Pflege für Aufklärung
Pflege konfrontiert-klärt auf
Gegen die Demontage der Pflege

KLINIK PERSONAL STEHT AUF
Baden-Württemberg
www.klinik-personal-steht-auf.info

Sehr geehrte Damen und Herren

Bezüglich Ihres Briefes vom 28. Juni 2022 zur Prüfung der Covid-19 Immunität im Rahmen der einrichtungsbezogenen Impflicht nach § 20 a Infektionsschutzgesetz möchte ich Ihnen wie folgt meine Antwort zukommen lassen. Mein Name ist Werner Möller und ich bin Intensivpfleger und Atmungstherapeut. Seit nunmehr fast 30 Jahren arbeite ich auf Intensivstationen und versorge schwerstkranke Menschen mit allen möglichen Krankheitserregern und Krankheitsverläufen.

Zusammenfassung

In meiner etwas längeren Ausführung möchte ich Ihnen zum einen einmal darlegen, was eigentlich meine bzw. die Arbeit einer Pflegekraft (Intensivpflegekraft) bedeutet und warum viele meiner Kollegen einschließlich mir sich nicht gegen Sars-Cov 2 impfen lassen möchten. Wir sind mehr als die meisten Politiker in der Lage, dies fachlich zu beurteilen, weil wir sowohl seit Anfang an sowohl Covid-19 behandeln als auch Menschen erleben, die im Zusammenhang oder kausal an der Covid-Impfung sterben. Wir schauen hin und wir lesen und verstehen auch Studien. Die Impfung steht in keinem Risiko-Nutzen-Verhältnis und deswegen lehne ich diese ab. Ich gehe im Weiteren auf die fachliche und rechtliche Grundlage der Inhalte ihres Schreibens ein sowie auf die einrichtungsbezogene Impfpflicht. Auch möchte ich Sie darauf aufmerksam machen, dass ich mit meiner Initiative „Pflege für Aufklärung“ mit all unseren Medienkanälen das Prozedere unserer Korrespondenz öffentlich in Video und Text teilen werde.

Im Weiteren erkläre ich die fachlichen Fakten hinter den Narrativen, die politisch sind und meistens fachlich falsch wie

- den Nutzen der Covid-Impfung
- die Effektivität
- Ansteckung und Sicherheit
- vermeintlicher Schutz von vulnerablen Gruppen
- Intensivbettenbelegung und Personalmangel
- Spaltung durch Impf-Apartheit der Politik
- mein Schlusswort

und im Anhang viele Verweise auf Studien zu den verschiedenen Themen.

Pflegekräfte wie ich beatmen Intensiv-Patienten, wir steuern Dialyse und ECMO, wir führen komplexe medikamentöse Therapien täglich aus, wir entwöhnen Patienten nach schwersten und langen Krankheitsverläufen von der Beatmung, bringen ihnen wieder das Sprechen und Schlucken bei, mobilisieren sie aus dem Bett heraus und sind daran beteiligt, sie in das soziale Leben wieder zurückzuführen oder wenn dies nicht möglich ist, eine außerklinische Intensivtherapie einzuleiten.

Wir sind die größte Gruppe von Experten in Deutschland, 1,7 Million Pflegekräfte aus allen Bereichen der Pflege.

Seit Anfang der Corona-Pandemie 2020 sehe ich alltäglich die Krankheitsverläufe einer Covid-19-Pneumonie. Im Gegensatz zu den Politikern, von denen einige im Rampenlicht stehen – so ein Karl Lauterbach oder Winfried Kretschmann usw. – sind Menschen wie ich die eigentlichen Experten in dieser Sache. Wir wissen, wie man Corona-Patienten beatmet, therapiert, von der Beatmung wieder entwöhnt und nach schweren Verläufen wieder ins Leben zurückbringt. Ebenso sehe ich bzw. wir als Pflegekräfte seit Einführung der Corona-Impfung Todesfälle im kausalen oder zeitlichen Zusammenhang mit der Impfung sowie schwerste Krankheitsverläufe und Körperverletzungen.

Ich habe 2020 mit meinem Kollegen Christian Snurawa die Initiative „Pflege für Aufklärung“ gegründet. Mittlerweile gibt es einige Initiativen von Pflegekräften, „Pflege für Aufklärung“ oder „Klinikpersonal steht auf“ und viele andere, die sich bemühen - im Gegensatz zu der politischen Polemik der meisten Politiker - über Corona fachlich aufzuklären.

Wir und nicht ein Herr Lauterbach sind die Experten; wir sehen die Patienten jeden Tag und – anfangs beklatscht und gefeiert – werden wir nun aus reinen politischen Motiven unter Druck gesetzt, eine Therapie entweder zu akzeptieren oder Gefahr zu laufen, ein Berufsverbot zu bekommen. Eine Therapie, die gefährlich ist, die weitgehend wirkungslos ist und die nach wie vor im experimentellen Status ist.

Ich bin nicht gegen Sars-Cov 2 geimpft und ich werde mich auch nicht impfen lassen!

Ich entscheide, welche Medikamente in meinen Körper kommen – und kein Herr Lauterbach oder eine Behörde.

Ihre Forderung nach einem „Immunitätsnachweis "gegen Covid-19, der keinen solchen medizinisch darstellen würde, verletzt meine fundamentalen Grundrechte

- Artikel 1 Absatz 1 Satz 1 GG - Die Würde des Menschen ist unantastbar
- Art. 2 Abs. 2 Satz 1 GG - Jeder hat das Recht auf Leben und körperliche Unversehrtheit.
- Art. 3 Abs. 1 GG - Alle Menschen sind vor dem Gesetz gleich.
- Art. 4 Abs. 1 GG - Die Freiheit des Glaubens, des Gewissens und die Freiheit des religiösen und weltanschaulichen Bekenntnisses sind unverletzlich
- Art. 12 Abs. 1 Satz 1 GG - Alle Deutschen haben das Recht, Beruf, Arbeitsplatz und Ausbildungsstätte frei zu wählen.
- Art. 1 Abs. 1 iVm Art. 2 Abs. 1 GG - Das Recht auf Informationelle Selbstbestimmung

Zugleich verstößt die einrichtungsbezogene Immunitätsnachweispficht auch gegen das vorrangige Europarecht. Ein italienisches Berufungsgericht hat unter Hinweis auf die in allen Mitgliedsstaaten unmittelbar anwendbare Verordnung des Parlaments und des Rats Nr. 953/2021 zur ebenfalls in Italien bis dahin geltenden einrichtungsbezogenen Impfpflicht ausgeführt:

"In Anbetracht der Tatsache, dass aus epidemiologischer Sicht der Zustand einer geimpften Person dem einer nicht geimpften Person nicht unähnlich ist, da sich beide infizieren, die Krankheit entwickeln und die Ansteckung weitergeben können, und dass die Auferlegung einer Pflichtimpfung, um zu funktionieren, daher völlig unangebracht ist, diskriminierend ist und gegen die europäische Verordnung Nr. 953/2021 verstößt, die eine Diskriminierung von europäischen Bürgern aufgrund des Impfstatus verbietet; unter Hinweis auf die Entschließung Nr. 2361 des Europarats / 2021 ; Verordnungen (EG) 726/2004 (Art. 14a) und 507/2006 ; in Kenntnis des Urteils des Gerichtshofs, Beschluss Nr. 716/17 des Gerichtshofs der Europäischen Union vom 11. Juli

