

Title:

The ARN single strand (+) novel corona virus may be blocked from entering a cell and from replicating by the MMR Vaccine which acts against ARN single strand (+) & (-) viruses. The MMR Vaccine targets three viruses belonging to the same family as the novel corona virus and all four viruses are related in form, size, symptoms and contagiousness. In the current Covid-19 pandemic children protected by the mandatory vaccines, which includes MMR, show no symptoms of infection during the current Covid-19 pandemic.

Abstract:

There is a pronounced disparity in the population susceptible to COVID-19. The population ranging in age from 20 to 70 comprise 80% of infected patients; 0% are children.

The population 0-10-20 was administered the eleven mandatory vaccines including the Measles Mumps Rubella Vaccine (MMR M-M-RVAXPRO) which targets viruses that use the same mechanism to replicate and apparently the same gate of entry into the body as Covid-19.

The difference between the child and adult populations are the mandatory vaccines. The Covid-19 virus is similar to the viruses in the MMR vaccine and the Polio vaccine. The MMR vaccine combines two single catena ARN negative anti-viruses and one single catena ARN positive. They might cause an anti-virulent reaction in the entire family of viruses of class ARN positive single catena (which include, according to David Baltimore's Classification: Rubeola Paramyxovirus, Paramyxovirus Morbidus and Togavirus Rubella).

The last years have seen several outbreaks of measles with the same symptoms as Covid-19: dry cough, diarrhea & pneumonia. That the mandatory MMR vaccine is effective against an ARN single stranded (+) virus and may share the same entry access as the novel corona virus, might account for children's immunity to Covid-19. Re-inoculation of the adult population with the MMR Vaccine may be indicated to prevent Covid-19 contamination or to neutralize the infection within the first three days of exposure to the disease.

Conclusion:

The ARN (+) single stranded Rubella Togavirus has apparently the same recognition at entry of the host as the novel Corona Virus precipitating Covid-19. The MMR vaccine should block both at the entry of the host. As the adult already had this immunization as a child, less time should be needed to produce the antibodies to an ARN ss (+) virus upon the second immunization. In our case study, immediate.

The statistical evidence is a proof.

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Summary:

- The clinical problem: viral pandemic infection with novel corona virus causing Covid-19.

Specific aim: to find a vaccine.

Hypothesis: as the MMR vaccine is effective against ARN ss+ viruses similar to the novel corona virus and as children, who are inoculated with MMR by law evince immunity to Covid-19, the MMR vaccine may block the novel corona virus.

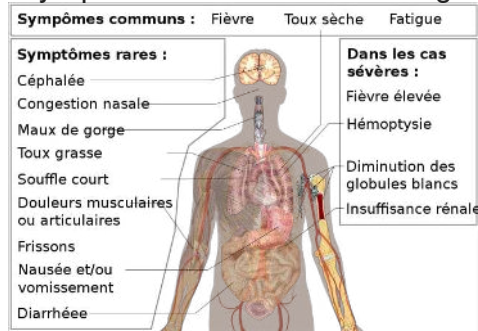
Research tools: statistical evidence & clinical case study.

Introduction:

Definition of the disease: COVID-19 Severe acute respiratory syndrome corona virus 2 (SARS-CoV-2),[20][21] previously known by the provisional name 2019 novel corona virus (2019-nCoV),[22][23][24] is the cause of the respiratory corona virus disease 2019 (COVID-19). Taxonomically, it is a strain of the Severe Acute Respiratory Syndrome-related corona virus (SARSr-CoV),[1] a positive-sense single-stranded RNA virus.[25] It is contagious in humans, and the World Health Organization (WHO) has designated the ongoing pandemic of COVID-19 a Public Health Emergency of International Concern.[17] [18] [19]

- background to your study, providing references for data presented and all previous studies mentioned.
- State why now is an appropriate time to do a systematic review/meta-analysis?
- End with the aim of your study.

Fig. 1 Common symptoms in between Messages and Covid-19



(2)

Table 1: Statistical evidence of patients by age group: 0% children, 1% adolescents, 8% age 20-29, 80% adults, 9% 70-80, 3% over 80.

Supérieur ou égal à 80 ans, 3%, 15 % 70-79 Y. O - 9, 8% 30-69 Y.O. 78 % 1,3 % 20-29 Y.O. 8% 10-19 Y. O 1% Inferior à 10 Y.O. 0% 0%

Supérieur ou égal à 80 ans	3 %	15 %
70-79 Y. O	9 %	8 %
30-69 Y.O.	78 %	1,3 %
20-29 Y.O.	8 %	
10-19 Y. O	1 %	
Inferior à 10 Y.O.	0 %	0 %
Number total	100 %	2,3 %

Table 2: in a more detailed statistical breakdown we notice the existence of 0 cases between 0 and 10 years of age.

