C; Grade 3: 39.0-40.0

Analyses Not Verified by FDA



# Exploratory Analysis: Geometric Mean Titer (Delta Variant and USA\_WA1/2020 Strain)



Participants Without Evidence of Infection up to 1 Month After Dose 2, Phase 2/3 – 5-11 Years of Age, Subset of Evaluable Immunogenicity Population

Assay* Target	Time Point	BNT162b2 10 µg N=34 GMT (95% CI)	Placebo N=4 GMT (95% CI)
USA_WA1/2020	Pre-Dose 1	10.0 (10.0, 10.0)	10.0 (10.0, 10.0)
USA_WA1/2020	1 month post-Dose 2	365.3 (279.0, 478.4)	10.0 (10.0, 10.0)
B.1.617.2 (Delta)	Pre-Dose 1	10.0 (10.0, 10.0)	10.0 (10.0, 10.0)
B.1.617.2 (Delta)	1 month post-Dose 2	294.0 (214.6, 405.3)	10.0 (10.0, 10.0)

\*SARS-CoV-2 plaque-reduction neutralization (PRNT) assay

**Analysis not verified by FDA**

Assay not yet validated; Analyses not verified by FDA

# Serious potential bias: observer but not double blinded

## Disproportionate exclusion/deviations in vaccine group



### Supportive Efficacy Analysis (Data accrued through October 8, 2021)



Vaccine Efficacy in Participants **Without** Evidence of Infection Prior to 7 Days After Dose 2  
(5-11 Years of Age Evaluable Efficacy Population)

	BNT162b2 10 µg (N <sup>a</sup> =1305) n1 <sup>b</sup> Surveillance Time <sup>c</sup> (n1 <sup>b</sup> )	Placebo (N <sup>a</sup> =663) n1 <sup>b</sup> Surveillance Time <sup>c</sup> (n2 <sup>d</sup> )	Vaccine Efficacy % (95% CI)
First COVID-19 occurrence from 7 days after Dose 2	3 0.322 (1273)	16 0.150 (637)	<b>90.7 (67.7, 98.3)</b>

- a. N = number of participants in the specified group.
- b. n1 = Number of participants meeting the endpoint definition.
- c. Total surveillance time in 1000 person-years for the given endpoint across all participants within each group at risk for the endpoint. Time period for COVID-19 case accrual is from 7 days after Dose 2 to the end of the surveillance period.
- d. n2 = Number of participants at risk for the endpoint.

**Analyses not verified by FDA**

**FDA, VRBPAC Oct 26, 2021**

**No severe cases or deaths**

**Covid-19 gene therapy vaccines:  
Why no review by FDA's  
Office of Tissues and Advanced Therapies  
(OTAT) and  
Cell Therapy Gene Therapy Advisory  
Committee (CTGTAC)**

[www.regulations.gov/comment/FDA-2022-N-0470-0179](http://www.regulations.gov/comment/FDA-2022-N-0470-0179)

David M Wiseman, PhD, MRPharmS

CTGTAC Meeting June 10<sup>th</sup> 2022

# modRNA vaccines meet FDA's biological definition of gene therapy

human gene therapy products: ... mediate their effects by **transcription or translation** of transferred **genetic material** or by specifically altering host (human) genetic sequences.

Some examples ... include nucleic acids (e.g., plasmids, **in vitro transcribed ribonucleic acid (RNA)**),

delayed adverse events **for as long as 15 years following exposure** to the investigational GT product, specifying that the LTFU observation should include a **minimum of five years of annual examinations, followed by ten years** of annual queries of study subjects, either in person or by questionnaire.

**“This guidance does not apply to vaccines for infectious disease indications”**

## Long Term Follow-Up After Administration of Human Gene Therapy Products

**Guidance for Industry** 2020

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Biologics Evaluation and Research  
January 2020

[www.fda.gov/media/113768/download](http://www.fda.gov/media/113768/download)

5–15-year long term follow up for autoimmune, blood, neuro, **cancer**

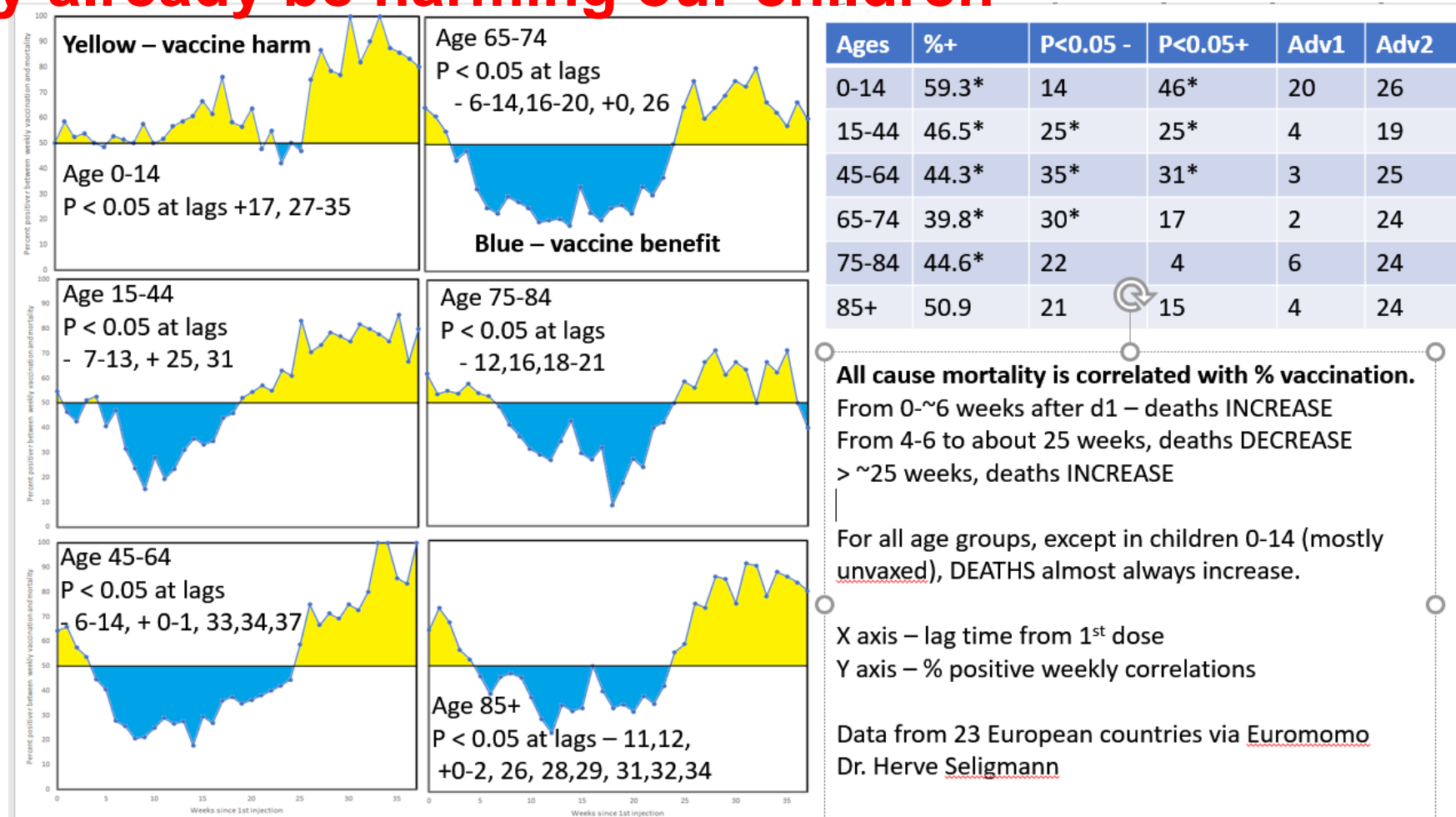
# Vaccine Safety Signals

(Sep 2021) **All- cause deaths correlate with vaccination.**

Adults benefit (blue) 4 to 26 weeks, otherwise detriments (yellow).

In non-vaccinated children deaths correlate with adult vaccine coverage.

**We may already be harming our children**



# Early indications of excess deaths among vaccinated?



- FranceSoir

EN DIRECT SOCIÉTÉ POLITIQUE CULTURE LIFESTYLE

Journal of Medicine refuse une lettre d'avertissement du Dr Seligman

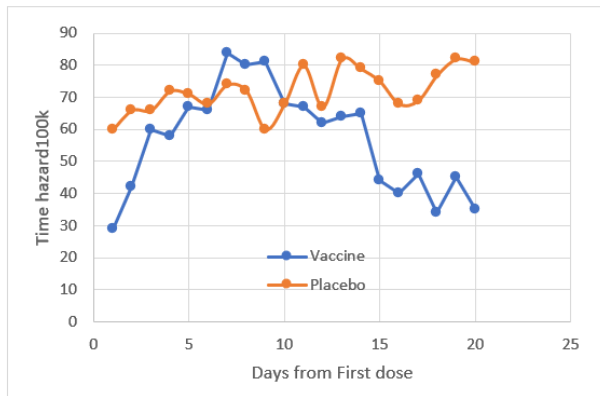
© Publié le 21/05/2021 à 16:56



The NEW ENGLAND JOURNAL of MEDICINE



• Figure 3: Covi



# Medicine denies warning letter from Dr Seligman

## Deaths among vaccinees - Israel based on Dagan and MoH Data

Adaptation of Seligmann March 2021	C19 Death	N	Rate/100k
Israel whole , includes deaths <18y	1752	Dec 20-Feb 1	
Israel adult populaton		5937684	29.5
study treatment group	9	596618	1.5
study placebo group	32	596618	5.4
remainder of pop not in study	1711	4744448	36.1
total unvaccinated pop to Feb 1		2752283	
unvaxed pop not in study		2155665	
deaths expected in unvax pop not in study	164		
add back unvaxed deaths from study	196		7.1
total vaccinated pop to Feb 1 (>=1 dose)		3185401	
vaxed pop not in study		2588783	
deaths in vaxed pop not part of study	1547		
add back death from study	1556		
deaths /100k vaxed			48.9
expected deaths in vaxed	242		
excess deaths /100k vaxed	1314		41.3
<b>Does not account for rollover</b>			

Baseline death assumptions	Dagan	MoH prior44d						
Assumed C19/100k deaths non-vax	5.4	7.6	10	15	20	21	25	30
Excess C19/100k deaths vaxed	44.9	41.3	37.2	28.8	20.5	18.8	12.1	3.7
Excess C19 deaths vax US 188MM	85612	77570	69991	54229	38468	35316	22707	6945



**Denmark: negative  
Vaccine  
Effectiveness  
for All Cause  
Mortality in  
priority groups**

**Vaccine effectiveness of the BNT162b2 mRNA COVID-19 vaccine against RT-PCR confirmed SARS-CoV-2 infections, hospitalisations and mortality in prioritised risk groups**

Hanne-Dorthe Emborg, Palle Valentiner-Branth, Astrid Blicher Schelde, Katrine FINDERUP Nielsen, Mie Agermose Gram, Ida Rask Moustsen-Helms, Manon Chaine, Ulla Holten Seidelin, Jens Nielsen

doi: <https://doi.org/10.1101/2021.05.27.21257583>

Previous

Posted June 02, 2021.