2019, in dem es heißt: "Jedes nationale Gericht, das im Rahmen seiner Zuständigkeit zu entscheiden hat, ist als Organ eines Mitgliedstaats verpflichtet, jede nationale Bestimmung unangewendet zu lassen, die mit einer Bestimmung des Unionsrechts, die unmittelbare Auswirkungen auf den bei ihm anhängigen Rechtsstreit hat, unvereinbar ist"; Im Einklang mit Urteil Nr. 26897 vom 21.12.2009 : " Das nationale Gericht muss eine innerstaatliche Rechtsvorschrift wegen Unvereinbarkeit mit dem Gemeinschaftsrecht unangewendet lassen, sowohl wenn der Konflikt mit einer von den Organen der EWG durch Verordnung geschaffenen Regelung entsteht, als auch wenn der Konflikt durch allgemeine Regeln des Gemeinschaftsrechts bestimmt wird, die der Gerichtshof der Europäischen Gemeinschaften bei der Auslegung des Systems selbst in Ausübung der ihm durch die Artikel . 169 und 177 des Vertrags vom 25. März 1957 , durchgeführt durch das Gesetz 1203 vom 14. Oktober 1957, hebt das Gericht die Verfügung des Psychologenordens der Toskana auf, die Dr. M. die Ausübung des Berufs des Psychologen untersagt bis sie sich der medizinischen Injektionsbehandlung gegen Sars Cov 2 unterzogen hat auf, und gestattet somit die Ausübung des Berufs ohne Injektionsbehandlung, wobei sie in jeder Modalität (sowohl in Anwesenheit als auch aus der Ferne) in gleicher Weise wie geimpfte Kollegen arbeiten kann."

Weiterhin verweise ich auf

- Art. 3 Abs. 2 Europäische Grundrechtecharta
- Art. 7 Abs. 1 S. 2 Internationaler Pakt über bürgerliche und politische Rechte vom 19.Dezember 1966
- Art. 5 Übereinkommen Menschenrechte und Biomedizin des Europarats vom 4. April 1997
- Art. 6 Allgemeine Erklärung über Bioethik
- und Menschenrechte der Vereinten Nationen

Diese Regeln haben als Völkergewohnheitsrecht bereits über Art. 25 GG Gesetzescharakter.

Unsere Initiativen setzen alles daran, die fachlichen Thesen der lobbyistisch orientierten Politik zu offenbaren und ihnen reale Fakten aus dem Alltag entgegenzusetzen. Seit Jahren wird unser Beruf der Pflege durch Politiker, die reine politische und wirtschaftliche Interessen vertreten, demontiert. So wird auch jetzt in Corona-Zeiten die Pflege wieder einmal mehr instrumentalisiert, um eine Impfung umzusetzen, die ein Milliardengeschäft für die Pharmaindustrie darstellt, aber in keinem Risiko-Nutzenverhältnis für den Bürger steht.

Ich möchte Sie darauf aufmerksam machen, dass jeglicher Schriftverkehr, den wir hier miteinander führen, von unseren Initiativen in Video und Schriftform auf allen medialen Kanälen, über die unser Netzwerk verfügt, veröffentlicht werden wird. Ich/wir haben keine Angst vor einem Bußgeld oder einem sogenannten Betretungsverbot. Wir lassen uns nicht und niemals einschüchtern! Ein Bußgeld aufgrund eines negativen Impfstatus ist rechtswidrig.

Es gibt in Deutschland keinen Impfzwang unter Androhung von Bußgeld. Sollte ich eine derartige Androhung wiederholt bekommen, auch eine Androhung eines Betretungsverbots (siehe Beschlüsse in Anlage), werde ich mir rechtliche Schritte vorbehalten.

Wir werden das gesamte Prozedere öffentlich machen. Die Pflege befindet sich seit Jahren im akuten Notstand. Ich werde mir auch rechtliche Schritte vorbehalten gegen ihr Amt wegen unzulässiger und medizinischer falscher Fakten in Ihrem Schreiben. Die Corona-Thesen eines Gesundheitsministers Karl Lauterbach schrecken uns nicht ab, denn wir kennen die Wahrheit. Politiker wie Lauterbach sind mitschuldig an der Misere der Pflege und des Gesundheitswesens.

Ich war im April 2022 eingeladen im Corona-Gesundheitsausschuss des Bundestages als Sprecher zum Thema Corona Pflegebonus zu reden und habe meine Meinung über die fragwürdige Politik unseres Gesundheitsministers öffentlich gesagt, über die Notstände im Gesundheitswesen sowie die einrichtungsbezogene Impfpflicht gesprochen und Lauterbachs Rücktritt gefordert .,

Diese Impfpflicht ist reine politische Schikane.

Gerne können Sie sich auf meiner Webseite www.pflegefuraufklarung.de und www-geimpft-erkrankt.de aktuelle Berichte über Impftote und Berichte betroffener Menschen anschauen.

Menschen mit allen möglichen Impfkomplikationen hören von ihren Ärzten Phrasen wie
… es ist nicht die Impfung… kann nicht sein… entspannen sie sich… sie sind psychisch etwas überfordert oder überlagert usw.… die Klinik- und Hausärzte machen ihren Job schlampig oder gar nicht. Sie lassen ihre Patienten alleine und was meistens am schlimmsten ist: Sie nehmen sie nicht ernst.

Nicht zu vergessen: die Patienten, die an oder in kausalem Zusammenhang mit der Impfung sterben. Sie sind die Vergessenen der Pandemie. Erst die Geschichte wird vielleicht ihr Schicksal zeigen.
Wenn es aber um das Abrechnen von Impfkomplikationen geht, kennen viele Hausärzte dennoch die DRGs von Corona-Impfkomplikationen und rechnen diese fleißig ab, ohne sie aber offiziell zu melden, wie der aktuelle BKK_ProVita-Skandal gezeigt hat.

Und Sie denken wir Pflegekräfte, die hinschauen, unterwerfen uns diesem Impfterror? Niemals!

Die Covid-Impfung wurde den Bürgern von den Politikern als einziger Ausweg aus der sogenannten Pandemie angepriesen. Wie man am Verlauf der Infektionszahlen der letzten Monate jedoch sieht, ist dies nicht der Fall. Selbst Patienten die drei- oder sogar vierfach geimpft worden sind, erleiden schwere Krankheitsverläufe. Als Ungeimpfter soll man sich täglich testen, als Geimpfter nur sporadisch.

Das politische Vorgehen in diesem Zusammenhang führt zur gesellschaftlichen Spaltung, in dem vermittelt wird, dass ungeimpfte Menschen eine Gefahr für geimpfte Menschen darstellen. Dies führt unter anderem auch dazu, dass viele geimpfte Menschen zu Spreadern werden, die sich vermeintlich durch ihre Impfung in Sicherheit fühlen und in Bezug auf Hygienemaßnahmen nachlässig werde

Die aktuelle internationale Studienlage zeigt immer mehr die Unwirksamkeit und die Risiken von Covid-Impfungen aller Art. Neue israelische und britische Studien zeigen ein erhöhtes kardiales und neurologisches Risiko, Risiko von Unfruchtbarkeit und eine Tendenz, dass immer mehr Verläufe von Covid-19 länger und stärker werden. Ebenso die Lage der immer mehr ansteigenden Autoimmun-Reaktionen in Zusammenhang mit der sogenannten Impfung. Die Antikörper der Impfung haben außerdem eine weitaus schlechtere Qualität als natürlich erworbene. Kurzum kann man sagen, dass die Risiken der Covid-„Impfung“ weitaus höher sind als das Risiko, an Covid-19 zu versterben oder langfristig schwer zu erkranken.

Die Covid-Impfung hat selbst in den offiziellen Zahlen die höchste Rate an Nebenwirkungen, die jemals bei einer Impfung aufgetreten sind. Anbei als Anlagen sende ich Ihnen die sehr guten Ausarbeitungen unabhängiger Wissenschaftler und Analysten, die verschiedene Themen anhand der offiziellen Zahlen analysiert und dargestellt haben, die Dunkelziffer z.B. bei Impfnebenwirkungen einmal nicht mit einbezogen.

