Awaken India Movement @awakenindiamvmt

Jan 26, 2024 • 11 tweets • awakenindiamvmt/status/1750798532108292431

#YellowFever
Yellow fever vaccination and increased relapse rate in travelers with multiple #sclerosis

pubmed.ncbi.nlm.nih.gov/21670384/

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Vaccination cannot be mandatory and should not be forced, however the govt to fulfil targets of #BMGF and #UNICEF are carrying out mindless vaccination campaigns without bothering to list the risks or bothering about compensation, or about monitoring #vaccineinjuries and #AEFI... Show more

Joanna @thatdoggonelady
TW: death, medical negligence.

One month back, my two year old nephew passed away after taking the yellow fever vaccine. There was negligence on behalf of the health centre who didn't correctly inform about side effects, and the hospital where we took him after he was unwell (1)

Last edited 4:49 AM · Jan 22, 2024

57 **See the latest COVID-19 information on X**

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23-month-old son died in Dec' 23 following the administration of yellow fever #vaccine

Baby dies, mom accuses district hospital of negligence | Goa News - T...
Panaji: Larissa Menezes, whose 23-month-old son died last month, has accused the North Goa district hospital of “horrifying laxity” in handling his ca.

https://timesofindia.indiatimes.com/city/goa/baby-dies-mom-accuses-district-hospital-of...

Incidence of #yellowfever vaccine-associated neurotropic disease
pubmed.ncbi.nlm.nih.gov/19996449/

23 -month old son of Larissa Menezes*

#YellowFever Vaccine-Associated Hepatitis Epidemic During World War II.

During World War II, a yellow fever vaccine manufactured was unknowingly contaminated with the hepatitis virus and given to the US military. As a result, more than 50,000 cases of hepatitis broke out among American troops injected with the vaccine.
https://www.ncbi.nlm.nih.gov/books/NBK234464/

Mortality and Morbidity Among Military Personnel and Civilians During the 1930s and World War II From Transmission of Hepatitis During Yellow Fever Vaccination
During World War II, nearly all US and Allied troops received #yellowfever vaccine. Until May 1942, it was both grown and suspended in human serum. In April 1942, major epidemics of hepatitis occurred in US and Allied troops who had received yellow fever vaccine.

A rapid and thorough investigation by the US surgeon general followed, and a directive was issued discontinuing the use of human serum in vaccine production.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673520/

Abstract

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During World War II, nearly all US and Allied troops received yellow fever vaccine. Until May 1942, it was both grown and suspended in human serum. In April 1942, major epidemics of hepatitis occurred in US and Allied troops who had received yellow fever vaccine. A rapid and thorough investigation by the US surgeon general followed, and a directive was issued discontinuing the use of human serum in vaccine production.

'His Heart Stopped...': Mother of Goa Toddler Who Died After Yellow Fe…

Larissa, mother of David Dominic Lobo, a two-year-old boy from Mapusa, Goa who recently passed away a day after getting the yellow fever shot, speaks to the Quint about their month-long ordeal of try…

https://www.thequint.com/fit/yellow-fever-vaccine-toddler-death-family-speak-out

#YellowFever #vaccine can cause neurological complications
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8153874/