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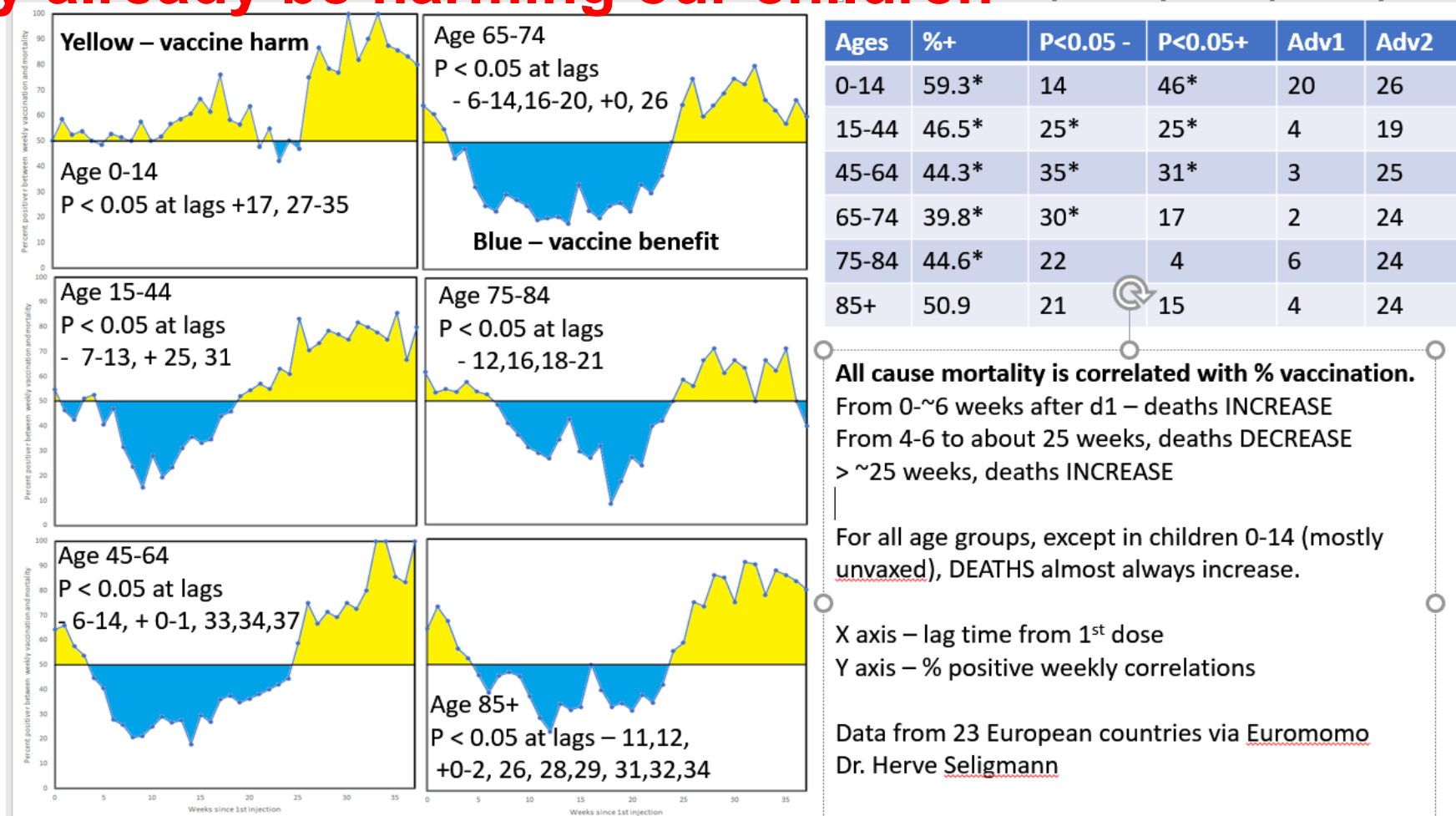
	All Cause Death (unadj)			Covid-19 death (unadj)		
	N	PYRS	VE	N	PYRS	VE
unvax	6419	153179		445	153180	
<14 d1	843	17667	-0.14	69	17667	-0.34
>14 d1	1580	12470	-2.02	203	12471	-4.60
<7d2	252	7430	0.19	0	7430	1.00
>7d2	2952	37632	-0.87	25	37632	0.77
all times	5627	75198	<b>-0.79</b>	297	75199	<b>-0.36</b>

(Sep 2021) **All- cause deaths correlate with vaccination.**

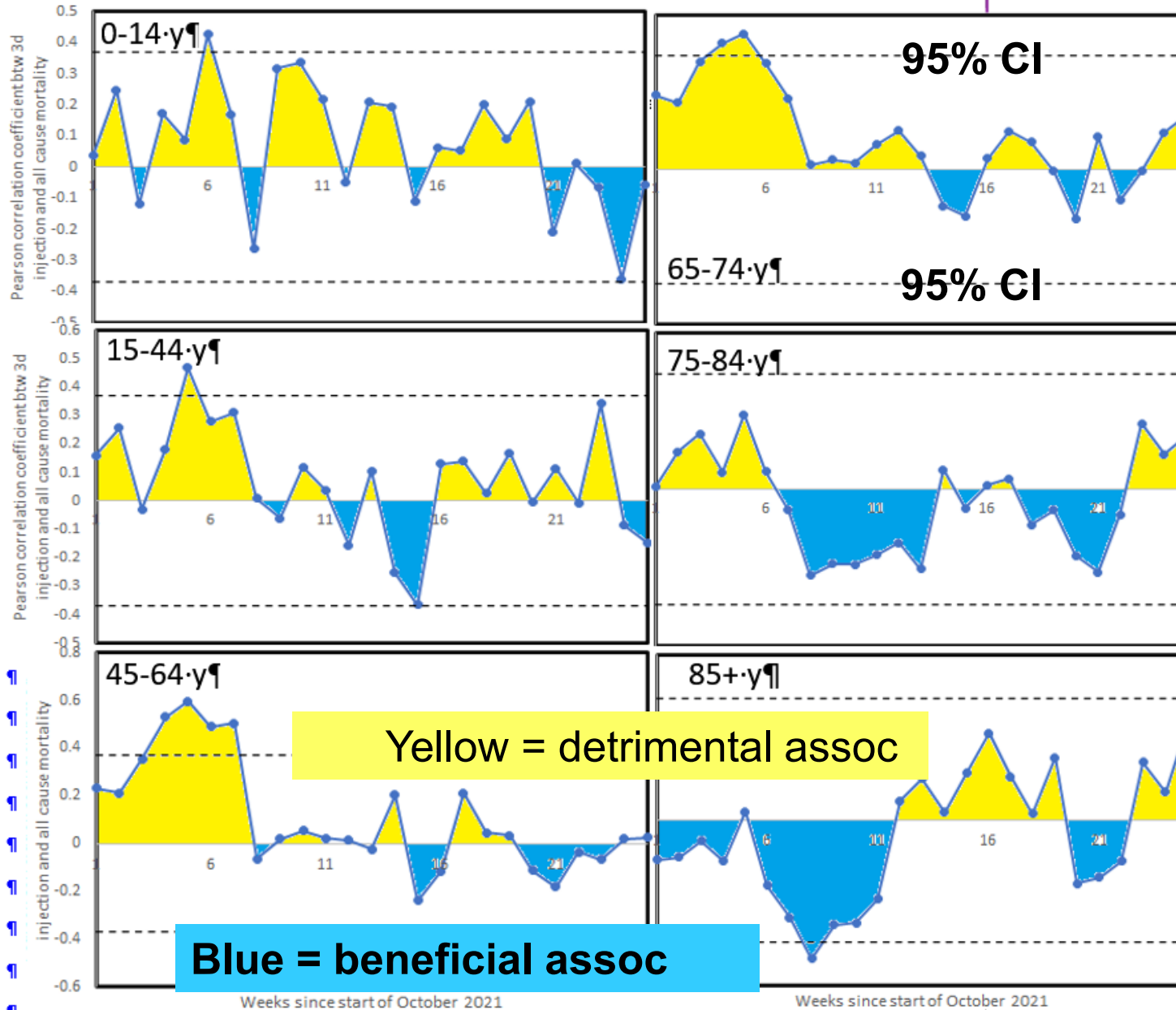
Adults benefit (blue) 4 to 26 weeks, otherwise detriments (yellow).

In non-vaccinated children deaths correlate with adult vaccine coverage.

**We may already be harming our children**



# Negative association - EU: vaccine coverage & all-cause mortality



Euromomo.eu 23 countries  
Seligmann & Pantazatos

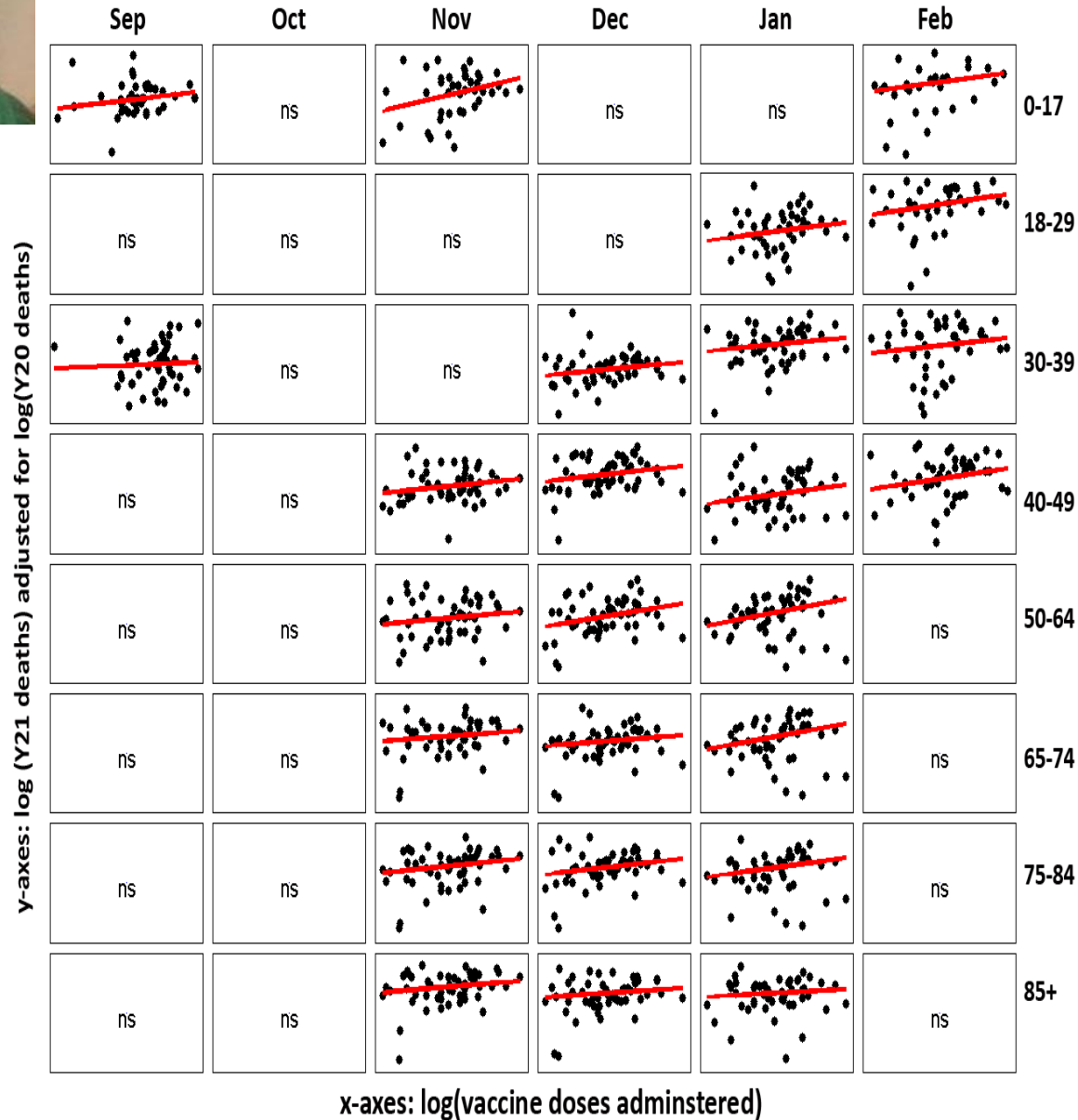
Weekly  
10/1/21 – 3/23/22  
correlations between cumulative all-population boosting and age-specific all-cause mortality (z score)

**Mostly detrimental associations, especially < 75 years**

Reaching  $p < 0.05$



# CDC: Significant detrimental associations between vaccination and all-cause mortality



Less granular (month/ week) –  
more granular age specific vax  
and mortality, by state

Multiple linear regression model

Total deaths for month vs.  
vaccine doses previous month  
Mostly booster.

Only correlations  $p < 0.05$  shown

See Pantazatos and Seligmann  
10.13140/RG.2.2.28257.43366

**RCA Signal\* for Myocarditis/Pericarditis in the 1-21 Day Risk Interval, all VSD population ≥12 years**

Compared with Outcome Events in Vaccinated Comparators on the Same Calendar Days

Outcome	Event in Risk Interval	Adjusted Rate Ratio (95% CI) <sup>2</sup>	Sequential Test <sup>1</sup>	
			1-sided P-value	'Signal' 1-sided p <0.0048?
Myocarditis / pericarditis	138	1.72	<0.001	Yes

<sup>1</sup>Sequential test requires 1-sided p < 0.0048 for a signal. This keeps the probability of a false positive signal (due to chance alone) below 0.05 in 2 years of surveillance.

<sup>2</sup>Adjusted for VSD site, 5-year age group, sex, race/ethnicity, and calendar date. Comparison interval is 22–42 days after either dose.