Nach dem, was ich/ wir im Alltag beobachten und als Initiative „Pflege für Aufklärung“ sehen und mit Impf-Geschädigten besprechen, muss eigentlich diese Impfung umgehend eingestellt werden.

Die aktuelle Lage in der Coronafrage rechtfertigt keineswegs eine einrichtungsbezogene Impfpflicht. Wir haben definitiv keine pandemische Lage mehr, bestenfalls eine epidemische. Die Impfung ist quasi wirkungslos, was man an den Zahlen sehen kann und Covid-19 befindet sich mittlerweile in seinem Verlauf auf dem Niveau einer „normalen“ respiratorischen Erkrankung wie eine Influenza und gefährlich lediglich beim Verlauf einer Pneumonie.

Die Anzahl der geimpften Kranken nimmt immens zu und in der Klinik sind es meistens die Ungeimpften, die für die Geimpften einspringen dürfen.

Was sie auf Seite 2 in ihrem Anschreiben erwähnen, nämlich dass ein vollständiger Impfschutz gegen das Coronavirus nicht nur mich, sondern auch mein persönliches Umfeld wirksam vor einer schweren Erkrankung schützt, ebenso gerade auch Personen in meinem beruflichen Umfeld, die selbst nicht geimpft werden können oder aufgrund ihres Gesundheitszustandes oder Alters ein erhöhtes Risiko für einen schweren oder gar tödlichen Krankheitsverlauf haben, dieser Abschnitt ihres Briefes ist eine medizinische Falschinformation, die Sie durch nichts nachweisen konnten.

Zu prüfen wäre im Übrigen, ob die von Ihnen als Behörde fachlich nichtzutreffenden Informationen rechtwidrig sein können. Sie geben hier eine medizinisch und durch die mittlerweile klare Studienlage ersichtlich, klare Falschinformation wieder.

Wenn ich mich aufgrund Ihrer Ausführungen impfen lasse und einen Impfschaden erleide, kommt ihre Behörde dann finanziell dafür auf?

Sie üben mit Ihrem Schreiben auf die Mitarbeiter im Gesundheitswesen einen Druck zu einer medizinischen Therapie aus. Es werden durch den rechtswidrigen Druck von Bußgeldandrohungen und angedrohten Betretungsverboten (siehe Anlage Beschlüsse aus Niedersachsen und Schleswig-Holstein) Existenzängste bei Mitarbeitern im Gesundheitswesen ausgelöst, die jahrelang treu und fachlich hochkompetent ihren Dienst geleistet haben.

Erst beklatscht und jetzt abgeklatscht?! Kein Patient oder Mensch darf jedoch zu einer Therapie unter Druck genötigt werden. Jede Standardaufklärung im medizinischen Alltag wäre hier ungültig und illegal.

Sie klären falsch auf über diese Therapie und übernehmen lediglich vorgegebene Narrative, sind sich aber nicht der Konsequenzen bewusst. Auch Sie als Mitarbeiter einer Behörde mit solcher Wichtigkeit sind Mitarbeiter im Gesundheitswesen. Sie sollten nicht nur „Befehle befolgen“, sondern anfangen zu prüfen und nicht einfach das annehmen, was Ihnen von Oben diktiert wird. Denn sonst machen sie sich indirekt der Mittäterschaft mitschuldig. Ihre Androhung eines Bußgeldes (ohnehin aktuell durch Urteile in Anlage rechtswidrig) würden auch in die Nähe der versuchten Körperverletzung gehen im Falle einer Impfkomplikation.

§§ 224 Abs. 1 Nr. 1 und 5

§ 224 Gefährliche Körperverletzung

(1) Wer die Körperverletzung

1. durch Beibringung von Gift oder anderen gesundheitsschädlichen Stoffen,
2. mittels einer Waffe oder eines anderen gefährlichen Werkzeugs,
3. mittels eines hinterlistigen Überfalls,
4. mit einem anderen Beteiligten gemeinschaftlich oder
5. mittels einer das Leben gefährdenden Behandlung

begeht, wird mit Freiheitsstrafe von sechs Monaten bis zu zehn Jahren, in minder schweren Fällen mit Freiheitsstrafe von drei Monaten bis zu fünf Jahren bestraft.

(2) Der Versuch ist strafbar.

https://dejure.org/gesetze/StGB/224.html

Ebenso sehe ich Ihr Verhalten einer Androhung eines Berufsverbotes neben einer Verletzung meiner Grundrechte als Nötigung an.

§ 240
Nötigung

(1) Wer einen Menschen rechtswidrig mit Gewalt oder durch Drohung mit einem empfindlichen Übel zu einer Handlung, Duldung oder Unterlassung nötigt, wird mit Freiheitsstrafe bis zu drei Jahren oder mit Geldstrafe bestraft.

(2) Rechtswidrig ist die Tat, wenn die Anwendung der Gewalt oder die Androhung des Übels zu dem angestrebten Zweck als verwerflich anzusehen ist.

(3) Der Versuch ist strafbar.

(4) 1In besonders schweren Fällen ist die Strafe Freiheitsstrafe von sechs Monaten bis zu fünf Jahren. 2Ein besonders schwerer Fall liegt in der Regel vor, wenn der Täter

1. eine Schwangere zum Schwangerschaftsabbruch nötigt oder
2. seine Befugnisse oder seine Stellung als Amtsträger mißbraucht

https://dejure.org/gesetze/StGB/240.html

Jeder Mitarbeiter im Gesundheitswesen sollte hier sich genau informieren und gegen die fachlichen Falschinformationen aufstehen und Gesicht zeigen. Keiner leugnet hier Corona und die Ernsthaftigkeit der Krankheit und der schweren Verläufe. Auf der anderen Seite sehen wir auch eine nennenswerte Anzahl von Impfschäden.

Corona Fakten!

Die aktuellen Studien und Datenlage sowie die Erfahrungen aus dem Alltag zeigen klar

- Die Covid-19 Impfung schützt nicht vor Ansteckung oder schweren Verläufen, auch nicht die Boosterung

- Die Covid-19 Impfung verhindert keinen schweren Krankheitsverlauf (selbst in der Omikron Variante sehe ich/wir mehr und mehr schwere Verläufe, die zwei oder drei Fach geimpft sind).
- Die Covid-19 Impfung, eine Impfung allgemein, schützt bestenfalls, den Geimpften, aber nicht sein Gegenüber. Der Schutz der Coronaimpfung ist äußerst gering und fragwürdig und steht in keinem Verhältnis gegenüber den global auftretenden massenhaften Todesfällen und schweren Komplikationen in Zusammenhang mit dieser Impfung
- Die Covid-19 Impfung stellt keinen Schutz für die vulnerable Gruppen dar, ja sie gefährdet sie sogar. Gerade ältere Menschen sind oft multiple vorerkrankt und in einem empfindlichen medikamentösen Gleichgewicht. Werden diese nun geimpft, entsteht oft ein durch die noch unerforschte Immunreaktion ausgelöstes Ungleichgewicht, welches zu schweren Komplikationen bis hin zum Tod führt. Dies sehen wir Pflegekräfte seit Anfang der Impfung.
- Kinder zu impfen, ist ein medizinisch völlig inadäquat, denn Kinder spielen in der Corona-Frage eine untergeordnete Rolle. Dies dient lediglich der Bereicherung der Pharmaunternehmen und gefährden eindeutig das Kindeswohl.
- Die Impfung ist sicher?! NEIN ist sie nicht und diese Therapie fordert bereits weltweit millionenfaches Leid und das ist erst der Anfang, weil keiner weiß, was noch kommen wird und die Zahl der Langzeitkomplikationen sich erst zeigen wird.
- Diese sogenannte Impfung ist ein globaler medizinischer Feldversuch im klinischen Versuchsstadium, welches in einem wirklichen klinischen Setting längst abgebrochen worden wäre.
- Die Anzahl der geimpften Patienten auf Intensivstationen steigt selbst in den offiziellen Zahlen. Nachprüfen kann dies jeder Mensch selbst, der aufmerksam die Wochenberichte des RKI liest. Hier eine sehr aktuelle Auswertung
- Die Impfung schützt gegen die Omikron Variante laut RKI-Vorhersagen nicht bzw. unzureichend. In meiner täglichen Arbeit habe ich fast alle schweren Covid-19 Verläufe mit Omikron Variante und ein Großteil davon ist zwei- oder dreifach geimpft.
- Da geimpftes Personal und Personal mit Attesten ebenso infektiös bzw. krank werden kann und auch wird, macht es keinen Sinn, die Kollegen zu suspendieren, die freiwillig nicht geimpft sind. Die