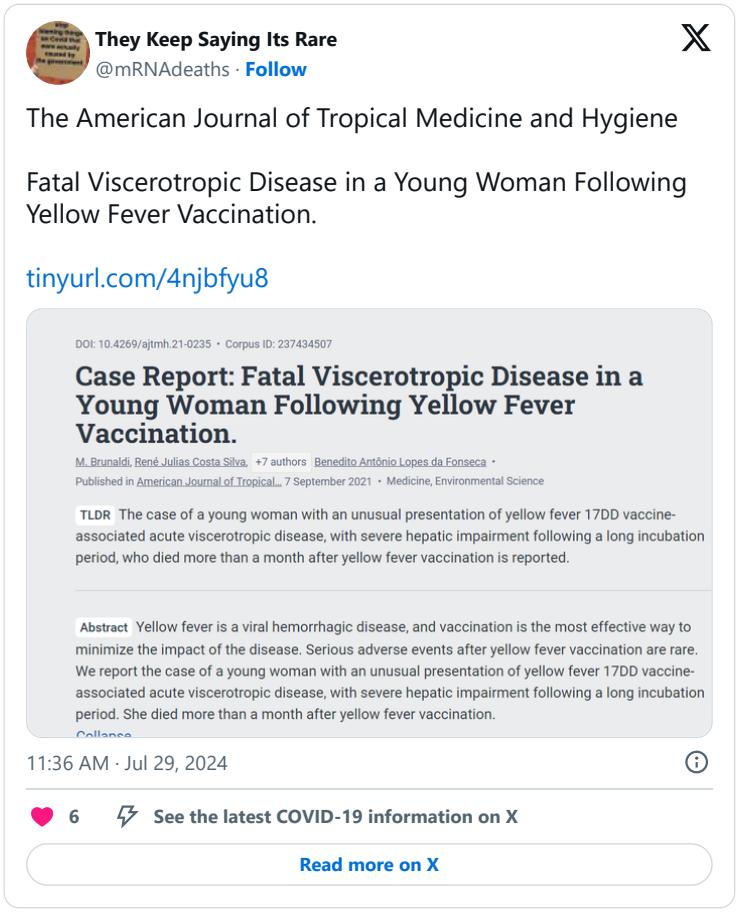
RESEARCH

Neurologic Disease after Yellow Fever Vaccination, São Paulo, Brazil, 2017–2018

Ana Freitas Ribeiro,[1] Bruno Fukelmann Guedes,[1] Jamal M.A.H. Sulleiman, Francisco Tomaz Meneses de Oliveira, Izabel Oliva Marcilio de Souza, Juliana Silva Nogueira, Rosa Maria Nascimento Marcusso, Eder Gatti Fernandes, Guilherme Sciascia do Olival, Pedro Henrique Fonseca Moreira de Figueiredo, Ana Paula Rocha Veiga, Flávia Esper Dahy, Natália Nasser Ximenes, Lecio Figueira Pinto, José Ernesto Vidal, Augusto Cesar Penalva de Oliveira

Yellow fever (YF) vaccine can cause neurologic complications. We examined YF vaccine–associated neurologic disease reported from 3 tertiary referral centers in São Paulo, Brazil, during 2017–2018 and compared the performance of criteria established by the Yellow Fever Vaccine Working Group/Centers for Disease Control and Prevention and the Brighton Collaboration. Among 50 patients who met inclusion criteria, 32 had meningoencephalitis (14 with reactive YF IgM in cerebrospinal fluid), 2 died, and 1 may have transmitted infection to an infant through breast milk. Of 7 cases of autoimmune neurologic disease after YF vaccination, 2 were acute disseminated encephalomyelitis, 2 myelitis, and 3 Guillain-Barré syndrome. Neurologic disease can follow fractional vaccine doses, and novel potential vaccine-associated syndromes include autoimmune encephalitis, opsoclonus-myoclonus-ataxia syndrome, optic neuritis, and ataxia. Although the Brighton Collaboration criteria lack direct vaccine causal assessment, they are more inclusive than the Centers for Disease Control and Prevention criteria.

Fatal Viscerotropic Disease in a Young Woman Following Yellow Fever Vaccination



https://www.semanticscholar.org/paper/Case-Report%3A-Fatal-Viscerotropic-Disease-in-a-Young-Brunaldi-Silva/ffc9c8ac26bcebdd878774bed476080f31ee27ef

DOI: 10.4269/ajtmh.21-0235 • Corpus ID: 237434507

Case Report: Fatal Viscerotropic Disease in a Young Woman Following Yellow Fever Vaccination.

M. Brunaldi, René Julias Costa Silva, +7 authors Benedito Antônio Lopes da Fonseca •

Published in American Journal of Tropical... 7 September 2021 • Medicine, Environmental Science

TLDR The case of a young woman with an unusual presentation of yellow fever 17DD vaccine-associated acute viscerotropic disease, with severe hepatic impairment following a long incubation period, who died more than a month after yellow fever vaccination is reported.

Abstract Yellow fever is a viral hemorrhagic disease, and vaccination is the most effective way to minimize the impact of the disease. Serious adverse events after yellow fever vaccination are rare. We report the case of a young woman with an unusual presentation of yellow fever 17DD vaccine-associated acute viscerotropic disease, with severe hepatic impairment following a long incubation period. She died more than a month after yellow fever vaccination.

Previous healthy 10-month-old baby dead after yellow fever vaccine.

They Keep Saying Its Rare
@mRNAdeaths · **Follow**

Brasil
Previous healthy 10-month-old baby dead after yellow fever vaccine.
tinyurl.com/ypbfrryz

REVISTA DO INSTITUTO DE MEDICINA TROPICAL DE SÃO PAULO
JOURNAL OF THE SÃO PAULO INSTITUTE OF TROPICAL MEDICINE

CASE REPORT

Fatal viscerotropic and neurotropic disease after yellow fever vaccine: a rare manifestation leading to diagnosis of severe combined immunodeficiency in an infant

https://doi.org/10.1590/S1678-9946202466050

Lara Jhullian Tolentino Vieira, Gabriela Assunção Goebel, Yuri Barcelos, Luciana Oliveira Cunha, Luisa Teles Melo Santos, Roberta Maia de Castro Romanelli, Fernanda Gontijo Minafra, Andrea Lucchesi de Carvalho, Luiz Fernando Andrade de Carvalho, Lilian Martins Oliveira Diniz