\*signal as of August 2021

22

**It took until Aug 2021 for myocarditis to signal in VSD for 1-21 day interval**

<https://www.youtube.com/watch?v=lQCVIbsm-k0&t=9479s>

2:37:58 so just uh in terms of future considerations uh 2023 vsd covid-19 RCA surveillance is complete so future studies at the vsd may consider future further investigating um really there's **two in light gray which I'm not going to focus on too much in those vaccines aren't actually in use** but um ischemic stroke after concomitant bivalent vaccines and flu vaccines in over 65 year olds in future seasons in terms of potential future study next slide

## Future Considerations

- 2020-2023 VSD COVID-19 RCA surveillance is complete.
- Future Studies - VSD may consider further investigating:
  - mRNA vaccine primary series signals of VTE and AMI
  - Bell's palsy after Janssen primary and mRNA monovalent booster (limited data since neither vaccine is currently available or used)
  - Ischemic stroke after concomitant bivalent boosters and flu vaccines in ≥65-year-olds in future season

## Final RCA Findings in the 1-21 Day Risk Interval After Primary Series ≥12 Years Compared with Outcome Events 22-42 days after in Vaccinated Comparators\*

[www.youtube.com/watch?v=lQCVIbsm-k0&t=8709s](https://www.youtube.com/watch?v=lQCVIbsm-k0&t=8709s)

[www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/07-COVID-Klein-508.pdf](https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/07-COVID-Klein-508.pdf)

Risk Period Days	Outcome Event	Moderna			Pfizer			Both mRNA Vaccines			Janssen
		Dose 1 Signal?***	Dose 2 Signal?***	Both Doses	Dose 1 Signal?***	Dose 2 Signal?***	Both Doses	Dose 1 Signal?***	Dose 2 Signal?***	Both Doses	Dose 1 Signal?***
1-21	Acute disseminated encephalomyelitis	-	No	No	No	-	No	No	No	No	-
	Acute myocardial infarction	No	No	No	No	Yes	No	No	Yes	No	No
	Appendicitis	No	No	No	No	No	No	No	No	No	No
	Bell's palsy	No	No	No	No						
	Cerebral venous sinus thrombosis	No	No	No	No						
	Disseminated intravascular coagulation	No	No	No	No						
	Encephalitis / myelitis / encephalomyelitis	No	No	No	No	No	No	No	No	No	-
	Guillain-Barre syndrome	No	No	No	No	No	No	No	No	No	No
	Stroke, hemorrhagic	No	No	No	No	No	No	No	No	No	No
	Stroke, ischemic	No	No	No	No	No	No	No	No	No	No
	Immune thrombocytopenia	No	No	No	No	No	No	No	No	No	No
	Kawasaki disease	No	No	No	-	-	-	No	No	No	-
	Myocarditis / pericarditis	No	No	No	No	Yes	Yes	No	Yes	Yes	No
	Seizures	No	No	No	No	No	No	No	No	No	No
	Transverse myelitis	No	No	No	No						
	Thrombotic thrombocytopenic purpura	No	No	No	No						
	Thrombosis with thrombocytopenia syndrome	No	No	No	No						
	Venous thromboembolism	No	No	No	No	Yes	Yes	No	Yes	Yes	No
	Pulmonary embolism (subset of VTE)	No	No	No	No	No	No	No	No	No	No

Acute myocardial infarction

Venous thromboembolism

- = analyses not yet possible

\*Final analyses through May 2022

\*\*Signaling threshold P<0.01 (one-sided)

2:25:06 and this is the final analysis for the RCA Findings the 1 to 21 day risk interval after the primary series and 12 and up their vaccinated concurrent comparator analyzes and what you what we found was that what we saw was that as I mentioned earlier that there's myocarditis pericarditis signal um for both Pfizer as well as both mRNA vaccines **we also saw signals for those two for the acute myocardial infarctions as well as venous thromboembolus** after those two and both doses

## Signals for Pre-specified Outcomes in 21-day Risk Interval Through 4/12/22

Primary series with Signal after 1 <sup>st</sup> Booster	Pfizer - Pfizer OR Moderna - Moderna	Pfizer - Pfizer	Moderna - Moderna	Janssen		
	Pfizer OR Moderna	Pfizer	Moderna	Pfizer	Moderna	Janssen
<b>Outcome Event</b>	<b>Signal?</b>					
Acute myocardial infarction	No	No	No	No	No	No
Appendicitis	No	No	No	No	No	No
Bell's palsy	No	No	No	No	No	No
Cerebral venous sinus thrombosis	No	No	No	-	-	No
Disseminated intravascular coagulation	No	No	No	No	-	No
Encephalitis / myelitis / encephalomyelitis	No	No	No	-	-	-
Guillain-Barre syndrome	No	No	No	No	-	No
Stroke, hemorrhagic	No	No	No	No	No	No
Stroke, ischemic	No	No	No	No	No	No
Immune thrombocytopenia	No	No	No	No	No	-
Myocarditis / pericarditis	<b>Yes</b>	No	No	No	No	No
Seizures	No	No	No	No	No	No
Transverse myelitis	No	No	No	-	-	-
Thrombotic thrombocytopenic purpura	No	No	No	-	-	No
<del>Thrombosis with thrombocytopenia syndrome</del>	No	No	No	-	-	No
Venous thromboembolism	No	No	No	No	No	No
<del>Pulmonary embolism</del>	No	No	No	No	No	No

\* indicates that analyses are not yet possible.

8

Klein ACIP April 20 2022

[www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-04-20/03-COVID-Klein-Shimabukuro-508.pdf](http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-04-20/03-COVID-Klein-Shimabukuro-508.pdf)

## VSD signals for pre-specified outcomes in 21-day risk interval after 1<sup>st</sup> booster in people ages 12 years and older

Primary series with Signal after 1 <sup>st</sup> booster	Pfizer-Pfizer OR Moderna-Moderna	Pfizer-Pfizer	Moderna-Moderna
	Pfizer OR Moderna	Pfizer	Moderna
<b>VSD RCA pre-specified outcomes</b>	<b>Signal?</b>		
Acute disseminated encephalomyelitis	No	No	-*
Acute myocardial infarction	No	No	No
Appendicitis	No	No	No
Bell's palsy	No	No	No
Cerebral venous sinus thrombosis	No	No	No
Disseminated intravascular coagulation	No	No	No
Encephalitis / myelitis / encephalomyelitis	No	No	No
Guillain-Barre syndrome	No	No	No
Stroke, hemorrhagic	No	No	No
Stroke, ischemic	No	No	No
Immune thrombocytopenia	No	No	No
<b>Myocarditis / pericarditis</b>	<b>Yes</b>	No	No
Seizures	No	No	No
Transverse myelitis	No	No	No
Thrombotic thrombocytopenic purpura	No	No	No
<del>Thrombosis with thrombocytopenia syndrome</del>	No	No	No
Venous thromboembolism	No	No	No
Pulmonary embolism	No	No	No

Results through  
Aug 13, 2022

\* Analyses not yet  
possible

**VSD**

vaccine safety datalink

Shimabukuro ACIP Sep 1 2022

[www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/05-COVID-Shimabukuro-508.pdf](http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/05-COVID-Shimabukuro-508.pdf)

# Signals Detected



Adverse Event (AE)	Medicare Population <sup>1</sup> (Ages 65+)	Adult Population <sup>2</sup> (Ages 18-64)	Pediatric Population <sup>2</sup> (Ages 5-17/6-17)
Acute Myocardial Infarction	No	No	Descriptive Only
Anaphylaxis	No	No	No
Appendicitis	No	No	No
Disseminated Intravascular Coagulation	No	No	No
Deep Vein Thrombosis	No	No	No
Bell's Palsy	No	No	No
Encephalomyelitis/Encephalitis	No	No	No
Guillain-Barré Syndrome	No	No	Descriptive Only
Hemorrhagic Stroke	No	No	Descriptive Only
Myocarditis/Pericarditis	No	<b>BNT162b2 Bivalent (18-35)</b>	No
Common Site Thrombosis with Thrombocytopenia	No	No	No
Uncommon Site Thrombosis with Thrombocytopenia Syndrome	No	No	Descriptive Only
Narcolepsy	No	No	No
<b>Non-Hemorrhagic Stroke</b>	No	No	No
Pulmonary Embolism	No	No	No
Transverse Myelitis	No	No	Descriptive Only
Immune Thrombocytopenia	No	No	No
Febrile Seizures	N/A	N/A	Descriptive Only
Seizures/Convulsions	N/A	N/A	No
Kawasaki disease	N/A	N/A	Descriptive Only
Multisystem Inflammatory Syndrome	Descriptive Only	Descriptive Only	Descriptive Only

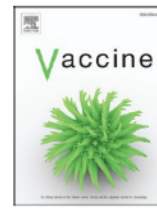
1. Data cuts: CMS 12/2022

2. Data cuts: CVS Health data through 10/2022; HealthCore data through 11/2022, Optum data through 12/2022

AEs and the associated vaccine brand with a safety signal are noted.

N/A indicates neither descriptive monitoring nor sequential testing is being conducted in the indicated age group for a given AE. NO indicates that a safety signal has not been detected. Descriptive Only indicates sequential testing is not being conducted in the indicated age group for a given AE.





**April 16 2024 Received 30 September 2023**

**[doi.org/10.1016/j.vaccine.2024.02.065](https://doi.org/10.1016/j.vaccine.2024.02.065)**

Overview of U.S. COVID-19 vaccine safety surveillance systems

Julianne Gee<sup>a,\*</sup>, Tom T. Shimabukuro<sup>a</sup>, John R. Su<sup>a</sup>, David Shay<sup>a</sup>, Margaret Ryan<sup>b</sup>, Sridhar V. Basavaraju<sup>a</sup>, Karen R. Broder<sup>a</sup>, Matthew Clark<sup>c</sup>, C. Buddy Creech<sup>d</sup>, Francesca Cunningham<sup>e</sup>, Kristin Goddard<sup>f</sup>, Harrison Guy<sup>c</sup>, Kathryn M. Edwards<sup>d</sup>, Richard Forshee<sup>g</sup>, Tanya Hamburger<sup>a</sup>, Anne M. Hause<sup>a</sup>, Nicola P. Klein<sup>f</sup>, Ian Kracalik<sup>a</sup>, Chris Lamer<sup>c</sup>, David A. Loran<sup>b</sup>, Michael M. McNeil<sup>a</sup>, Jay Montgomery<sup>i</sup>, Pedro Moro<sup>a</sup>, Tanya R. Myers<sup>a</sup>, Christine Olson<sup>a</sup>, Matthew E. Oster<sup>h,j</sup>, Andrea J. Sharma<sup>a</sup>, Ryan Schupbach<sup>c</sup>, Eric Weintraub<sup>a</sup>, Brett Whitehead<sup>c</sup>, Steven Anderson<sup>g</sup>

COVID-19 vaccine **safety data were regularly presented to ACIP [87]**, FDA's Vaccine and Related Biological Products Advisory Committee (**VRBPAC**) [88], and WHO's Global Advisory Committee on Vaccine Safety (GACVS) [89].

Important safety analyses from the federal monitoring systems were **published** on preprint servers, in CDC's Morbidity and Mortality Weekly Report, and in peer-reviewed biomedical journals to ensure timely dissemination of information.

**VSD-EHR - RCA monitoring detected statistical signals for acute myocardial infarction (AMI) and venous thromboembolism (VTE) after different combinations of primary series mRNA COVID-19 vaccination [38]**. Similar findings in FDA real-time surveillance for AMI and pulmonary embolism (PE), which is a complication of VTE, were further assessed by FDA using self-controlled methods

**CMS** - FDA conducted rigorous self-controlled analyses and medical chart review of PE, AMI, ITP, and DIC cases from the study in the CMS database; the PE outcome was not consistently observed in follow-up studies and the other three AESIs signals were not confirmed to be associated with COVID-19 vaccination

October 13 2021

SUPPLEMENTAL Written comments submitted to:

Vaccines and Related Biological Products Advisory Committee (VRBPAC) October 14-15, 2021 Meeting

**Booster Doses for Moderna and Janssen Vaccines<sup>1</sup>**David Wiseman,<sup>1</sup> PhD, MRPharmS., Joshua Guetzkow PhD<sup>2</sup>, Hervé Seligmann PhD<sup>3</sup>.

**We saw AMI and embolism signals in August 2021**

**Table 1: Normalized Event Ratio (NER) for Covid-19 Vaccines Compared with Seasonal Flu Vaccines**

	<u>JANSSEN</u>		<u>MODERNA</u>		<u>PFIZER\BIONTECH</u>	
	<u>By dose</u>	<u>By person</u>	<u>By dose</u>	<u>By person</u>	<u>By dose</u>	<u>By person</u>
Death	297	297	170	316	119	225
Life Threatening	110	110	39	72	32	60
Permanent Disability	57	57	24	44	20	38
Congenital Anomaly/Birth Defect	112	112	58	108	51	95
Hospitalized	101	101	43	80	37	70
GBS	19	19	3	5	2	4
Coagulopathy	1427	1428	286	531	218	413
Myocardial Infarction	411	412	232	431	180	339
Myo/peri carditis	181	181	170	317	217	410
Embolic Thrombotic	610	610	151	280	113	213
Serious	92	92	41	76	34	65
Not serious	46	46	27	51	16	31

# Vaccine Adverse Event Reporting System (VAERS)

## Standard Operating Procedures for COVID-19 (as of 29 January 2021)

### 2.3.1 Proportional Reporting Ratio (PRR)

CDC will perform PRR data mining on a weekly basis or as needed. PRRs compare the proportion of a specific AE following a specific vaccine versus the proportion of the same AE following receipt of another vaccine (see equation below Table 4). A safety signal is defined as a PRR of at least 2, chi-squared statistic of at least 4, and 3 or more cases of the AE following receipt of the specific vaccine of interest.

**Table 2: COVID-19 vs. Flu Vaccines: Normalized Event Ratio vs. Disproportionality Signal Analysis as Proportion of All Reports or events**

Ages	SERIOUS EVENTS			DEATHS			GBS			COAGULOPATHY			Myocardial Infarction		
	NER dose	PRR event	PRR report	NER dose	PRR event	PRR report	NER dose	PRR event	PRR report	NER dose	PRR event	PRR report	NER dose	PRR event	PRR report
10-17	34	1.66	1.35	32	1.52	1.24	7	0.34	0.28	74	3.56	2.89	n.e.	n.e.	n.e.
18-49	25	0.87	0.99	64	2.22	2.52	3	0.09	0.1	226	7.78	8.82	403	13.92	15.78
50-64	26	1.23	1.45	85	4.01	4.74	3	0.12	0.14	239	11.19	13.22	121	5.68	6.71
65+	30	2.34	2.76	98	7.77	9.16	3	0.22	0.26	370	31.34	36.97	88	7.01	8.27
10+	28	1.31	1.52	91	4.24	4.93	3	0.13	0.15	276	12.77	14.84	126	5.83	6.78

Note: The PRR is the ratio of the proportion of a particular event or event type out of all reports...