aktuelle Lage zeigt, dass die ungeimpften Kollegen mehr für die erkrankten Geimpften einspringen als umgekehrt. Wie bereits erwähnt erhöht es lediglich die ohnehin seit Jahren schlechte Personalsituation.

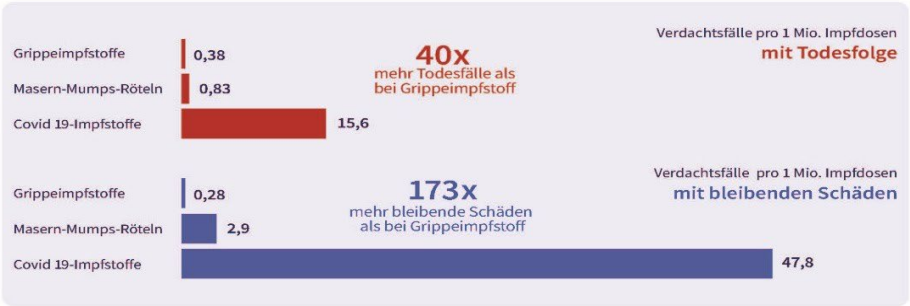
- Dadurch werden die vulnerablen Gruppen, nämlich Patienten oder Bewohner mehr gefährdet als durch Covid- 19 selber. Nachzulesen die desaströsen Auswirkungen der bisherigen Corona Maßnahmen im aktuellen Maßnahmen Evaluationsbericht der offiziellen Gremien. (Siehe Anlage)

Factsheet zum Thema Risiken der Corona Impfung

Factsheet #3 erstellt am 25. März 2022

Welche Risiken bergen die Impfstoffe?

WISSENSCHAFT
für die Gesellschaft



40x höheres Risiko „Todesfolge“ als bei Grippeimpfstoff
173x höheres Risiko „bleibende Schäden“ als bei Grippeimpfstoff

1. Wenn die Impfstoffe „effektiv und sicher“ sind, wieso häufen sich die Verdachtsmeldungen zu schwerwiegenden Vorfällen und Todesfällen in den offiziellen Nebenwirkungs-Datenbanken?

2. Die hohe Anzahl von Nebenwirkungsmeldungen sind in den USA und der EU gleichermaßen zu beobachten.
Andere Medikamente wären schon längst gestoppt worden.

Impfstoffe gegen:

	Grippe	Masern	Covid 19
Mio. Impfdosen	155	21	149
Bleibende Schäden	44	59	7.309
Todesfälle	59	17	2.255

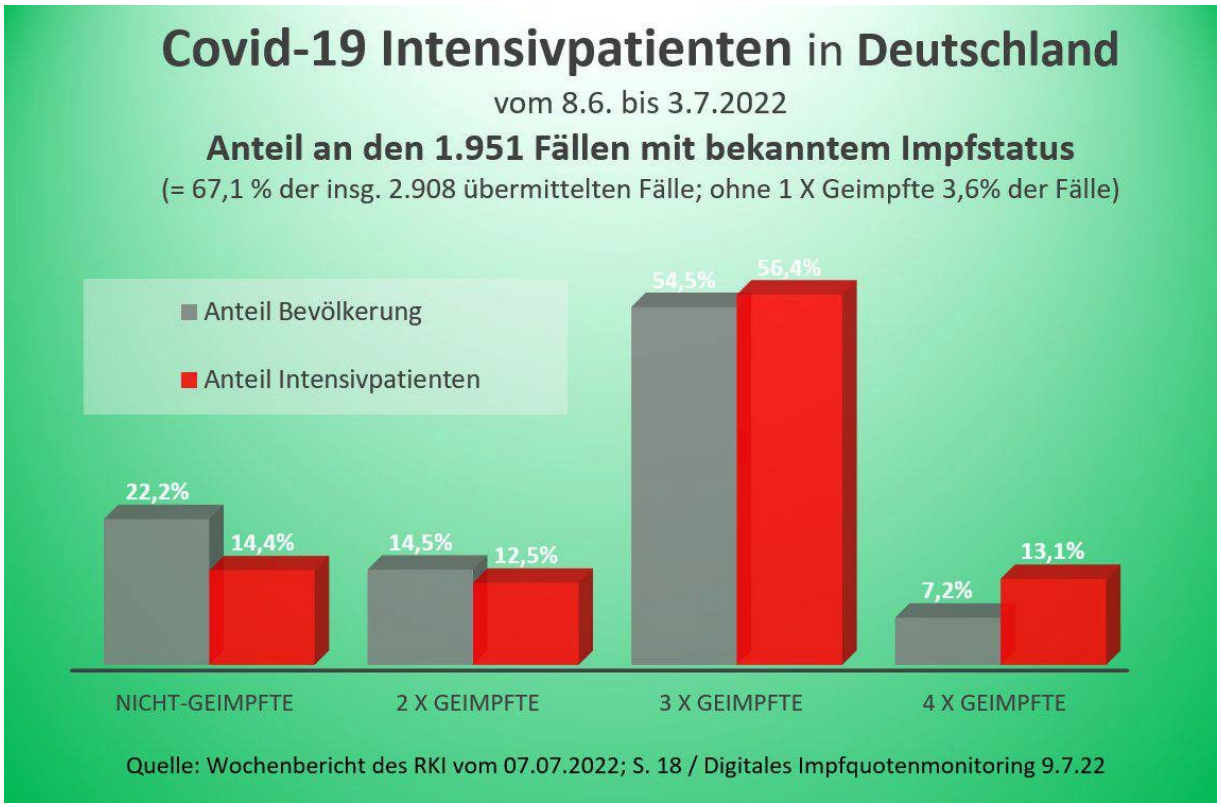
Warum ignorieren Politik und Medien diese wichtigen Alarmsignale?

Wie werden Sie als Politiker, Entscheidungsträger oder Arzt mit den Konsequenzen leben können, die sich aus einer allgemeinen Impfpflicht ergeben?

Verwendete Datenquellen: Paul-Ehrlich-Institut [Sicherheitsbericht 07.02.2022], Paul-Ehrlich-Institut [Arzneimittelsicherheit/Pharmakovigilanz/UAW-Datenbank], Arzneimittel-Atlas [Arzneimittel/Impfstoffe]

Mehr Informationen: Wissenschaft für die Gesellschaft, www.wiges.org
Quellen und weiterführende Informationen: www.wiges.org/impfnebenwirkungen

Factsheet zum Thema Anteil der Geimpften Patienten auf den Intensivstationen



Selbst die offiziellen Zahlen zeigen die Gefährlichkeit dieser medizinischen Therapie. In jedem klinischen Versuch wäre dieser bereits seit langem beendet worden.