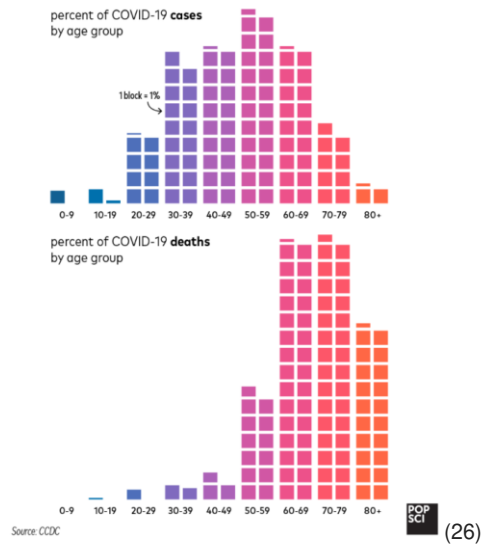
Table 2: in a more details statistic we notice the existence of 0 cases in between 0 and 10 years old

Age	0–9	10–19	20–29	30–39	40–49	50–59	60–69	70–79	80+
China as of 11 February ^[14]	0.0	0.2	0.2	0.2	0.4	1.3	3.6	8.0	14.8
Italy as of 26 March ^[13]	0.0	0.0	0.0	0.3	0.7	1.7	5.7	16.9	24.4
Netherlands as of 27 March ^[12]	0.0	0.0	0.0	0.0	0.0	0.3	3.7	9.3	19.1
South Korea as of 30 March ^[11]	0.0	0.0	0.0	0.1	0.1	0.6	1.7	7.0	18.3
Spain as of 26 March ^[10]	0.0	0.3	0.2	0.2	0.4	0.6	2.1	5.7	15.3

Case fatality rates (%) by age in the United States

Age	0–19	20–44	45–54	55–64	65–74	75–84	85+
United States as of 16 March ^[6]	0.0	0.1–0.2	0.5–0.8	1.4–2.6	2.7–4.9	4.3–10.5	10.4–27.3

Note: The lower bound includes all cases. The upper bound excludes cases that were missing data.



Methodology:

Method of data appraisal and extraction: the WHO data collection of main outcomes assessed worldwide

Summary.

Study's registration number draft: danayork.academia.edu

Findings:

- patients eligible are non-infected between 20 and 70 years of age.
- patients infected in the first 72 hours after exposure to the virus.

- For systematic reviews, present simple summary data for each intervention group (with numbers of patients/ number of studies included) and effect estimates with 95% CI. Use SI units. For risk changes or effect sizes, give absolute values rather than relative changes. Report SDs for mean values and IQRs for medians, and give exact p values unless $p < 0.0001$.
- For meta-analyses, also report the results of the overall effect estimate with 95% CI.
- Report results on the assessment of the risk of bias and variability between studies
- Findings stated should agree with what is in the main paper, and all data here should also appear in the main paper.
- State study design systematic review
- Study of the ARN of the Virus , Study of existent vaccines that might be having similar virus
- Searching the action the vaccine on the specific virus
- the data sources assessed comes from the WHO's statistics on the pandemic of Corona Virus research

(2)

Search strategy and selection criteria

- Start with a study descriptor. Is this a systematic review only (i.e., an assessment of heterogeneous trials with no summary estimate) or does it also

The response must be in the mandatory vaccines: the closest in structure and modus operandum is the Measles Mumps Rubella Vaccin, as being with viruses with the same

replication and the same gate of entry into the body, prevent the same symptoms as COVID-19.

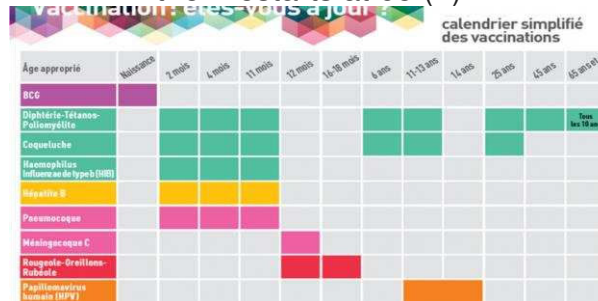
List of mandatory vaccines (1) between 0 and 10 years old, where they are 0% cases Contaminated by Covid-19.