**With Josh Guetzkow**

In regards to Item 2, program staff within the Immunization and Safety Office inform me that no PRRs were conducted by CDC. Furthermore, data mining is outside of th agency's purview; staff suggest you inquire with FDA.



Divyanshi Dwivedi  
Children's Health Defense  
Via email: divyanshi.dwivedi@childrenshealthdefense.org

Dear Ms. Dwivedi:

This letter is our final response to your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of May 9, 2022, assigned #22-01479-FOIA (copy attached).

We located 104 pages of responsive records for Item 1 of your request. After a careful review of these pages, no information was withheld from release.

In regards to Item 2, program staff within the Immunization and Safety Office inform me that no PRRs were conducted by CDC. Furthermore, data mining is outside of th agency's purview; staff suggest you inquire with FDA.

# Evidence Review of the Adverse Effects of COVID-19 Vaccination and Intramuscular Vaccine Administration (2024)

The first search was for literature published January 1, 2020–February 28, 2023. Followup searches captured literature published February 28–July 7, 2023, and July 7–October 17, 2023. Thus, **publications that appeared in the databases after October 17, 2023, are not included** in this report.

Although the committee reviewed the literature thoroughly, **it did not conduct what is commonly referred to as a “systematic review,”** the formal steps of which were described by IOM in 2011 (IOM, 2011). The processes and time frame for a systematic review were considered incompatible with this work and, more importantly, the goals were different from those of most systematic reviews and clinical guidelines.

[https://nap.nationalacademies.org/login.php?record\\_id=27746](https://nap.nationalacademies.org/login.php?record_id=27746)

## Risk of Adverse Events Following Monovalent Third or Booster Dose of COVID-19 mRNA Vaccination in U.S. Adults Ages 18 Years and Older

Feb 27 2024 <https://doi.org/10.1101/2024.02.20.24303089>

**Azadeh Shoaibi, 1\* Kathryn Matuska, 2\* Patricia C. Lloyd, 1 Hui Lee Wong,,1 Joann F. Gruber, 1 Tainya C. Clarke, 1 Sylvia Cho, 1 Emily Lassman, 2 Hai Lyu, 2 Rowan McEvoy, 2 Zhiruo Wan, 2 Mao Hu, Sandia Akhtar, 2 Yixin Jiao, 2 Yoganand Chillarige, 2 Daniel Beachler, 3 Alex Secora, 4 Nandini Selvam, 4 Djeneba Audrey Djibo, 5 Cheryl N McMahill Walraven, 5 John D. Seeger, 6 Kandace L. Amend, 6 Jennifer Song, 6 Robin Clifford, 6 Jeffrey A. Kelman, 7 **Richard A. Forshee, 1 Steven A. Anderson, 1 FDA****

**Methods** We evaluated the risk of 17 AEs following third doses of COVID-19 mRNA vaccines from **August 2021 through early 2022**.

**Results** Four AEs met the threshold for statistical signals for BNT162b2 and mRNA-1273 vaccines including **Bell's Palsy and pulmonary embolism** in Medicare, and **anaphylaxis and myocarditis/pericarditis** in commercial databases. Nine AEs and three AEs signaled among adults with and without prior COVID-19 diagnosis, respectively.

**Conclusions** This early monitoring study identified statistical signals for AEs following third doses of COVID-19 mRNA vaccination. Since this method is intended for screening purposes and generates crude results, results do not establish a causal association between the vaccines and AEs. FDA's public health assessment remains consistent that the benefits of COVID-19 vaccination outweigh the risks of vaccination.

**Richard A Forshee**, Elizabeth R Smith, Zhiruo Wan, Kandace L Amend, Alex Secora, Djeneba Audrey Djibo, Kamran Kazemi, Jennifer Song, Lauren E Parlett, John D Seeger, Nandini Selvam, Cheryl N McMahill-Walraven, Mao Hu, Yoganand Chillarige, **Steven A Anderson**

**March 19 2024 doi.org/10.1101/2024.03.12.24304127**

## **Evaluation of Febrile Seizure Risk Following Ancestral Monovalent COVID-19 mRNA Vaccination Among U.S. Children Aged 2-5 Years**

Method: The primary analysis evaluated children who had a febrile seizure outcome in the 0-1 days following COVID-19 vaccination. A **self-controlled case series** analysis was performed in three commercial insurance databases to compare the risk of seizure in the risk interval (0-1 days) **to a control interval** (8-63 days).

June 17 2022 – May 2023

Results The primary meta-analysis found a statistically **significant increased incidence of febrile seizure**, in the 0-1 days following **mRNA-1273** vaccination compared to the control interval (**IRR: 2.52**, 95% CI: 1.35 to 4.69, risk difference (RD)/100,000 doses = 3.22 (95%CI -0.31 to 6.75)). For the BNT162b2 vaccination, the IRR was **elevated but not statistically significant** (IRR: **1.41**, 95%CI: 0.48 to 4.11, RD/100,000 doses = -0.25 (95%CI -2.75 to 2.24)).

Conclusions and Relevance Among children aged 2-5 years, the analysis showed a small elevated incidence rate ratio of febrile seizures in the 0-1 days following the mRNA-1273 vaccination. **Based on the current body of scientific evidence, the safety profile of the monovalent mRNA vaccines remains favorable for use in young children.**

# Safety of Monovalent BNT162b2 (Pfizer-BioNTech), mRNA-1273 (Moderna), and NVX-CoV2373 (Novavax) COVID-19 Vaccines in US Children Aged 6 months to 17 years

Oct 15 2023 10.1101/2023.10.13.23296903

JAMA 4/24/24 10.1001/jamanetworkopen.2024.8192

M Hu, A Shoabi; Y Feng; PC. Lloyd ; HL Wong; ER Smith; KL Amend; A Kline; DC Beachler; JF Gruber; M Mitra; JD Seeger; C Harris; A Secora; J Obidi; J Wang; J Song; CN. McMahill-Walraven; C Reich; R McEvoy; R Do; Y Chillarige; R Clifford; DD Cooper; Richard Forshee; Steven A. Anderson

The study included pediatric enrollees aged 6 months to 17 years who received a monovalent COVID-19 vaccine from the earliest date of its Emergency Use Authorization by age group through April 2023 (Optum), March 2023 (Carelton Research), and February 2023 (CVS Health)



Thirteen of 15 outcomes sequentially tested did not meet the threshold for a statistical signal. In the primary analysis, myocarditis or pericarditis signals were detected following BNT162b2 vaccine in children aged 12-17 years old and seizures/convulsions signals were detected following vaccination with BNT162b2 and mRNA-1273 in children aged 2-4/5 years.

However, in a post-hoc sensitivity analysis, the seizures/convulsions signal was sensitive to background rates selection and was not observed when 2022 background rates were selected instead of 2020 rates.

The new signal detected for seizures/convulsions among younger children should be further investigated in a robust epidemiological study with better confounding adjustment.

**JAMA version April 2024: The US Food and Drug Administration concludes that the known and potential benefits of COVID-19 vaccination outweigh the known and potential risks of COVID-19 infection.**

# Ischemic Stroke after Bivalent COVID-19 Vaccination: A Self-Controlled Case Series Study

 Stanley Xu, Lina S. Sy, Vennis Hong, Kimberly I. Holmquist,  Lei Qian, Paddy Farrington, Katia J. Bruxvoort, Nicola P. Klein, Bruce Fireman, Bing Han, Bruno J. Lewin

Oct 15 2023 [doi.org/10.1101/2023.10.12.23296968](https://doi.org/10.1101/2023.10.12.23296968)

**No posting to Pubmed by 4/21/24**

September 1, 2022 and March 31, 2023.

The potential association between bivalent COVID-19 **vaccination and ischemic stroke** in the 1-42-day analysis warrants further investigation among individuals <65 years with influenza vaccine co-administration and prior SARS-CoV-2 infection.

However, an **elevated risk emerged** within 42-day risk interval among **individuals <65 years** who received co-administration of Pfizer-BioNTech bivalent **vaccine and influenza vaccine on the same day**; relative incidence (RI) was 2.14 (95% CI, 1.02–4.49).



## Evaluation of Stroke Risk Following COVID-19 mRNA Bivalent Vaccines Among U.S. Adults Aged $\geq 65$ Years

**No posting to Pubmed by 4/21/24**  
**Revised version in JAMA 3/19/24**

Yun Lu, Kathryn Matuska, Gita Nadimpalli, Yuxin Ma, Nathan Duma, Henry Zhang, Yiyun Chiang, Hai Lyu, Yoganand Chillarige, Jeffrey Kelman, Richard Forshee, Steven A. Anderson

**Oct 15 2023 10.1101/2023.10.10.23296624**

In January 2023, the United States Food and Drug Administration and the Centers for Disease Control and Prevention noted a safety concern for ischemic stroke in adults  $\geq 65$  years receiving the BNT162b2; WT/OMI BA.4/BA.5 COVID-19 bivalent vaccine.

This self-controlled case series analysis evaluated stroke risk among Medicare fee-for-service beneficiaries aged  $\geq 65$  years receiving: 1) a Pfizer-BioNTech (BNT162b2; WT/OMI BA.4/BA.5) or Moderna (mRNA-1273.222) COVID-19 bivalent vaccine, 2) high-dose/adjuvanted influenza vaccines, and 3) concomitant COVID-19 bivalent vaccines and influenza vaccines, from August 31 to November 6, 2022.

In the age subgroup analyses, only the  **$\geq 85$  year age** group had a **risk of NHS** (Incident Rate Ratio (IRR)=**1.36**, 95% CI 1.09 – 1.69 [1-21 days]) and **NHS/TIA (IRR=1.28**, 95% CI 1.08 – 1.52 [1-21 days]) with **BNT162b2 Bivalent** WT/OMI BA.4/BA.5. ...an **increased risk** was observed for **NHS (IRR=1.20**, 95% CI 1.01 – 1.42 [22-42 days]) [**same JAMA**] with **BNT162b2 Bivalent** WT/OMI BA.4/BA.5 and for **TIA (IRR=1.35**, 95% CI 1.06 – 1.74 [1-21 days]) [**same JAMA**] with **mRNA-1273.222**.

Results of the secondary analyses showed a small increased risk of NHS following high-dose or adjuvanted influenza vaccines (IRR=1.09, 95% CI 1.02 – 1.17 [22-42 days]). [**same JAMA**]

[doi.org/10.1101/2022.05.05.22274695](https://doi.org/10.1101/2022.05.05.22274695)

Reporting Rates for VAERS Death Reports Following COVID-19 Vaccination, December 14, 2020-November 17, 2021

Brendan Day, David Menschik, Deborah Thompson, Christopher Jankosky, John Su, Pedro Moro, Craig Zinderman, Kerry Welsh, Narayan Nair  
doi: <https://doi.org/10.1101/2022.05.05.22274695>

Previous

Posted May 07, 2022.

Download PDF

Supplementary Ma

Data/Code

**Conclusion:** Reporting rates for death events were lower than the expected all-cause mortality rates. Trends in reporting rates reflected known trends in background mortality rates. These findings do not suggest an association between vaccination and overall increased mortality.

**Despite mandatory reporting, deaths are underreported to VAERS by about**

**10 x (range 8-17) for a 7-day window and**

**36 x (range 20-60) for a 42-day window**

	Expected all-cause deaths†		Observed reporting rates †			
	7-day‡	42-day	All COVID-19 vaccines			
			7-day	URF	42-day	URF
<b>Sex</b>						
<b>Female</b>	159.3	956	14.5	11.0	23.4	40.9
<b>Male</b>	172	1,031.7	20.5	8.4	32.7	31.6
<b>Age (years)</b>						
<b>5-14</b>	2.6	15.6	0.3	8.7	0.8	19.5
<b>15-24</b>	14.2	85.1	1.8	7.9	2.8	30.4
<b>25-34</b>	25.5	152.7	2.8	9.1	4	38.2
<b>35-44</b>	37.4	224.5	4.6	8.1	7.3	30.8
<b>45-54</b>	77	461.7	8.1	9.5	12.4	37.2
<b>55-64</b>	169.8	1,018.6	16	10.6	24.6	41.4
<b>65-74</b>	343.2	2,059.4	27.8	12.3	44.7	46.1
<b>75-84</b>	857.2	5,143.0	51.1	16.8	86.3	59.6
<b>≥85</b>	2,601.40	15,608.3	178	14.6	292.3	53.4
<b>Total</b>	<b>165.6</b>	<b>993.3</b>	<b>17.3</b>	<b>9.6</b>	<b>27.8</b>	<b>35.7</b>
<b>Min-Max by age range</b>						
<b>Min</b>				<b>7.9</b>		<b>19.5</b>
<b>Max</b>				<b>16.8</b>		<b>59.6</b>

# Flawed FDA Benefit:Risk Analysis

**FDA: 203/49=4.14x  
(scenario #6)  
Vaccine Benefit**

**Omicron, healthy male 5-11**

Cases prevent w/Omicron  $90.7/15.2 = 5.97$

Over estimate myocarditis = 0.196

Serious non-myocarditis 4.77

Overestimate cases 2.20  
Increased transmission Omicron 0.286  
Reduced Omicron severity 3.03  
Adjust est for myocarditis hospitalization 1.74  
WITH not FOR Covid 1.75  
No comorbidity 3.4

**110x error**

**Correct: 27x  
Vaccine Risk**

**Does not include:**

- Higher risk in new formula, boosters
- Lower efficacy: study bias, neg VE Omicron
- Delayed reporting, wave modeling
- Long term gene therapy/ Long Covid
- Vaccination risk after C19
- Risks from poss heart murmur/ prior subclinical myocarditis

**Includes:**

- FDA risks of MISC/ PIMS
- Waning efficacy

**National Academies Committee on Review of Relevant Literature Regarding Adverse Events Associated with Vaccines March 30 2023:** Written material accompanying oral remarks.