Als Pflegekraft darf ich einem Patienten nicht einmal etwas zu trinken aufzwingen, wenn er es nicht möchte, aber ich soll an mir eine solche Therapie tolerieren, die gefährlich ist und kein Benefit darstellt gegenüber dem Risiko an Covid-19 zu versterben? Eine medizinische Therapie ist und muss freiwillig bleiben. Ich als Pflegeexperte, der die Studienlage kennt und versteht, sowie die Realität im Arbeitsalltag sieht entscheide über mich selbst und nicht die Politik.

Wenn diese einrichtungsbezogene Impfpflicht dann meine Arbeit beendet, werde ich und viele Tausend erfahrene Experten nicht mehr dem Gesundheitssystem zur Verfügung stehen.

In anderen Ländern wird unsere Expertise und Arbeit dringend gesucht - ungeachtet des Impfstatus und obendrein noch besser bezahlt. Durch die einrichtungsbezogene Impfpflicht werden die sogenannten vulnerable Gruppen

noch mehr gefährdet. Durch den seit Jahren durch die desaströse Krankenhausfinanzierungspolitik entstandenen Pflegenotstand sind diese vulnerablen Gruppen ohnehin seit Jahren gefährdet. Im Moment besteht ein Personalmangel von über 100.000 Pflegeexperten, im Intensivbereich 30-40.000.

Auch hier ist Gesundheitsminister Lauterbach einer der mit Verantwortlichen für den Personalmangel, den er durch seine vergangene Politik mit zu verantworten hat.
Für seine Hetze und damit verbunde Bewertung, dass gute Pfleger nur die geimpften sind, während ungeimpften sogar ihr Betrag in der Pandemie aberkannt wurde.
Karl Lauterbach muss sofort zurücktreten!

Bei einer wahrscheinlichen Anzahl von über 150.000 ungeimpften Pflegeexperten würde ein Berufsverbot, welches nur politisch motiviert ist, das Gesundheitssystem zusammenbrechen lassen. Der Versorgungsauftrag der einzelnen Institutionen kann jetzt schon nur noch schwer wahrgenommen werden und würde im Ergebnis letztlich nicht mehr erfüllt werden können. Pflegekräfte, wie keine andere Berufsgruppe, lernen von Anfang an den Umgang mit Bakterien, Viren und Keimen aller Art. Wir wissen von Hause aus, wie wir unsere Patienten bzw. die vulnerablen Gruppen, die wir betreuen hygienisch korrekt versorgen müssen.

Auch rührt die Überlastung der Intensivstationen und sonstigen Bereichen der Pflege nicht von Covid-19 her, sondern ist dem Versagen jahrelanger lobbyistisch orientierter Politik im Gesundheitswesen verschuldet. Personalengpässe kennen wir seit mindestens 20 Jahren. Gesundheitsminister Lauterbach ist auch hier kein unbeschriebenes Blatt, wenn man sich an den Lipobay-Skandal erinnert.

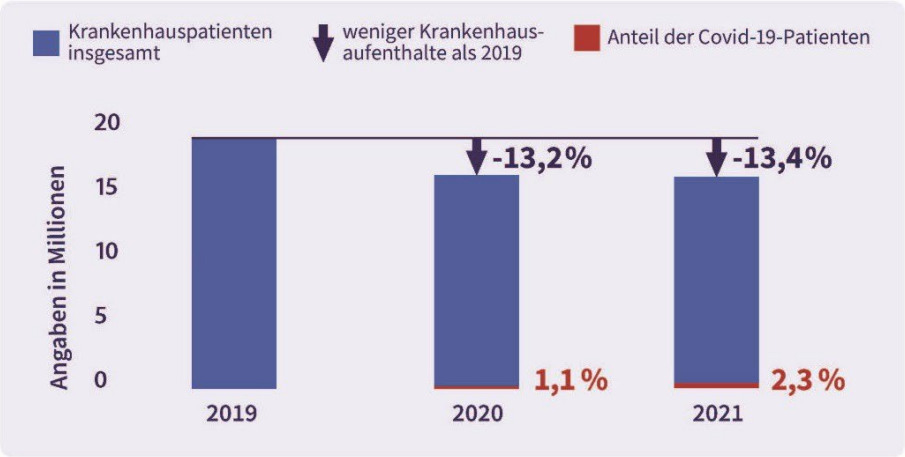
Ich selber habe sehr oft 4 oder 5 Intensivpatienten versorgt. Hier greift das Instrument der Überlastungsanzeigen gemäß Arbeitsschutzgesetz § 15 und 16, was von den Geschäftsleitungen nicht gerne gesehen wird. Die Politik interessiert dies wenig. Aber es wird jetzt wieder instrumentalisiert, um die Narrative der Corona Politik zu bedienen.

Factsheet zum Thema Intensivbettenauslastung und Corona

Factsheet erstellt am 28. Februar 2022

Überlastung des Gesundheitssystems?

WISSENSCHAFT
für die Gesellschaft



2021 waren nur 2,3% aller Patienten Covid-19 Patienten bei insgesamt 13,4% weniger Krankenhausaufenthalten als 2019.

Auch die Belegung der Intensivbetten ist ungeachtet der Covid-Patienten im wesentlichen konstant, sogar leicht rückläufig, und liegt etwa **10% unterhalb** des Maximums im April 2021.

Seit 2020 wurde die Intensivbetten-Kapazität um ca. **27% der Intensivbetten reduziert**. Es gab, wie bei früheren Grippewellen, Überlastungen einzelner Krankenhäuser, aber die vielfach befürchtete systemweite Überlastung ist ausgeblieben.

Warum wird behauptet, das Gesundheitssystem sei überlastet, wenn wir von einem Patientenrückgang von 13% sprechen?

Warum wurde der Abbau der Intensivbetten nicht verhindert?

Verwendete Datenquellen: DIVI Intensivregister [RKI], IGES Arzneimittel-Atlas, InEK - Institut für das Entgeldsystem im Krankenhaus

Mehr Informationen: Wissenschaft für die Gesellschaft, www.wiges.org
Quellen und weiterführende Informationen: wiges.org/gesundheitssystem/

Ich habe Influenza-Saisons erlebt mit 20 bis 30000 Toten, wo ein Großteil des Personals krank war und in Stuttgart kein Intensivbett mehr zu bekommen war. Diese Lage hatten wir unter Corona nie, höchstens selten in lokalen Gebieten

mit sowieso wenig Intensivbetten. Vielerorts wurden aber auch Betten geschlossen oder Patienten in anliegenden Kliniken abgelehnt, weshalb Patienten weiter außerhalb verlegt werden mussten. Aber auch dies ist in normales Prozedere in Zeiten respiratorischer saisonalen Krankheitsvorkommen. Covid-19 ist in der Akutphase isolationspflichtig und erfordert in der Betreuung einen hohen fachlichen Erfahrungs- -und Wissensstand. Hier fehlt wie bei anderen vergleichbaren Krankheiten Personal, was die Lage dann schwierig macht. Dies ist politisch versursacht.

Ihr Schreiben vom 28. Juni 2022 wird laut Gerichtsbeschlüssen aus Niedersachsen und Schleswig-Holstein sich am Ende als rechtswidrig erweisen, denn Sie drohen ein letztlich unzulässiges Bußgeld oder Berufsverbot an.