The mandatory Vaccines :

1. Diphtheria
2. Tetanus
3. Poliomyelitis ARN positive ss
4. Hemophilia's influenza B
5. Coqueluche
6. Hepatitis B
7. Rougeole ARN ss négative
8. Oreillon ARN ss negative
9. Rubella ARN ss positive
10. Méningocoque
11. Pneumocoque

Covid-19 ARN ss positive

Table 2: The time for administration of the mandatory vaccines, start at birth stops at 14, then restarts at 65 (1)



The Baltimore classification, developed by David Baltimore, (Nobel prize), is a virus classification system that groups viruses into families, depending on their type of genome (DNA, RNA, single-stranded (ss), double-stranded and their method of replication.

Table 3: RNA viruses can also be classified, depending on the polarity of their RNA, as viruses with negative polarity (antisense), positive polarity (meaning), or double polarity (ambiens). A positive polarity RNA is identical to that of viral messenger RNAs so that viral RNA can be immediately translated by the host cell.(2)

The Vaccin MMR has Viruses from both groups

The Covid-19 is from group + SS ARN, that means that it immediately transforms into the host (what if, as the way of entry into the body, the body already vaccinated against MMR recognizes it as a + ss ARN and blocks it at the border, bam!

- Groupe IV ((+) ssRNA)
- Groupe V ((-)ssRNA)

Replication:

Usually takes place in the cytoplasm. The polarity of single-stranded RNA viruses largely determines the replicative mechanism; RNA virus uses replicate enzymes to create copies of their genomes.[15] Both P. and C. and PM they have the same cytoplasm replication

Figure 1. Ss ARN Virus

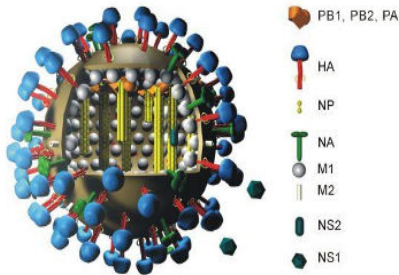
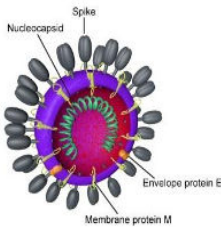


Fig: 2 Covid 19

Fig: 3

Fig: 4 Togaviridae - Rubella

Fig: 5



(2) Fig: 6 Microscopic

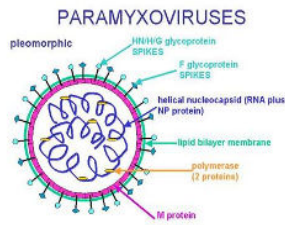


Fig: 7 Rubella

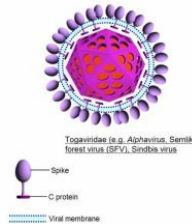


Fig: 8 Morbillivirus, Paramyxovirus

Fig: 9 Oreillon

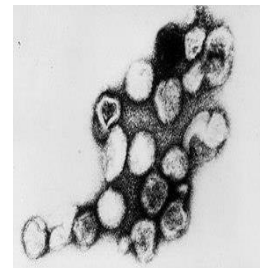
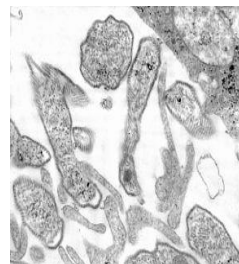
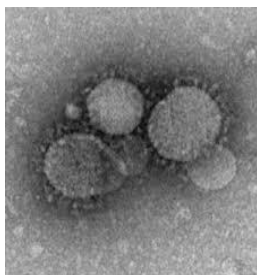
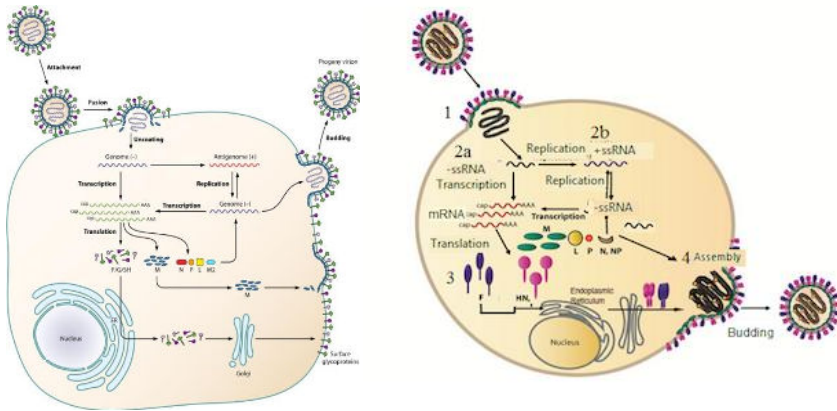