Submitted March 31 2023 to: [vaccines@nas.edu](mailto:vaccines@nas.edu)

David Wiseman PhD, MRPharmS  
Synechion, Inc. Dallas, TX  
[david.wiseman@synechion.com](mailto:david.wiseman@synechion.com)

Josh Guetzkow PhD	Hebrew University, Jerusalem, Israel. <a href="mailto:joshua.guetzkow@mail.huji.ac.il">joshua.guetzkow@mail.huji.ac.il</a>
Spiro Pantazatos PhD	<a href="mailto:spiropan@gmail.com">spiropan@gmail.com</a>
Jessica Rose PhD	<a href="mailto:jessicarose1974@protonmail.com">jessicarose1974@protonmail.com</a>
Hervé Seligmann PhD	<a href="mailto:varanuseremius@gmail.com">varanuseremius@gmail.com</a>

Oral remarks at: <https://player.vimeo.com/video/809903500#t=84m37s>

Wiseman D, Guetzkow, J, Pantazatos, S, Rose, J, Seligmann, H. National Academies Committee on Review of Relevant Literature Regarding Adverse Events Associated with Vaccines March 30 2023: Written material accompanying oral remarks. Research Gate 2023. April 3 <http://doi.org/10.13140/RG.2.2.27009.74089>



# THE TEXAS SENATE

STREAMING VIDEO PLAYER



Senate Committee on Health and Human Services



COVID-19 era cancers:  
trends and challenges



ב"ה

## THE SENATE OF TEXAS COMMITTEE ON HEALTH AND HUMAN SERVICES

Testimony Presentation  
David Wiseman, PhD MRPharmS  
Covid era-Cancer-Uptick-Study-Group CCUSG

May 14 2024

Synechion, Inc, Dallas  
synechion@aol.com

This presentation discusses experimental  
and/or preliminary analyses that are  
subject to replication and verification.

1

[https://tlcsenate.granicus.com/MediaPlayer.php?clip\\_id=18499](https://tlcsenate.granicus.com/MediaPlayer.php?clip_id=18499)

<https://x.com/AdhesionsOrg/status/1791554764271923517>

# Cancer Facts & Figures 2024



The Princess of Wales is truly 'not alone' in her cancer treatment

## Yale Medicine

# What to Know About Rising Rates of 'Early-Onset' Cancer

BY [KATHY KATELLA](#) APRIL 30, 2024

One of the most recent is Cancer Statistics, 2024 , an American Cancer Society (ACS) annual report on cancer facts and trends. [...] while cancer deaths are falling, **new cases are ticking upwards**—[...] More of those new **cases involve younger people**. The ACS report showed younger adults to be the only age group with an increase in overall cancer **incidence** between 1995 and 2020 [...] These are called **“early-onset” cancers**, which are diagnosed in adults between the ages of 18 and 49.



## Changes in cancer-related mortality during the COVID-19 pandemic in the United States

Fedelli 2024

## Cureus Increased Age-Adjusted Cancer Mortality After the Third mRNA-Lipid Nanoparticle Vaccine Dose During the COVID-19 Pandemic in Japan Gibo 2024



COVID-19 era cancers: trends and challenges



THE SENATE OF TEXAS  
COMMITTEE ON HEALTH AND HUMAN SERVICES

Testimony Presentation  
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This presentation discusses experimental and/or preliminary analyses that are subject to replication and verification.

[www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-ac.pdf](https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2024/2024-cancer-facts-and-figures-ac.pdf)

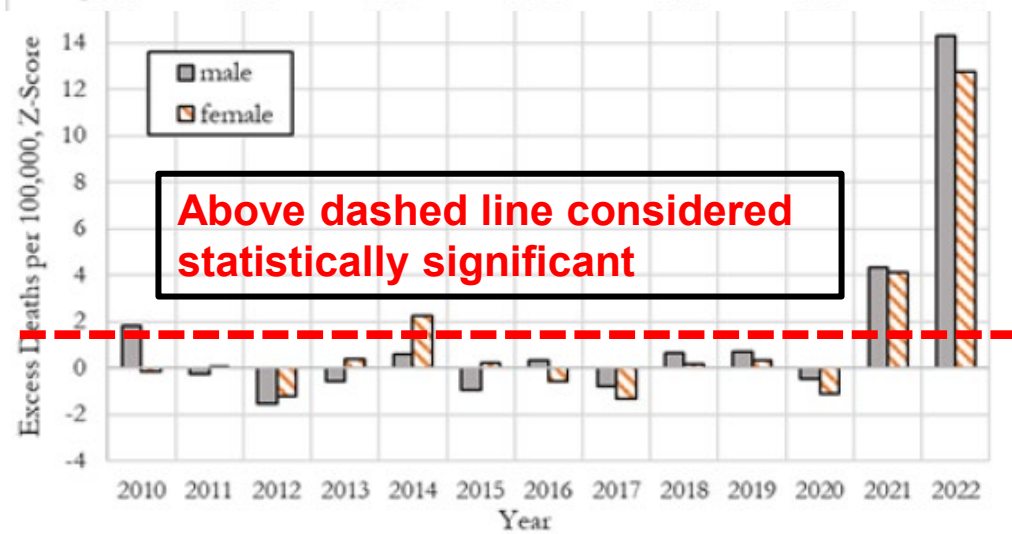
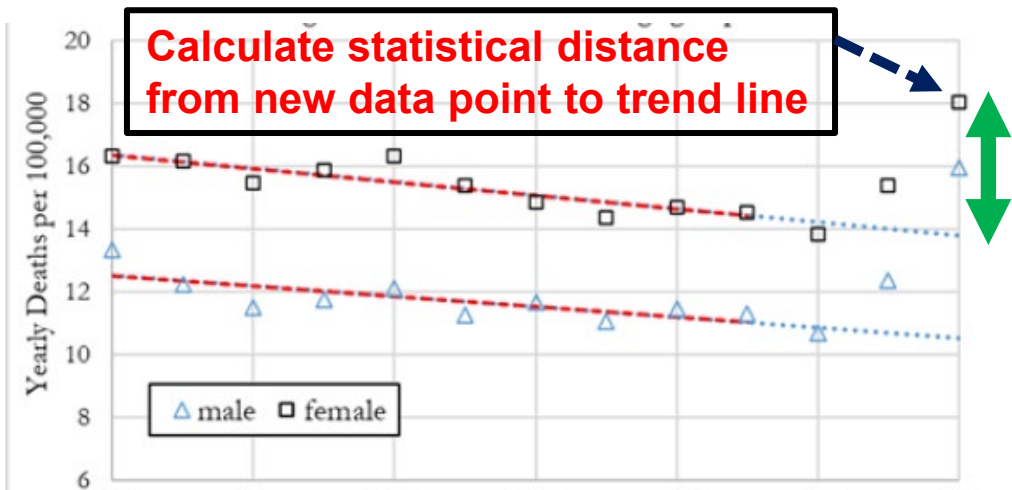
[www.yalemedicine.org/news/early-onset-cancer-in-younger-people-on-the-rise](https://www.yalemedicine.org/news/early-onset-cancer-in-younger-people-on-the-rise)

David Wiseman, quoted in <https://soniaelijah.substack.com/p/the-princess-of-wales-is-truly-not> March 22 2024

[https://tlcsenate.granicus.com/MediaPlayer.php?clip\\_id=18499](https://tlcsenate.granicus.com/MediaPlayer.php?clip_id=18499)

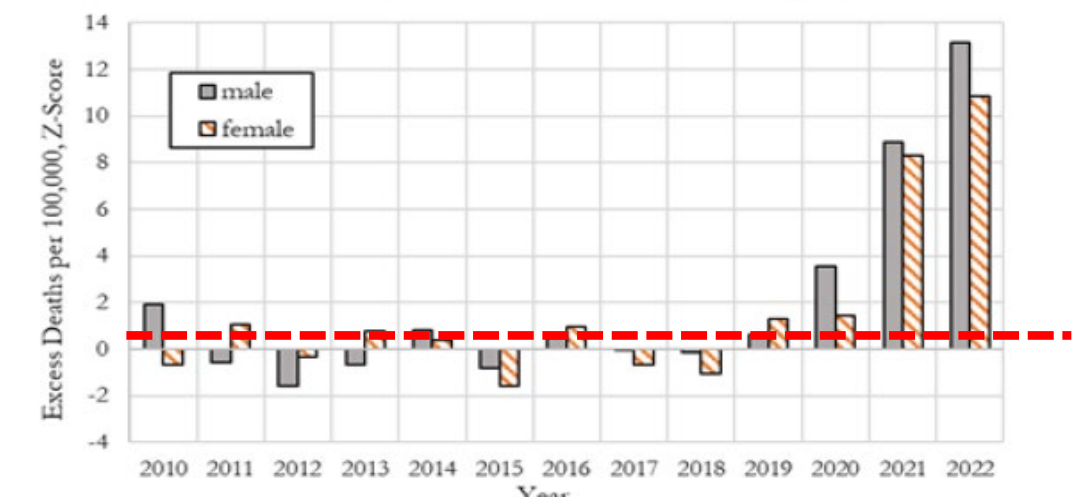
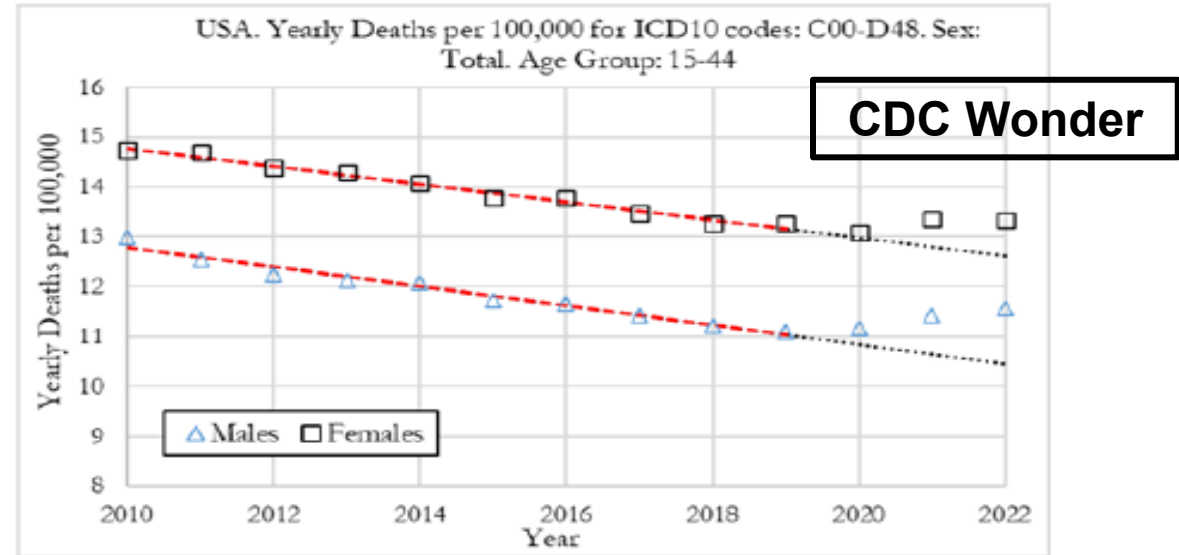
# UK - Death and Disability Trends for Malignant Neoplasms, Ages 15-44

C. Alegria<sup>1,\*</sup> and Y. Nunes<sup>1,2</sup> [doi.org/10.13140/RG.2.2.34374.45123](https://doi.org/10.13140/RG.2.2.34374.45123)