> Auszug aus dem Gerichtsbeschluss des Verwaltungsgerichtes Schleswig-Holstein vom 13. Juni 2022 (vollständiger Beschluss in der Anlage)

Das öffentliche Interesse an der sofortigen Vollziehung der durch Verwaltungsakt ausgesprochenen Anordnung überwiegt vorliegend nicht das Interesse, von dem Vollzug der Vorlageanordnung vorläufig verschont zu bleiben. Die in dem angefochtenen Bescheid ausgesprochene Anordnung zur Vorlage eines Impfnachweises, eines Genesenen Nachweises der eines ärztlichen Zeugnisses darüber, dass aufgrund einer medizinischen Kontraindikation nicht gegen das Coronavirus geimpft werden kann, ist offensichtlich rechtswidrig.

Die Anforderung der Unterlagen durch den angefochtenen Bescheid ist allerdings rechtswidrig, weil der Antragsgegner die Vorlage nicht in der Form eines Verwaltungsaktes anordnen durfte. Die Rechtmäßigkeit eines Verwaltungsaktes setzt neben der inhaltlichen Rechtmäßigkeit insbesondere

voraus, dass die Behörde in der Handlungsform eines Verwaltungsakts vorgehen darf. Der Grundsatz des Vorbehalts des Gesetzes (Art. 20 Abs. 3 GG in Verbindung mit den Grundrechten) fordert, dass das Vorgehen durch Verwaltungsakt gesetzlich vorgesehen ist, wenn eine für den Adressaten oder sonstige Betroffene ungünstige Entscheidung getroffen werden soll (vgl. BVerwG, Urteil vom 29. November 1985 – 8 C 105.83 –, BVerwGE 72, 265-269, Rn. 12). Denn die mögliche Bestandskraft eines Verwaltungsakts legt dem Betroffenen die Anfechtungslast auf, so dass schon die Verwendung der Handlungsform als solche in dessen Rechte eingreift (Stelkens/Bonk/Sachs/Stelkens,

Zitat aus dem Beschluss des Verwaltungsgerichts Niedersachsen vom Mai 2022 aus Anlage

Aus § 20a Abs. 5 Satz 1 IfSG dürfte – trotz der vielfach in den Medien bzw. der politischen sowie rechtlichen Diskussion verwendeten Formulierung der „einrichtungsbezogenen Impfpflicht“ – keine Pflicht zur Impfung gegen das Coronavirus SARS-CoV-2 folgen (vgl. auch BVerfG, Beschluss vom 10.02.2022 – 1 BvR 2649/21 –, juris, Rn. 1: „einrichtungs- und unternehmensbezogene Nachweispflicht“).

Gemäß § 20a Abs. 5 Satz 1 IfSG haben die in § 20a Abs. 1 Satz 1 IfSG genannten Personen dem zuständigen Gesundheitsamt vielmehr auf Anforderung einen Impfnachweis nach § 22a Abs. 1 IfSG, einen Genesenennachweis nach § 22a Abs. 2 IfSG oder ein ärztliches Zeugnis darüber, dass sie sich im ersten Schwangerschaftsdrittel befinden, oder darüber, dass sie auf Grund einer medizinischen Kontraindikation nicht gegen das Coronavirus SARS-CoV-2 geimpft werden können, vorzulegen.

Diese Verpflichtung zur Vorlage eines Nachweises über eine Impfung, eine Genesung von der Erkrankung oder eines ärztlichen Zeugnisses begründet jedoch gerade keine Pflicht zur Impfung gegen das Coronavirus SARS-CoV-2. Die folgt bereits aus einem Vergleich des Wortlauts von § 20a Abs. 5 Satz 1 IfSG mit demjenigen des § 20 Abs. 8 Satz 1 IfSG, der die Impfung gegen Masern betrifft.

Fraglich wird sein, ob Sie die Haftung sowohl zivilrechtlich als auch strafrechtlich für die durch Sie angeordnete mittelbare Körperverletzung übernehmen werden?
Übernehmen Sie die Verantwortung dafür, dass nach durchgemachter Infektion die Impfung nicht kontrainduziert ist?
Übernehmen Sie die Haftung, dass bei einem Antigennachweis die Impfung nicht kontrainduziert ist?
Übernehmen Sie die Verantwortung, dass keine allergischen Schockreaktionen auftreten? Kennen Sie alle Inhaltsstoffe?

Thema Pflege und Spaltung der Gesellschaft durch Karl Lauterbach und andere Politiker

https://www.achgut.com/artikel/_lauterbach_hat_uns_den_krieg_erklaert/P40#comment_entries

Lauterbach hat uns den Krieg erklärt“

Karl Lauterbach sagte bei einer Verdi-Demo zum umgeimpften Personal: „Ihre Arbeit hat keinen Beitrag geleistet, ich will es hier ganz klar sagen.“ Jetzt reagiert ein Intensivpfleger auf diese Anschuldigung.

Am vergangenen Mittwoch sprach Karl Lauterbach bei einer Verdi- Demonstration der Pflege in Magdeburg. Rund 300 Pfegekräfte hatten für mehr Lohn und bessere Patientenversorgung demonstriert. Zu Buhrufen kam es, als Karl Lauterbach die ungeimpften Pfleger attackierte:
„Diejenigen, die hier gegen die Impfung protestieren, haben dazu keinen Beitrag geleistet. Sie haben kein Recht, hier zu sein!“

Weiterhin sagte er: „Sie haben keinen Beitrag geleistet, und ich finde es eine Unverschämtheit, dass Sie noch die Stirn haben, eine Demonstration derjenigen zu missbrauchen, die gearbeitet haben!“ (…) Ihre Arbeit hat keinen Beitrag geleistet, ich will es hier ganz klar sagen.“

Im Folgenden geben wir eine Reaktion des Intensivpflegers und Atmungstherapeuten Werner Möller wieder. Werner Möller ist gemeinsam mit seinem Kollegen Christian Snurawa Betreiber der Initiativen „Pflege für Aufklärung“ sowie „Geimpft – Erkrankt – Verstorben“. Möller hat sich nicht gegen Corona impfen lassen und kritisiert die Maßnahmen scharf.

…….

Schlusswort

Als Intensivpfleger, der 30 Jahre schwerstkranke Menschen versorgt hat und sich ständig informieren muss, um seine Arbeit so gut wie möglich machen zu können, wiederhole ich: Ich lasse mich nicht gegen Sars Cov 2 impfen und werde mit allen Mitteln gegen diese Impfung und einrichtungsbezogene Impfpflicht ankämpfen, auch wenn es bedeutet, meinen Beruf nicht mehr ausüben zu können. Ich lasse mich auch nicht von Seiten eines Herrn Lauterbach und anderen Politikern von meinem Weg abbringen. Wir als Initiativen werden immer mehr Kollegen dazu bringen, Gesicht zu zeigen. Auch die bereits geimpften Kollegen sind immer weniger bereit, diese Politik zu unterstützen und die Missstände der Politik weiter mitzutragen. Wir kompensieren nicht länger und wenn dieser dummen und unfachlichen einrichtungsbezogenen Impfpflicht nicht Einhalt geboten wird, werden wir im Winter vielleicht dann wirklich eine bundesweite Notlage im Gesundheitswesen bekommen, wenn die Pflege aufsteht und nicht mehr mitmacht. Sie haben ein stückweit die Möglichkeit, dies abzuwenden. Zeigen sie Mut und Kompetenz, das Richtige zu tun. Anhand der Tatsachen, die Ihnen vielleicht fachlich nicht vertraut sind, die Sie aber jetzt anhand meines Materials nachprüfen könnten, beantrage ich, weiter ungestört meine Arbeit machen zu können, nicht zuletzt, weil in meiner Klinik jeder Kollege gebraucht wird, auch ohne Corona.