ABSTRACT

Yellow fever vaccine (YFV) is a live attenuated vaccine that can cause a mild infection in immunocompetent patients. However, it may not be self-limiting in patients with inborn errors of immunity (IEI) and may be the first and most severe presentation in these patients. A 10-month-old female infant sought emergency care presenting fever for three days and diffuse exanthema. She was a previous healthy child of consanguineous parents. The child had received YFV 28 days before the onset of symptoms. Upon hospital admission, petechial rash on the limbs and hepatosplenomegaly were noted on physical exam. Laboratory tests showed thrombocytopenia, increased serum aminotransferases and elevated gamma-glutamyl transferase (GGT) and alkaline phosphatase levels. During hospitalization she developed hypoactivity, drowsiness, and hypotonia. The possibility of viscerotropic and neurotropic vaccine associated disease was suspected and a possible primary immunodeficiency disease considered. The patient was tested for antibodies against the yellow fever virus (MAC ELISA) on serum and cerebrospinal fluid (CSF) samples, showing positive IgM results. Immunophenotyping showed low levels of lymphocytes and absence of T-cell receptor excision circles (TREC), leading to diagnose of severe combined immunodeficiency disease (SCID). Despite treatment, after 35 days of hospitalization, she evolved to cardiorespiratory arrest and death. Serious adverse events after administration of the YFV are rare and associated with neurological or visceral involvement in most cases. The unfavorable outcome highlights the importance of neonatal screening for SCID and the clinical suspicion of primary immunodeficiencies in infants who have serious adverse events to live virus vaccines.

KEYWORDS: Immunodeficiency. Vaccine. Yellow fever.

INTRODUCTION

Primary immunodeficiencies are a heterogeneous group of inherited pathologies that affect the immune system. Severe combined immunodeficiency (SCID) is a rare disease that affects approximately 1: 55,000 newborns and results from various monogenic defects that impair immune function and brings on early severe and life-threatening infections. The main stay of treatment for SCID is hematopoietic stem cell transplant (HSCT). Although overall rare, it constitutes a major burden on affected children, their families, and the health system, especially in communities with a high rate of consanguinity, where incidence and prevalence

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of recessive inborn errors of immunity (IEI) are expected to be high[1].

Patients with SCID have a very low number of T cells and dysfunctional B lymphocytes, characterizing a combined cellular and humoral immunodeficiency, making them susceptible to infections. Clinical manifestations usually begin in the first six months of life with severe and persistent infections caused by any type of microorganism, as well as growth deficit and chronic diarrhea. Laboratory tests have found the presence of lymphopenia, reduced T lymphocytes (CD3+, CD4+, and CD8+), with or without a decrease in the number of B lymphocytes (CD19+) and/or natural killer cells (CD16+, CD56+).[2] In the ideal scenario, patients with SCID are diagnosed via newborn screening. However, in Brazil, where disease screening is not widely available, the diagnosis is obtained only after onset of signs and symptoms.

For these patients, no live virus or bacteria vaccines should be administered, not only to prevent inadequate responses, but also due to the risk of causing serious disseminated diseases secondary to vaccine microorganism[2]. In this context, the literature describes several cases of infants without an early SCID diagnosis who were vaccinated with the Bacillus Calmette-Guerin (BCG) vaccine and developed the vaccine-associated disease. BCG vaccine is a live attenuated vaccine form of *Mycobacterium bovis* that is often administered to infants in Brazil soon after birth. BCG-related disease is a well-known manifestation of vaccine adverse effect and is observed in about 51–64% of patients with SCID that had not been previously diagnosed[2,3].

In addition to BCG, other live attenuated vaccines such as rotavirus, oral polio vaccine, measles, mumps, rubella, varicella, and yellow fever vaccines (YFV) are also offered in Brazil[4]. Yellow fever (YF) is an acute febrile infectious disease transmitted by arthropod vectors and caused by a virus of the genus Flavivirus. In recent years, the disease has manifested itself in outbreaks in Brazil, seriously affecting a significant number of patients[5]. As a result, YFV is part of the Brazilian National Immunization Program and offered at 9 months of age[6]. Contraindications to vaccination include infants less than 6 months of age, allergy to a previous dose, allergy to eggs or chicken proteins, and a weakened immune system due to pre-existing disease[4]. Less than 25% of vaccinees develop mild systemic symptoms, which may include headache, myalgia, discomfort at the site of vaccination, or low-grade fever, two to six days after vaccination. Serious adverse events after administration of the YFV are rare and, in most cases, associated with neurological or visceral involvement, the so-called neurologic and viscerotropic disease. Although rare, the vaccine disease can manifest itself more severely in patients with primary immunodeficiency[7,8].