# US - Death Trends for Neoplasms ICD codes: C00-D48, Ages 15-44

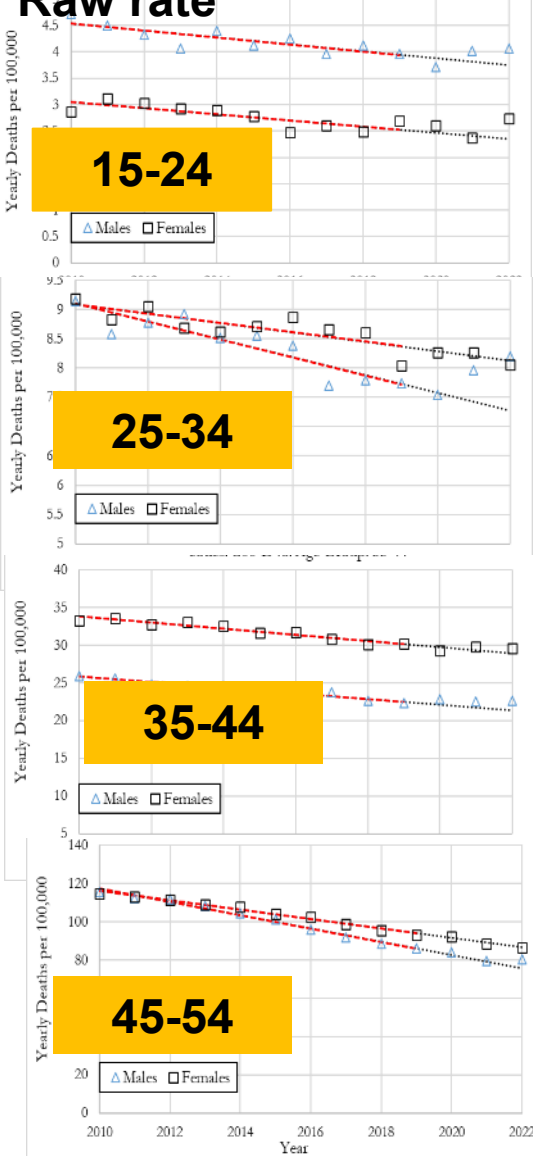
10.13140/RG.2.2.16068.6464  
C. Alegria<sup>1,\*</sup> and D. Wiseman<sup>2</sup> and Y. Nunes<sup>1,3</sup>



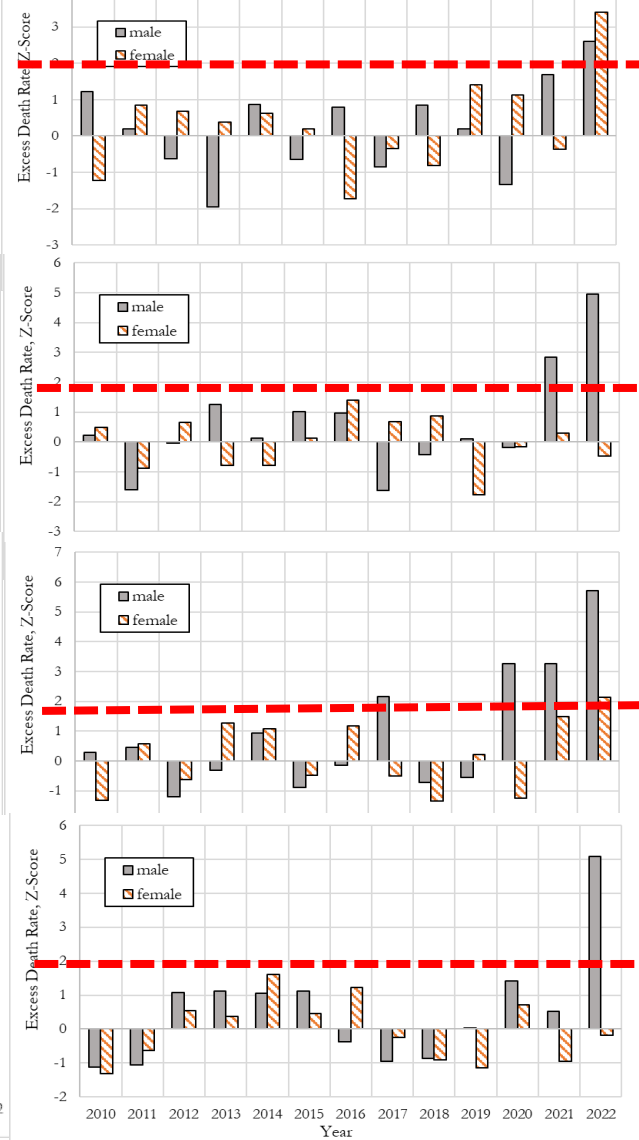
# Underlying Cause Neoplasm Deaths, Male & Female ICD C00-D48

- Signals in 2021 & / or 2022. occasional 2020
- Gender & age differences. No signal 55-64 y

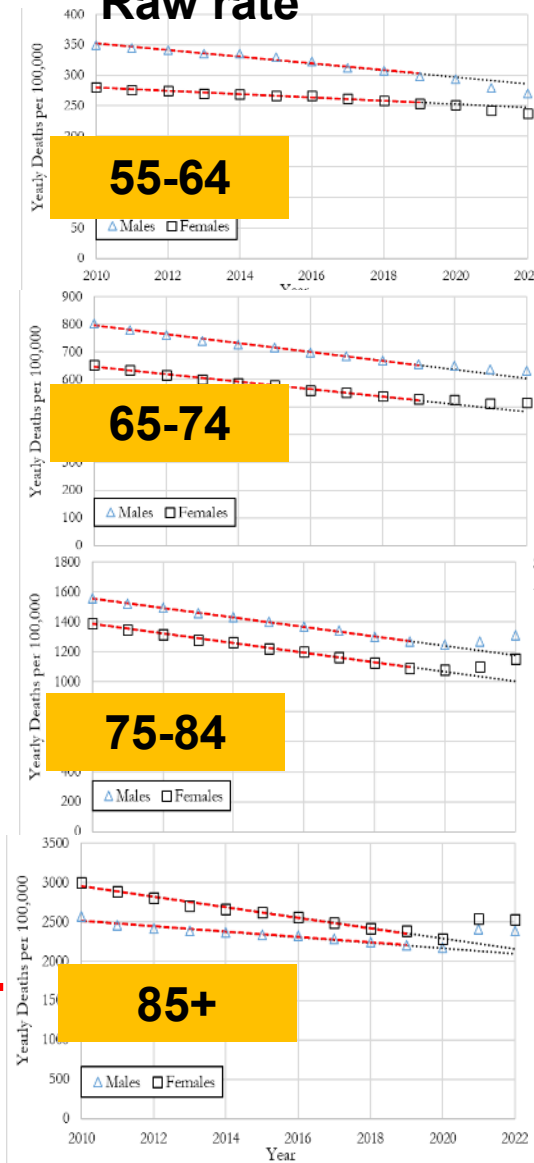
Alegria, Wiseman & Nunes, unpublished: CDC Wonder  
**Raw rate**



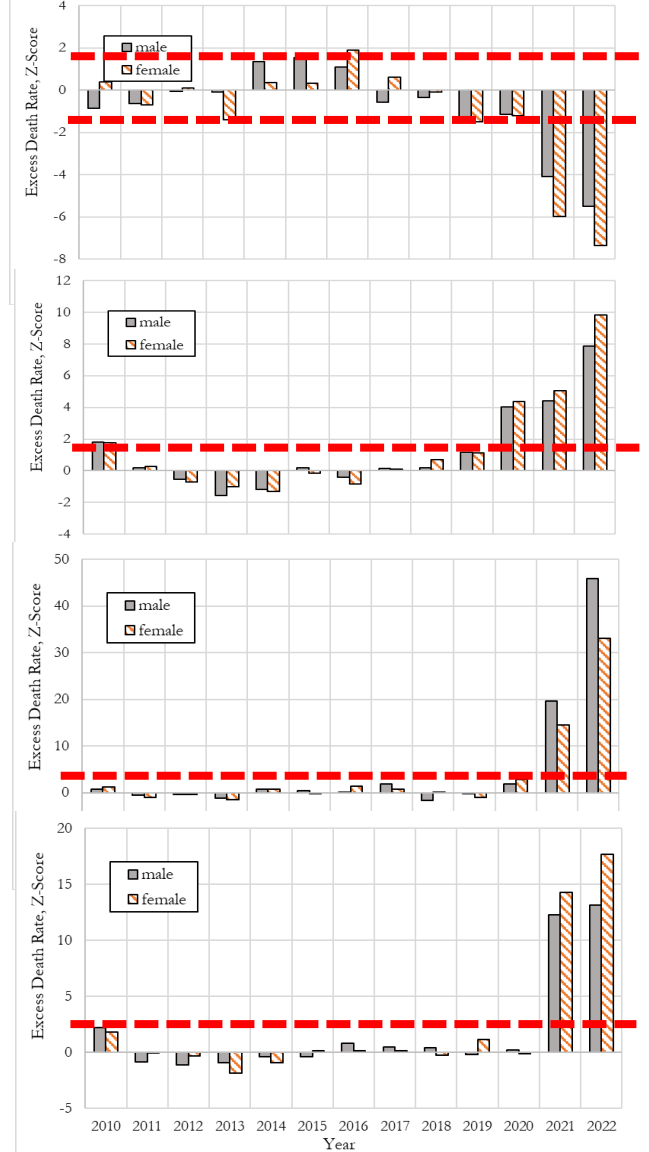
**Z-Score**



**Raw rate**

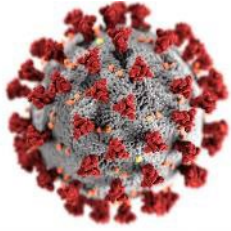


**Z-Score**





# What underlies the trend of increased COVID-era cancer mortality?



- Delayed screening, diagnosis, & treatment (Siegel 2022)
- Changed health behaviors: physical activity, smoking (Tseng 2021; Almeda 2022; Gaffney 2022).  
Pandemic stress.
- Multi-hit, multi-mechanism hypothesis

## Cannot exclude:

### SARS-CoV-2 virus

- **Spike:**
  - Enters nucleus, aids RNA entry Sattar 2022
  - Interferes with p53 Singh & Singh, 2022.  
Zhang & El-Deiry 2024
  - Binds to E2, modulates E2 response,  
stimulates E2-dependent line Solis 2022
- Restructures genome/epigenome Wang 2023
- Viral RNA reverse transcription & genomic integration Zhang 2021, 2023

### modRNA COVID-19 vaccine

- IgG4 **immune suppression**: repeat dosing Uversky 2023
- RNA-to-DNA **reverse transcription** Alden 2022
- **m1Ψ** : cancer, frameshift proteins Rubio-Casillas 2024
- **Residual DNA**
  - Cytoplasmic He 2023. Modulate cGAS-STING Kwon 2020
  - SV40 regulatory sequences (Pfizer) **Interferes with p53** Drayman 2016; **Nuclear localization** Dean 1999:
  - RNA-LNP Lipid Adducts Moderna. **Genotoxic DNA-adducts?** Vijayraghavan 2023
  - Insertional mutagenesis

## Plausible mechanisms



**“we have not detected any increase in cancers with the Covid-19 vaccines.”**

[youtube.com/live/c5hYh5XO7qY?si=vFcTiumz\\_XwQgpte&t=6893](https://www.youtube.com/live/c5hYh5XO7qY?si=vFcTiumz_XwQgpte&t=6893)

**CDC – July 2022 PRR Signal Analysis – FOIA Dec 2022**

**C19 ~ 18-33x/ y other vax**

	No free text Free text
C19 vax ≥2021	<b>4086 (1228/y)</b> <b>13392 (4036/y)</b>
All other vax ≥1990	<b>2197 (66/y)</b> <b>4057 (122/y)</b>

- Unique reports 4/26/24
- No causality can be inferred

[wonder.cdc.gov/controller/saved/D8/D316F828](https://wonder.cdc.gov/controller/saved/D8/D316F828)  
[wonder.cdc.gov/controller/saved/D8/D316F827](https://wonder.cdc.gov/controller/saved/D8/D316F827)  
[wonder.cdc.gov/controller/saved/D8/D316F892](https://wonder.cdc.gov/controller/saved/D8/D316F892)  
[wonder.cdc.gov/controller/saved/D8/D316F891](https://wonder.cdc.gov/controller/saved/D8/D316F891)  
 Rerun as  
[wonder.cdc.gov/controller/saved/D8/D391F678](https://wonder.cdc.gov/controller/saved/D8/D391F678)

MedDRA Codes ALL Reports (18+)	12/14/2020- 07/29/2022 COVID19 mRNA N=660643	01/01/2009- 07/29/2022 NON- COVID19 N=242091	> 4 Chi- Square	> 2 PRR	12/14-07/29 LCL	12/14-07/29 UCL
BREAST CANCER	59	5	10.83	4.32	1.74	10.77
COLON CANCER	47	2	11.77	8.61	2.09	35.45
BREAST CANCER METASTATIC	22	1	4.83	8.06	1.09	59.81
THYROID CANCER	13	1	1.85	4.76	0.62	36.42
METASTASES TO LIVER	34	3	5.68	4.15	1.28	13.52
METASTASIS	43	6	4.59	2.63	1.12	6.17
METASTASES TO BONE	32	1	8.34	11.73	1.60	85.81
METASTASES TO CNS	29	2	5.56	5.31	1.27	22.27
METASTASES TO LYMPH NODES	22	1	4.83	8.06	1.09	59.81
B-CELL LYMPHOMA	36	4	4.94	3.30	1.17	9.27
FOLLICULAR LYMPHOMA	20	1	4.14	7.33	0.98	54.61
CHRONIC LYMPHOCYTIC LEUKAEMIA	74	10	8.77	2.71	1.40	5.25
NEOPLASM	101	8	20.09	4.63	2.25	9.50
LUNG NEOPLASM MALIGNANT	106	16	10.99	2.43	1.44	4.11
PLASMA CELL MYELOMA	69	10	7.44	2.54	1.31	4.93
PANCREATIC CARCINOMA	35	3	6.05	4.29	1.32	13.96
LUNG ADENOCARCINOMA	21	1	4.51	7.73	1.04	57.46