Mit freundlichen Grüßen

Ps.

Ich könnte meine Ausführungen noch lange fortsetzen und schicke ihnen im Anhang eine Liste mit 1000 Studien zu den oben genannten Themen mit.

Anlage 1 - Studienliste Impfnebenwirkungen

Über 1000 wissenschaftliche Studien und/oder Berichte über die mit COVID-Injektionen verbundenen Gefahren im Zusammenhang mit Blutgerinnung, Myokarditis, Perikarditis, Thrombose, Thrombozytopenie, Anaphylaxie, Bellscher Lähmung, Guillain-Barre, Todesfällen usw.

1. Cerebral venous thrombosis after COVID-19 vaccination in the UK: a multicenter cohort study: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01608-1/fulltext
2. Vaccine-induced immune thrombotic thrombocytopenia with disseminated intravascular coagulation and death after ChAdOx1 nCoV-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1052305721003414
3. Fatal cerebral hemorrhage after COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/33928772/
4. Myocarditis after mRNA vaccination against SARS-CoV-2, a case series: https://www.sciencedirect.com/science/article/pii/S2666602221000409
5. Three cases of acute venous thromboembolism in women after vaccination against COVID-19: https://www.sciencedirect.com/science/article/pii/S2213333X21003929
6. Acute thrombosis of the coronary tree after vaccination against COVID-19: https://www.sciencedirect.com/science/article/abs/pii/S1936879821003988
7. US case reports of cerebral venous sinus thrombosis with thrombocytopenia after vaccination with Ad26.COV2.S (against covid-19), March 2 to April 21, 2020: https://pubmed.ncbi.nlm.nih.gov/33929487/
8. Portal vein thrombosis associated with ChAdOx1 nCov-19 vaccine: https://www.thelancet.com/journals/langas/article/PIIS2468-1253(21)00197-7/fullte xt
9. Management of cerebral and splanchnic vein thrombosis associated with thrombocytopenia in subjects previously vaccinated with Vaxzevria (AstraZeneca): position statement of the Italian Society for the Study of Hemostasis and Thrombosis (SISET): https://pubmed.ncbi.nlm.nih.gov/33871350/
10. Vaccine-induced immune immune thrombotic thrombocytopenia and cerebral venous sinus thrombosis after vaccination with COVID-19; a systematic review: https://www.sciencedirect.com/science/article/pii/S0022510X21003014
11. Thrombosis with thrombocytopenia syndrome associated with COVID-19 vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0735675721004381
12. Covid-19 vaccine-induced thrombosis and thrombocytopenia: a commentary on an important and practical clinical dilemma: https://www.sciencedirect.com/science/article/abs/pii/S0033062021000505

13. Thrombosis with thrombocytopenia syndrome associated with COVID-19 viral vector vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0953620521001904
14. COVID-19 vaccine-induced immune-immune thrombotic thrombocytopenia: an emerging cause of splanchnic vein thrombosis: https://www.sciencedirect.com/science/article/pii/S1665268121000557
15. The roles of platelets in COVID-19-associated coagulopathy and vaccine-induced immune thrombotic immune thrombocytopenia (covid): https://www.sciencedirect.com/science/article/pii/S1050173821000967
16. Roots of autoimmunity of thrombotic events after COVID-19 vaccination: https://www.sciencedirect.com/science/article/abs/pii/S1568997221002160
17. Cerebral venous sinus thrombosis after vaccination: the United Kingdom experience: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01788-8/fulltext
18. Thrombotic immune thrombocytopenia induced by SARS-CoV-2 vaccine: https://www.nejm.org/doi/full/10.1056/nejme2106315
19. Myocarditis after immunization with COVID-19 mRNA vaccines in members of the US military. This article reports that in "23 male patients, including 22 previously healthy military members, myocarditis was identified within 4 days after receipt of the vaccine": https://jamanetwork.com/journals/jamacardiology/fullarticle/2781601
20. Thrombosis and thrombocytopenia after vaccination with ChAdOx1 nCoV-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104882?query=recirc_curatedRelated_article
21. Association of myocarditis with the BNT162b2 messenger RNA COVID-19 vaccine in a case series of children: https://pubmed.ncbi.nlm.nih.gov/34374740/
22. Myocarditis and pericarditis after covid-19 vaccination: https://jamanetwork.com/journals/jama/fullarticle/2782900?fbclid=IwAR06pFKNFMfx7N6RbPK6bYUZ1y8xPnnCK9K5iZYlcEzhX8t68syO5JBwp3w
23. Thrombotic thrombocytopenia after vaccination with ChAdOx1 nCov-19: https://www.nejm.org/doi/full/10.1056/NEJMoa2104840?query=recirc_curatedRelated_article
24. Post-mortem findings in vaccine-induced thrombotic thrombocytopenia (covid-19): https://haematologica.org/article/view/haematol.2021.279075
25. Pathological antibodies against platelet factor 4 after vaccination with ChAdOx1 nCoV-19. This article states: "In the absence of previous prothrombotic medical conditions, 22 patients had acute thrombocytopenia and thrombosis, mainly cerebral venous thrombosis, and 1 patient had isolated thrombocytopenia and a hemorrhagic phenotype": https://www.nejm.org/doi/full/10.1056/NEJMoa2105385?query=TOC&fbclid=IwAR2ifm2TQjetAMb42YRRUlKEeqCQe-lDasIWvjMgzHHaItbuPbu6n7NlG3cic.
26. Thrombocytopenia, including immune thrombocytopenia after receiving COVID-19 mRNA vaccines reported to the Vaccine Adverse Event Reporting System (VAERS): https://www.sciencedirect.com/science/article/pii/S0264410X21005247
27. Acute symptomatic myocarditis in seven adolescents after Pfizer-BioNTech COVID-19 vaccination: https://pediatrics.aappublications.org/content/early/2021/06/04/peds.2021-052478
28. Aphasia seven days after the second dose of an mRNA-based SARS-CoV-2 vaccine. Brain MRI revealed an intracerebral hemorrhage (ICBH) in the left temporal lobe in a 52-year-old man. https://www.sciencedirect.com/science/article/pii/S2589238X21000292#f0005
29. Comparison of vaccine-induced thrombotic episodes between ChAdOx1 nCoV-19 and Ad26.COV.2.S vaccines: https://www.sciencedirect.com/science/article/abs/pii/S0896841121000895