Fig: 10, Same way of entry way into to host for all RNA Single Stranded Positive



Clinical Case Presentation:

Patient infected within the last 24 – 72 hours, woman: fever state, dry sore throat, dry

cough diarrhea, Administrate MMR vaccine induces immediate reduction in fever. Zn sulfate, Hydrochloroquin, Azytromicine, Augmentin 1g Pineapple enzymes papayne, sinus rinse, nose drops, heat by shower and hair-drier on the for-head and nostrils and antiviral medication seams to be the choice of treatment. Also, as soon as the patient is getting pneumonia, they would have to put the patient in an induced coma and treat that way.

Results:

Similarity in how the virus's size and shape, in between the viruses from the mandatory vaccines and the virus COVID 19

1. Same virulence increased over the years
2. Same replication
3. Same Family by the Baltimore Classification, ss ARN +
4. The ingenuity of MMR vaccine to have 3 in one 2 ss ARN - and one SS ARN + and that makes it a family vaccine.

It might be that the combination of more vaccines from the mandatory group of 11 vaccines are necessary (Cocluche Vaccin prevent complication of Covid with Burgella Infection, this is in pneumonia, no for life vaccine), etc.

5. Paramixovirus, Paramixovirus Morbillus virus that are in the same ARN single Negative and Togavirus Rubella with ARN ss positive same as Corona virus, that might replicate in cytoplasm might get recognized and rejected by the same antiviral agent.
6. Is no harm in given ROR vaccine for imunisation.
7. is no harm on redoing the mandatory vaccines, actually it is a must every 10 years

Interpretation:

- interpretation of the results - a dimple revaccination might bust Immunity and protect against Covid 19

The obvious 0% of the disease at the group of population recently vaccinated (age group 0 - 10) makes mandatory the immediate vaccination for the age group (20 - ...)

- major significance in its simple explanation and the statistic evidence

key limitations - the allergy and secondary effects of the vaccin
Strengths of the sturdy the vaccin is already aproves
Due to emergency need of response it might come of iMessage use
Cost is cheap
The interpretation is justified by the statistic results of importance into clinical practice.

Funding:

- Source of funding (none).

Discussion:

Practice. You should also provide a panel putting your research into context (see panel for details).

- main findings ARN ss Positivé entry pathway to the body is the same for all ARN ss positive viruses . As the vaccin MMR are blocked the entry for one , it might be that blocked for Covid 19 as well (which is another ARN ss positive)
- no data previous published to relate MMR to Covid but many data published about the blockade of entry in the host by the ARN single Strand Positive Viruses
- limitations Of the knowledge into the subject
- strengths of the study is into the massive statistician evidence.
- Future research directions - clinical trials Needed
- The corresponding author Had full access to all the data in the study and had Final responsibility for the decision to submit for Publication.”
- “There was no funding source for this study”

Conclusions:

0% no infection for children.

98% infection in adults 20 - 90

Is it the divine protection? No: is the mandatory vaccines! From the mandatory vaccines, the MMR with a root of measles - mumps – rubella, that might be what prevented Covid-19.

The Measles-Mumps-Rubella vaccine that acts on the RNA single stranded positive virus, is metabolized on cytoplasm, and should reject the novel corona virus causing Covid-19, recognizing that it has the same pathway of replication,

The non mandatory vaccins are excluded from this study as not being given to the children.

Statistic evidence said that is no harm in administration the vaccine to the adults. at contraire, it bust immunity. It is already FDA approved.

Statistic evidence Sais that every 10 years revaccination is necessary. (2)

In conclusion, to protect population immediate mass vaccination are to be made.

By this study we show that the reason the children between 0 and 10 years old are 0% cases is not by divine protection but by vaccine with new, mutated roots of viruses (and specific ARN ss + ones).

In conclusion, mass of population revaccinations is necessary

As the adult already had this immunization as a child, administering the vaccine is the second immunization that that bust the anti corps for any ARN ss + viruses. Because is the second immunization, the period of incubation is much shorter, in our study case, immediate.

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