We present a previously healthy child who was vaccinated with YFV in Brazil and developed severe dissemination of the vaccine virus leading to neurologic and viscerotropic disease. The patient was later diagnosed with SCID.

CASE REPORT

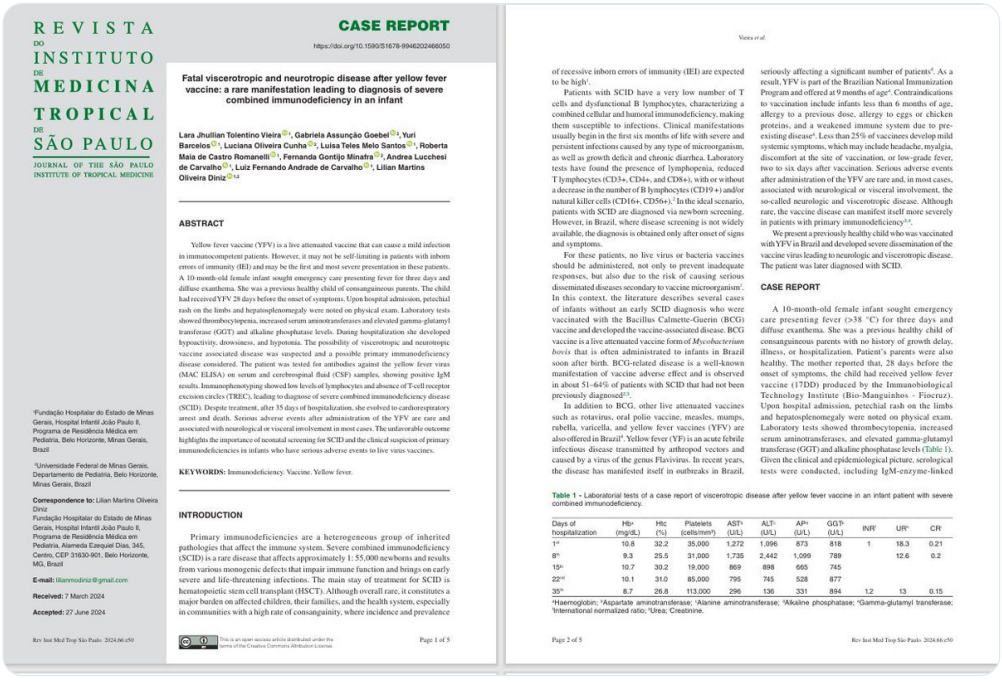
A 10-month-old female infant sought emergency care presenting fever (>38 °C) for three days and diffuse exanthema. She was a previous healthy child of consanguineous parents with no history of growth delay, illness, or hospitalization. Patient's parents were also healthy. The mother reported that, 28 days before the onset of symptoms, the child had received yellow fever vaccine (17DD) produced by the Immunobiological Technology Institute (Bio-Manguinhos – Fiocruz). Upon hospital admission, petechial rash on the limbs and hepatosplenomegaly were noted on physical exam. Laboratory tests showed thrombocytopenia, increased serum aminotransferases, and elevated gamma-glutamyl transferase (GGT) and alkaline phosphatase levels (Table 1). Given the clinical and epidemiological picture, serological tests were conducted, including IgM-enzyme-linked

Table 1 - Laboratorial tests of a case report of viscerotropic disease after yellow fever vaccine in an infant patient with severe combined immunodeficiency.

Days of hospitalization	Hb[a] (mg/dL)	Htc (%)	Platelets (cells/mm³)	AST[b] (U/L)	ALT[c] (U/L)	AP[d] (U/L)	GGT[e] (U/L)	INR[f]	UR[g]	CR[h]
1st	10.8	32.2	35,000	1,272	1,096	873	818	1	18.3	0.21
8th	9.3	25.5	31,000	1,735	2,442	1,099	789		12.6	0.2
15th	10.7	30.2	19,000	869	898	665	745			
22nd	10.1	31.0	85,000	795	745	528	877			
35th	8.7	26.8	113,000	296	136	331	894	1.2	13	0.15

[a]Haemoglobin; [b]Aspartate aminotransferase; [c]Alanine aminotransferase; [d]Alkaline phosphatase; [e]Gamma-glutamyl transferase; [f]International normalized ratio; [g]Urea; [h]Creatinine.

https://www.scielo.br/j/rimtsp/a/hQhChbDC7sJPNvDMzqhxVZd/?lang=en#



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