30. Hypothesis behind the very rare cases of thrombosis with thrombocytopenia syndrome after SARS-CoV-2 vaccination: https://www.sciencedirect.com/science/article/abs/pii/S0049384821003315
31. Blood clots and bleeding episodes after BNT162b2 and ChAdOx1 nCoV-19 vaccination: analysis of European data: https://www.sciencedirect.com/science/article/pii/S0896841121000937
32. Cerebral venous thrombosis after BNT162b2 mRNA SARS-CoV-2 vaccine: https://www.sciencedirect.com/science/article/abs/pii/S1052305721003098
33. Primary adrenal insufficiency associated with thrombotic immune thrombocytopenia induced by the Oxford-AstraZeneca ChAdOx1 nCoV-19 vaccine (VITT): https://www.sciencedirect.com/science/article/pii/S0953620521002363
34. Myocarditis and pericarditis after vaccination with COVID-19 mRNA: practical considerations for care providers: https://www.sciencedirect.com/science/article/pii/S0828282X21006243
35. "Portal vein thrombosis occurring after the first dose of SARS-CoV-2 mRNA vaccine in a patient with antiphospholipid syndrome": https://www.sciencedirect.com/science/article/pii/S2666572721000389
36. Early results of bivalirudin treatment for thrombotic thrombocytopenia and cerebral venous sinus thrombosis after vaccination with Ad26.COV2.S: https://www.sciencedirect.com/science/article/pii/S0196064421003425
37. Myocarditis, pericarditis and cardiomyopathy after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S1443950621011562
38. Mechanisms of immunothrombosis in vaccine-induced thrombotic thrombocytopenia (VITT) compared to natural SARS-CoV-2 infection: https://www.sciencedirect.com/science/article/abs/pii/S0896841121000706
39. Prothrombotic immune thrombocytopenia after COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0006497121009411
40. Vaccine-induced thrombotic thrombocytopenia: the dark chapter of a success story: https://www.sciencedirect.com/science/article/pii/S2589936821000256
41. Cerebral venous sinus thrombosis negative for anti-PF4 antibody without thrombocytopenia after immunization with COVID-19 vaccine in a non-comorbid elderly Indian male treated with conventional heparin-warfarin based anticoagulation: https://www.sciencedirect.com/science/article/pii/S1871402121002046
42. Thrombosis after COVID-19 vaccination: possible link to ACE pathways: https://www.sciencedirect.com/science/article/pii/S0049384821004369
43. Cerebral venous sinus thrombosis in the U.S. population after SARS-CoV-2 vaccination with adenovirus and after COVID-19: https://www.sciencedirect.com/science/article/pii/S0735109721051949
44. A rare case of a middle-aged Asian male with cerebral venous thrombosis after AstraZeneca COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0735675721005714
45. Cerebral venous sinus thrombosis and thrombocytopenia after COVID-19 vaccination: report of two cases in the United Kingdom: https://www.sciencedirect.com/science/article/abs/pii/S088915912100163X
46. Immune thrombocytopenic purpura after vaccination with COVID-19 vaccine (ChAdOx1 nCov-19): https://www.sciencedirect.com/science/article/abs/pii/S0006497121013963.
47. Antiphospholipid antibodies and risk of thrombophilia after COVID-19 vaccination: the straw that breaks the camel's back?: https://docs.google.com/document/d/1XzajasO8VMMnC3CdxSBKks1o7kiOLXFQ

48. Vaccine-induced thrombotic thrombocytopenia, a rare but severe case of friendly fire in the battle against the COVID-19 pandemic: What pathogenesis?: https://www.sciencedirect.com/science/article/pii/S0953620521002314
49. Diagnostic-therapeutic recommendations of the ad-hoc FACME expert working group on the management of cerebral venous thrombosis related to COVID-19 vaccination: https://www.sciencedirect.com/science/article/pii/S0213485321000839
50. Thrombocytopenia and intracranial venous sinus thrombosis after exposure to the "AstraZeneca COVID-19 vaccine": https://pubmed.ncbi.nlm.nih.gov/33918932/
51. Thrombocytopenia following Pfizer and Moderna SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33606296/
52. Severe and refractory immune thrombocytopenia occurring after SARS-CoV-2 vaccination: https://pubmed.ncbi.nlm.nih.gov/33854395/
53. Purpuric rash and thrombocytopenia after mRNA-1273 (Modern) COVID-19 vaccine: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7996471/
54. COVID-19 vaccination: information on the occurrence of arterial and venous thrombosis using data from VigiBase: https://pubmed.ncbi.nlm.nih.gov/33863748/
55. Cerebral venous thrombosis associated with the covid-19 vaccine in Germany: https://onlinelibrary.wiley.com/doi/10.1002/ana.26172
56. Cerebral venous thrombosis following BNT162b2 mRNA vaccination of BNT162b2 against SARS-CoV-2: a black swan event: https://pubmed.ncbi.nlm.nih.gov/34133027/
57. The importance of recognizing cerebral venous thrombosis following anti-COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34001390/
58. Thrombosis with thrombocytopenia after messenger RNA vaccine -1273: https://pubmed.ncbi.nlm.nih.gov/34181446/
59. Blood clots and bleeding after BNT162b2 and ChAdOx1 nCoV-19 vaccination: an analysis of European data: https://pubmed.ncbi.nlm.nih.gov/34174723/
60. First dose of ChAdOx1 and BNT162b2 COVID-19 vaccines and thrombocytopenic, thromboembolic, and hemorrhagic events in Scotland: https://www.nature.com/articles/s41591-021-01408-4
61. Exacerbation of immune thrombocytopenia after COVID-19 vaccination: https://pubmed.ncbi.nlm.nih.gov/34075578/
62. First report of a de novo iTTP episode associated with a COVID-19 mRNA-based anti-COVID-19 vaccine: https://pubmed.ncbi.nlm.nih.gov/34105244/
63. PF4 immunoassays in vaccine-induced thrombotic thrombocytopenia: https://www.nejm.org/doi/full/10.1056/NEJMc2106383
64. Antibody epitopes in vaccine-induced immune immune thrombotic thrombocytopenia: https://www.nature.com/articles/s41586-021-03744-4
65. Frequency of positive anti-PF4 antibody/polyanion antibody tests after COVID-19 vaccination with ChAdOx1 nCoV-19 and BNT162b2: https://ashpublications.org/blood/article-abstract/138/4/299/475972/Frequency-of-positive-anti-PF4-polyanion-antibody?redirectedFrom=fulltext
66. Myocarditis with COVID-19 mRNA vaccines: https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.056135
67. Myocarditis and pericarditis after COVID-19 vaccination: https://jamanetwork.com/journals/jama/fullarticle/2782900
68. Myocarditis temporally associated with COVID-19 vaccination: https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.121.055891.
69. COVID-19 Vaccination Associated with Myocarditis in Adolescents: https://pediatrics.aappublications.org/content/pediatrics/early/2021/08/12/peds.2021-053427.full.pdf

70. Acute myocarditis after administration of BNT162b2 vaccine against COVID-19: https://pubmed.ncbi.nlm.nih.gov/33994339/
71. Temporal association between COVID-19 vaccine Ad26.COV2.S and acute myocarditis: case report and review of the literature: https://www.sciencedirect.com/science/article/pii/S1553838921005789
72. COVID-19 vaccine-induced myocarditis: a case report with review of the literature: https://www.sciencedirect.com/science/article/pii/S1871402121002253
73. Potential association between COVID-19 vaccine and myocarditis: clinical and CMR findings: https://www.sciencedirect.com/science/article/pii/S1936878X2100485X
74. Recurrence of acute myocarditis temporally associated with receipt of coronavirus mRNA disease vaccine 2019 (COVID-19) in a male adolescent: https://www.sciencedirect.com/science/article/pii/S002234762100617X
75. Fulminant myocarditis and systemic hyperinflammation temporally associated with BNT162b2 COVID-19 mRNA vaccination in two patients: https://www.sciencedirect.com/science/article/pii/S0167527321012286.
76. Acute myocarditis after administration of BNT162b2 vaccine: https://www.sciencedirect.com/science/article/pii/S2214250921001530
77. Lymphohistocytic myocarditis after vaccination with COVID-19 Ad26.COV2.S viral vector: https://www.sciencedirect.com/science/article/pii/S2352906721001573
78. Myocarditis following vaccination with BNT162b2 in a healthy male: https://www.sciencedirect.com/science/article/pii/S0735675721005362
79. Acute myocarditis after Comirnaty (Pfizer) vaccination in a healthy male with previous SARS-CoV-2 infection: https://www.sciencedirect.com/science/article/pii/S1930043321005549
80. Myopericarditis after Pfizer mRNA COVID-19 vaccination in adolescents: https://www.sciencedirect.com/science/article/pii/S002234762100665X
81. Pericarditis after administration of BNT162b2 mRNA COVID-19 mRNA vaccine: https://www.sciencedirect.com/science/article/pii/S1885585721002218
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