**“VAERS has proven to be vital in detecting both potential and actual safety issues”**

[www.theepochtimes.com/exclusive-cdc-finds-hundreds-of-safety-signals-for-pfizer-and-moderna-covid-19-vaccines\\_4956733.html](https://www.theepochtimes.com/exclusive-cdc-finds-hundreds-of-safety-signals-for-pfizer-and-moderna-covid-19-vaccines_4956733.html)

# Case reports of COVID-19 vaccine-associated cancers

## Pfizer-BioNTech

- Diffuse large B-cell NK/T-cell lymphomas - Zamfir 2022
- B-cell lymphoma - Sekizawa 2022; Mizutani 2022
- T-cell lymphoma - Goldman 2021; Khatri 2024
- B-cell lymphoblastic lymphoma in a mouse - Eens 2023
- Other: Kyriakopoulos 2023, Srimanan 2021, Tachita 2023, Cavanna 2023, Yilmaz 2024, White 2023, Ueda 2024, Schwartzenberg 2023

## Moderna

- Sarcoma -Bae 2023
- B cell ALL - Ang 2023
- Keratoacanthoma - Yumeen 2023
- Other: Hobayan 2023, Ukishima 2023

## Adenovirus viral vector (J&J)

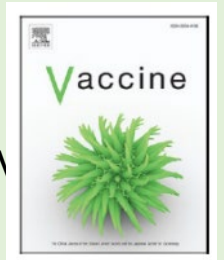
- Subcutaneous panniculitis-like T-cell lymphoma - Kreher, 2022

## Adenovirus viral vector (Astra-Zeneca)

- Cutaneous T-cell lymphoma - Panou 2022
- Other: Tang 2022, Martínez-Ortega 2024

# Overview of U.S. COVID-19 vaccine safety surveillance systems

FDA, CDC, VA, Defense Health Agency, Indian Health Service, \ U, Kaiser Permanente, Emory U  
Gee et al., 2024 [doi.org/10.1016/j.vaccine.2024.02.065](https://doi.org/10.1016/j.vaccine.2024.02.065)



NATIONAL ACADEMIES  
Sciences  
Engineering  
Medicine

[doi.org/10.17226/27746](https://doi.org/10.17226/27746)

## Evidence Review of the Adverse Effects of COVID-19 Vaccination and Intramuscular Vaccine Administration (2024)



**FDA Marks to FL SG Ladapo 12/23**



*“Pharmacovigilance data in hundreds of millions of individuals also indicate no evidence indicative of genotoxicity.”*



*“No signs of DNA mutation of COVID-19 vaccine–induced cancer have been reported to date “* to SC Senate Medical Affairs Committee 10/23

# Were COVID-19 vaccines tested for cancer effects?

## Cominarty Package Insert

COMIRNATY **has not been evaluated** for the potential to cause **carcinogenicity, genotoxicity**, or impairment of male fertility

## 2.4 NONCLINICAL OVERVIEW

### 2.4.4.4. Genotoxicity

**No genotoxicity studies** are planned for BNT162b2 as the components of the vaccine construct are **lipids and RNA** and are **not expected** to have genotoxic potential (WHO, 2005).

2.4.4.5. Carcinogenicity **Carcinogenicity studies with BNT162b2 have not been conducted** as the components of the vaccine construct are lipids and RNA and are not expected to have carcinogenic or tumorigenic potential. Carcinogenicity testing is **generally not considered necessary** to support the development and licensure of **vaccine** products for infectious diseases (WHO, 2005).

[https://phmpt.org/wp-content/uploads/2022/03/125742\\_S1\\_M2\\_24\\_nonclinical-overview.pdf](https://phmpt.org/wp-content/uploads/2022/03/125742_S1_M2_24_nonclinical-overview.pdf)



[re: potential genotoxicity] “*studies have been conducted in animals [...] demonstrate **no evidence for genotoxicity from the vaccine***”

## Summary Basis for Regulatory Action

Pfizer: No studies

[fda.gov/media/151733/download?attachment](https://www.fda.gov/media/151733/download?attachment)

Moderna- SPIKEVAX FDA. 2022

[fda.gov/media/155931/download](https://www.fda.gov/media/155931/download)

### Other Supportive Toxicology Studies

The safety of SPIKEVAX is further supported by the aggregate rat repeat-dose toxicity profiles observed in six GLP toxicity studies of five vaccines formulated in SM-102 lipid particles containing mRNAs encoding various viral glycoprotein antigens, demonstrating tolerance of repeat doses of these vaccines without any detrimental effects. Three other toxicology studies were also reviewed in support of safety of SPIKEVAX. A study report from an in vitro rat micronucleus assay evaluating the genotoxic potential of (b) (4) mRNA in SM-102 LNP revealed no genotoxic effects of SM-102 LNP. In addition, study reports from a bacterial reverse mutation test and an in vitro mammalian cell micronucleus test of PEG2000-DMG were also reviewed. No genotoxic effects of PEG2000-DMG were observed in these studies.

**Fails to disclose a second genotoxicity study** with Zika mRNA-LNP from EMA and Moderna documents with **increased micronucleation**, with mitigating arguments

[ema.europa.eu/en/documents/assessment-repospikevax-previously-covid-19-vaccine-moderna-epar-public-assessment-report\\_en.pdf](https://www.ema.europa.eu/en/documents/assessment-repospikevax-previously-covid-19-vaccine-moderna-epar-public-assessment-report_en.pdf)

[judicialwatch.org/documents/jw-v-hhs-biodistribution-prod-4-02418/](https://www.judicialwatch.org/documents/jw-v-hhs-biodistribution-prod-4-02418/)

### 4.2.3 Genotoxicity and carcinogenicity studies

Genotoxicity studies are **normally not needed** for the final vaccine formulation. However, they may be required for particular vaccine components such as **novel adjuvants and additives**. If needed, the in vitro tests for mutations and chromosomal damage should be done prior to first human exposure. The full battery of tests for genotoxicity may be performed in parallel with clinical trials (28). **Carcinogenicity studies are not required for vaccine antigens**. However, they may be required for **particular vaccine components** such as novel adjuvants and additives.

© World Health Organization  
WHO Technical Report Series, No. 927, 2005

Annex 1  
**WHO guidelines on nonclinical  
evaluation of vaccines**

[https://cdn.who.int/media/docs/default-source/biologicals/cell-substrates/cell\\_subs\\_finalmtgreport\\_22\\_july\\_09\\_ik.pdf?sfvrsn=a8cad42d\\_3&download=true](https://cdn.who.int/media/docs/default-source/biologicals/cell-substrates/cell_subs_finalmtgreport_22_july_09_ik.pdf?sfvrsn=a8cad42d_3&download=true)

WHO/BS/2021.2402  
ENGLISH ONLY

## Evaluation of the quality, safety and efficacy of messenger RNA vaccines for the prevention of infectious diseases: regulatory considerations

*“The complete annotated sequence **identifying all ORFs (including any unexpected ORFs)** and all other sequence elements (including their justification for use) **should be provided.**”*

[https://cdn.who.int/media/docs/default-source/biologicals/call-for-comments/bs.2021.bs2402\\_who-regulatory-considerations-for-mrna-vaccines\\_final.pdf?sfvrsn=c8623b32\\_5](https://cdn.who.int/media/docs/default-source/biologicals/call-for-comments/bs.2021.bs2402_who-regulatory-considerations-for-mrna-vaccines_final.pdf?sfvrsn=c8623b32_5)

# Guidance for Industry

## Considerations for Plasmid DNA Vaccines for Infectious Disease Indications

U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Biologics Evaluation and Research  
November 2007

[www.fda.gov/media/73667/download](http://www.fda.gov/media/73667/download)

You should provide detailed descriptions of the plasmid construction, including the source and diagrams of all plasmids used, and all intermediate recombinant DNA cloning procedures. You should provide the DNA sequence of the entire plasmid present in the Master Cell Bank (MCB) along with an **annotated sequence** identifying all open reading frames **including any unexpected open reading frames and/or other sequence elements.**

# Residual DNA has been found

- **Expected** as process-related impurity
- Amounts **approach dose guidelines** by qPCR which underestimates DNA (Moderna Patent 1010077439 B2) “PCR [...] does not measure all other smaller DNA molecules”
- **Exceed dose guidelines** (~10-100x) by fluorometry
- **Exceed** fragment size **200 bp** guideline
- **Intact** antibiotic resistance gene
- Pfizer: fragments or intact undisclosed **SV40** and **HSV regulatory** sequences
- **Guidelines do not consider**
  - **10-100x LNP transfection** vs. naked DNA
  - **multiple dosing** –same vaccine or platform
  - Unknown pharmacokinetics of rDNA
  - Special **risks** of **regulatory sequences**
  - Integration **risk of small** fragments **< 200bp > 7bp** (Klinman 2010)
  - Risks not requiring integration or nuclear entry
  - No USP compendial standards for testing

 OSFPREPRINTS ▼

Sequencing of bivalent Moderna and Pfizer mRNA vaccines reveals nanogram to microgram quantities of expression vector dsDNA per dose

McKernan et al. 2023

[10.31219/osf.io/b9t7m](https://doi.org/10.31219/osf.io/b9t7m) 4/10/23

 OSFPREPRINTS ▼

DNA fragments detected in monovalent and bivalent Pfizer/BioNTech and Moderna modRNA COVID-19 vaccines from Ontario, Canada: Exploratory dose response relationship with serious adverse events.

Speicher et al.  
[10.31219/osf.io/mjc97](https://doi.org/10.31219/osf.io/mjc97) 10/19/23



## FDA Marks to FL SG Ladapo 12/23

*“There are internationally agreed upon recommendations for the quantity of residual DNA present in all biological products, including the mRNA vaccines”*

WHO 2007

**DNA fragments smaller than 200 bp** will give substantial safety margins for products that meet the **10 ng per dose** limit

FDA 2010

below the size of a functional gene (based on current evidence, approximately **200 base** pairs)

[www.fda.gov/media/78428/download](http://www.fda.gov/media/78428/download)  
[https://cdn.who.int/media/docs/default-source/biologicals/cell-substrates/cells.final.mtgrep.ik.26\\_sep\\_07.pdf](https://cdn.who.int/media/docs/default-source/biologicals/cell-substrates/cells.final.mtgrep.ik.26_sep_07.pdf)

## Pfizer/ BioNTech Response to Health Canada August 4 2023 - via ATIP (FOIA)

“Pfizer and BioNTech acknowledge the **request** for additional data and/or information characterizing the **size distribution of residual DNA** fragments and residual intact circular plasmid. [...] Pfizer and BioNTech commit to provide additional data and/or information characterizing the size distribution of residual DNA fragments and residual intact circular plasmid by Dec 1, 2023 as the **data are not readily available** and will require time to generate. Please note that to date, Pfizer and BioNTech **have not been requested to provide these characterization data across global markets** for Original or Omicron drug substances.”

<https://scoopsmcgoo.substack.com/p/emails-from-health-canada-re-sv40>

# Integration risk of DNA

- “DNA can be **oncogenic**” (FDA – Sheng-Fowler 2009)
- Possibility of **insertional mutagenesis**, which could lead to the activation of **oncogenes** or the **inhibition of tumor suppressor** genes. (Moderna patent application US 20190240317A1)
- [...] IVT mRNA-based therapeutics, **unlike plasmid DNA [...]** do not **integrate into the genome** and therefore do not pose the risk of **insertional mutagenesis**. (Sahin 2014)



FDA Dr. Marks to  
Florida SG Dr. Ladapo  
12/23



“... it is quite **implausible** that the residual small **DNA** fragments located in the cytosol could **find their way into the nucleus through the nuclear membrane** present in intact cells and then be incorporated into chromosomal DNA.” (cites first section of Chapter 8 in Cooper)

Chapter 8: The Nucleus in Cooper G. The Cell: A Molecular Approach. 2000.

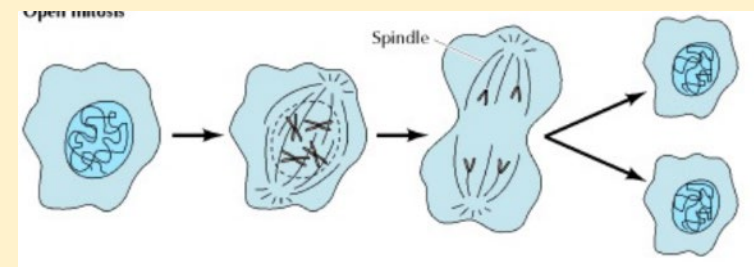
[1] The **Nuclear Envelope and Traffic** between the Nucleus and Cytoplasm.

