

# PE2086/C: Recognise the vaccine injured and offer appropriate treatment

## Petitioner submission, 13 May 2024

In 2020-2023 Scotland found itself in unprecedented times and its leaders were forced to make some difficult decisions with the information they had available to them at the time. Unfortunately, members of our group are now suffering life debilitating effects or have lost loved ones following the emergency rollout of covid-19 vaccines and new evidence is emerging every day concerning conditions caused by them. World leading doctors, such as David Putrino from Mount Sinai<sup>1</sup> recognise a condition now often referred to as 'Long-Vax' or vaccine induced long-covid. Germany has allocated considerable funds for research into vaccine injury as well as long-covid and to instigate "Interdisciplinary and cross-sector care pathways" to facilitate better care<sup>2</sup>.

We are asking for an opportunity to discuss specific needs we have identified as novel to our situation which will be further complicated by delays. Including:

Research.

How to measure spike protein levels? Spike protein is toxic to humans. Research has shown that it can cross the blood brain barrier<sup>3,4</sup> A correlation has been found between spike protein levels and myocarditis<sup>5</sup> and neurological issues.

We don't know how long spike protein persists in the blood-stream. An Italian research study found it circulating in the blood 6 months after vaccination<sup>6</sup> – funding ran out at 6 months.

Microclotting. There is significant evidence of microclotting as well as fibrous clotting in the vaccine injured<sup>7</sup>. Group members who have travelled abroad for treatment have discovered they had microclotting issues which had previously gone undetected.

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<sup>1</sup> Krumholz HM, Wu Y, Sawano M, Shah R, Zhou T, Arun AS, Khosla P, Kaleem S, Vashist A, Bhattacharjee B, Ding Q, Lu Y, Caraballo C, Warner F, Huang C, Herrin J, Putrino D, Hertz D, Dressen B, Iwasaki A. Post-Vaccination Syndrome: A Descriptive Analysis of Reported Symptoms and Patient Experiences After Covid-19 Immunization. medRxiv [Preprint]. 2023 Nov 10:2023.11.09.23298266. doi: 10.1101/2023.11.09.23298266. PMID: 37986769; PMCID: PMC10659483.

<sup>2</sup> German Ministry of Health, "Long COVID and the post- COVID syndrome as long-term consequences of COVID -19 currently represent major health and social challenges " Section 2.1 <https://www.bundesgesundheitsministerium.de/ministerium/ressortforschung/handlungsfelder/forschungsschwerpunkte/long-/post-covid>

<sup>3</sup> Rhea, E.M., Logsdon, A.F., Hansen, K.M. *et al.* The S1 protein of SARS-CoV-2 crosses the blood-brain barrier in mice. *Nat Neurosci* **24**, 368–378 (2021). <https://doi.org/10.1038/s41593-020-00771-8>

<sup>4</sup> Accessed online at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8536479/>

<sup>5</sup> Circulating Spike Protein Detected in Post–COVID-19 mRNA Vaccine Myocarditis. <https://pubmed.ncbi.nlm.nih.gov/36597886/>

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/36597886/>.

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8380922/> &

**Diagnosis and treatment for mast cell activation syndrome (MCAS).** MCAS is commonly experienced by vaccine injured as well as long-covid sufferers. It involves “neuropsychiatric disorders, including various types of dysautonomia, neuropathy (including small fiber neuropathy), myalgia, migraine, headache, cognitive dysfunction, restless legs syndrome, sleep disturbance, non-pulsatile tinnitus, depression, generalized anxiety, and panic attacks” and includes “symptoms and syndromes across various domains including constitutional, dermatologic, ophthalmologic, otologic, oropharyngeal, lymphatic, pulmonary, cardiovascular, gastrointestinal, genitourinary, musculoskeletal, neurologic, psychiatric, metabolic, hematologic, and immunologic systems. Patients with unrecognized, undiagnosed MCAS will often see multiple specialists and ultimately stop reporting symptoms owing to poor experiences with the medical system”<sup>8</sup>. This condition is very rarely diagnosed on the NHS. At present, group members see individual specialists who try to treat the symptoms without understanding the underlying cause, potentially leading to more harm because sufferers of this condition can be dangerously reactive to chemicals and medications. There are NO MCAS specialists in NHS Scotland although some Long Covid clinics recognise it. Left untreated it can lead to health complications including diabetes and cancer<sup>9</sup>.

We need more education for medics regarding Postural Orthostatic Tachycardia Syndrome and dysautonomia.

An openness within the medical community to discuss the possibility of vaccine injury with patients. Considering the speed and extent of the vaccines roll out, it seems logical to expect there to be adverse reactions. Group members often find they are stonewalled if they mention the vaccine. Often doctors are willing to discuss the possibility then don't write anything about it in their notes. This makes it impossible to apply for the vaccine damage payment scheme.

We need recognition amongst frontline medical staff (GPs, emergency doctors, consultants) of how vaccine injury can present and how it can be treated.

NICE guidelines or SNOMED code should be put in place for diagnosis and treatment.

Specialist clinics or multi-disciplinary teams. Many of us have complex conditions and have to attend multiple appointments with different consultants. It would be much simpler to have dedicated units for vaccine injury and long-covid – as the German government are exploring the possibility of implementing.

Where vaccination was required for work, employers should treat vaccine injury as a work-place injury

Financial support for accessing treatments that often help to alleviate our symptoms, for example, Hyperbaric Oxygen Therapy, Infrared/Near Red Light Therapy, PEMF (pulse electromagnetic field therapy) amongst others.

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medRxiv 2021.03.05.21252960; doi: <https://doi.org/10.1101/2021.03.05.21252960>

<sup>8</sup> <https://doi.org/10.3390/jpm13111562>

<sup>9</sup> Molderings GJ, Zienkiewicz T, Homann J, Menzen M, Afrin LB. Risk of solid cancer in patients with mast cell activation syndrome: Results from Germany and USA. *F1000Res.* 2017 Oct 26;6:1889. doi: 10.12688/f1000research.12730.1. PMID: 29225779; PMCID: PMC5710302.

Financial support for private medical care where the NHS cannot provide timely treatment or specialist services is required.

Reimbursement should be given for private treatment already paid for.

We need psychological support to deal with chronic illness and trauma. We, as lay people, are dealing with suicide threats within our support group when we ourselves are dealing with trauma and grief.

Due to NHS targets for waiting times not being met, most of us are left with no alternative but to seek private testing and subsequent private medical care and very few of us are making a full recovery.

In other nations, tests and treatments are routinely available that our members have not been offered. For example to test cytokines, nerve conduction tests, autoimmune panels, CT scans, MRIs, IVIG treatment or tests to measure spike protein levels.

When we ask for help we are often told the vaccines have saved thousands of lives and to report our reaction to the Yellow Card Scheme. Neither of these help us.