[4] The **Nucleus during Mitosis**  
**Dissolution of the Nuclear Envelope**

[ncbi.nlm.nih.gov/books/NBK9927/](https://ncbi.nlm.nih.gov/books/NBK9927/)  
[ncbi.nlm.nih.gov/books/NBK9890](https://ncbi.nlm.nih.gov/books/NBK9890/)

“nucleus [...] disassembles and re-forms each time most cells divide. [...] the **nuclear envelope breaks down**, resulting in **the release of most of the contents of the nucleus into the cytoplasm.**”

**Open mitosis**

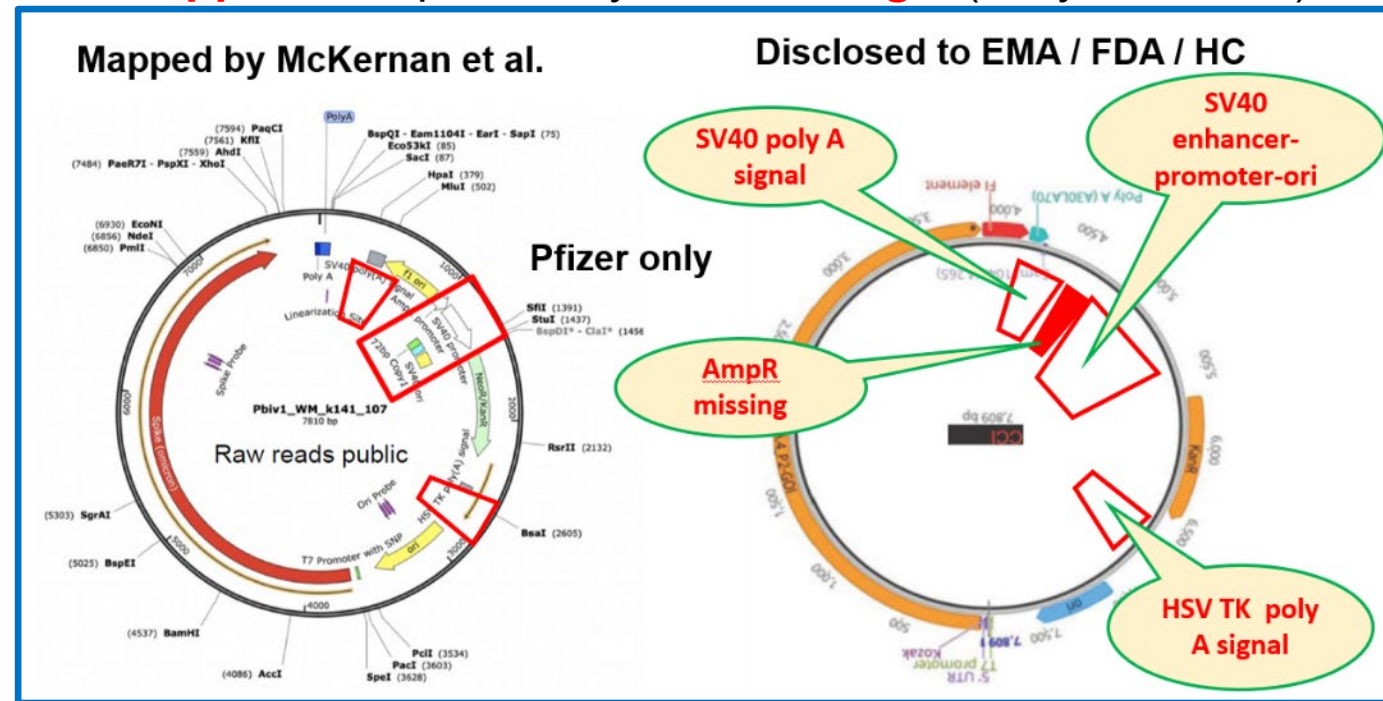


# SV40 regulatory sequences in Pfizer-BioNTech COVID-19 vaccines

- Regulatory sequences found
  - **SV40 enhancer-promoter-ori**
  - **SV40 poly(A) signal**
  - **HSV-TK poly(A) signal**
- **Whole SV40 virus** associated with polio vaccine and cancer in 1950-60s. Institute of Medicine (2002) could not conclude either way as to causality.
- DNA for the SV40 Large T antigen most associated with cancer has **NOT** been found in the Pfizer vaccine
- Confirmed by regulators: *“Pfizer has communicated to us recently, that they apparently **chose not to mention** this information to **EMA, FDA or HC** at the time of their initial or subsequent submissions [...] it may be useful to be on the same page on this topic between agencies.”*
- Health Canada to FDA 8/23/23 Via ATIP (FOIA)

## Mechanisms that might evoke cancer risk

- SV40 enhancer-promoter-ori : **nuclear localization signal** (Dean 1999)
- SV40 enhancer-promoter-ori **binds to p53 tumor suppressor**, potentially **inactivating** it (Drayman 2016)



**Censure? Function? Risk assessment?**

# Confirmation



**Dr. Phillip Buckhaults**  
SC Senate

Nepetalactone Newsletter

## Dr. Sin Lee

Independent Sanger Sequencing verification of plasmid amplicons in BNT162b2



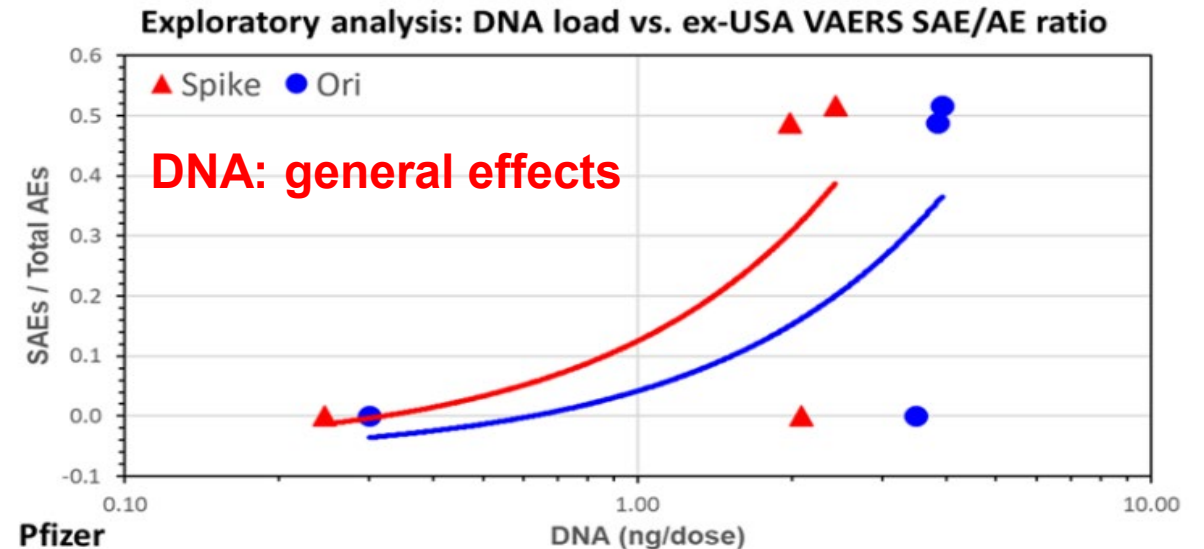
## Dr. Brigitte Konig 2024 [doi.org/10.3390/mps7030041](https://doi.org/10.3390/mps7030041)

Methodological Considerations Regarding the Quantification of DNA Impurities in the COVID-19 mRNA Vaccine Comirnaty

Note: DNA content appears overestimated due to sample preparation method.

## Preliminary evidence of genomic integration of vaccine DNA in cancer cell lines (McKernan et al)

- **Evidence** of integration of residual spike DNA at Ch9 and Ch12, Sanger validation
- DNA may replicate, at least episomally
- DNA may mutate, producing SNP
- **Further work needed** to:
  - Refine methodology, confirm and extend
  - Eliminate artifacts and confounders



Speicher et al 2023. [10.31219/osf.io/mjc97](https://doi.org/10.31219/osf.io/mjc97)

<https://anandamide.substack.com/p/independent-sanger-sequencing-verification>

[https://video.scstatehouse.gov/mp4/20230912SMedicalAffairsSenateCommittee13489\\_1.mp4](https://video.scstatehouse.gov/mp4/20230912SMedicalAffairsSenateCommittee13489_1.mp4)

# nature $N^1$ -methylpseudouridylation of mRNA causes +1 ribosomal frameshifting

Mulroney 10.1038/s41586-023-06800-3



MRC Toxicology Unit, U Cambridge, NIHR Units, U Liverpool, Oxford U

## “error-prone” modRNA – gene misreading – families of unintended chimeric proteins in 25-33% of patients

Wiseman et al. Comment on UK study by Mulroney et al. [osf.io/preprints/osf/nt8jh](https://osf.io/preprints/osf/nt8jh)  
[nature.com/articles/s41586-023-06800-3#Sec22](https://nature.com/articles/s41586-023-06800-3#Sec22)

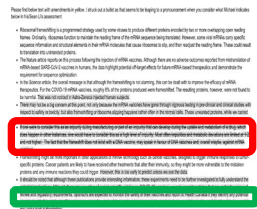
- “Off-target immune response **huge potential to be harmful**” (authors)
- “it is **essential** that these therapeutics are **designed** to be **free from unintended side-effects.**” (authors)
- “...**no evidence** that frameshifted products [...] are associated with adverse outcomes” (21 selected patients)
- Explains Western Blot inconsistencies and realizes EMA 2021 EPAR concerns for aberrant proteins?

[www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report\\_en.pdf](https://www.ema.europa.eu/en/documents/assessment-report/comirnaty-epar-public-assessment-report_en.pdf)

## Unknown, uncharacterized proteins of unknown toxicology and distribution

### Health Canada Email 12/22/23 via Epoch Times FOIA

Sponsors are expected to monitor the safety of their vaccines and **report to Health Canada** if they identify any potential signals.



### Draft HC response re Frameshifting ~~Strikethrough text~~

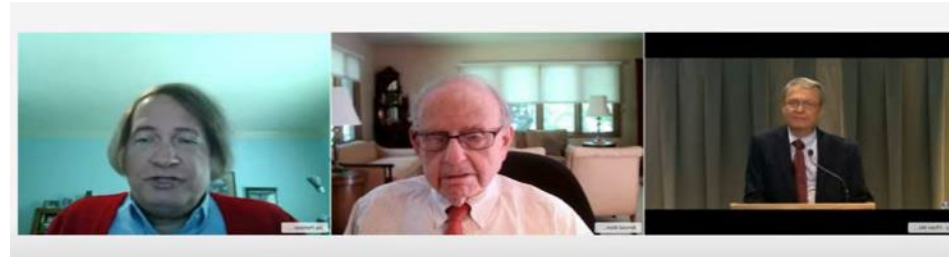
“If one were to consider this as an impurity during manufacturing [...] **one would have to consider this as a high level of impurity.** [...] The fact that the frameshift does not exist with a DNA vaccine may speak in favor of DNA vaccines and **overall maybe, against mRNA vaccines.**”

## Vaccinal spike protein

**Unknown mRNA and spike kinetics and distribution: dismissed as “academic”**

Dr. Portnoy: How much spike protein is made and for how long?

VRBPAC June 15 2022



Dr. J. Portnoy  
VRBPAC

Dr. A. Monto  
Chair

Dr. W. Gruber  
Pfizer

PFIZER: We don't have the complete understanding of the way the vaccine works... It is somewhat

[www.youtube.com/watch?v=lxm4UmldTGQ&t=11575s](https://www.youtube.com/watch?v=lxm4UmldTGQ&t=11575s)

**academic**

## Amend package insert

[...] COMIRNATY (2023-2024 Formula) is formulated to contain [...] modRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2 Omicron variant lineage XBB.1.5 (Omicron XBB.1.5) **in addition to unknown, uncharacterized frameshift proteins of unknown distribution and toxicology.**

## COVID vaccines: “We flew the aeroplane while we were still building it”

Recently retired head of vaccine R&D at Pfizer, Kathrin Jansen, discusses the lightning speed development of SARS-CoV-2 vaccines – and the implications for vaccine platforms



# Time to ground the plane?

*“Based on the totality of scientific evidence available, including data from adequate and well-controlled trials, if available, it is reasonable to believe that the product may be ~~effective~~ **unsafe**”* adapted EUA Guidelines COVID-19 Vaccine [www.fda.gov/media/142749/download](http://www.fda.gov/media/142749/download)

## Residual DNA

- FDA estimate of LNP transfection gain
- Release rDNA, dsRNA, intact RNA, fragment size data by lot + lot usage
- DNA-LNP adduct content and effect

## Revise guidelines for LNP-mRNA

- ng/dose, test methods, size criteria

## Cancer signals in VAERS

- Investigate signal, lab & clinical studies
- Comprehensive program of study

## Frameshift proteins

- Characterize, risk assessment, label

## SV40 sequences

- Censure Pfizer, explain function, remove

## FDA to issue corrections

- Cancer signal: House testimony, Gee et al., NAS report
- SBRA Spikevax – genotoxicity
- Ladapo letter: nuclear entry, cancer signal, genotoxicity