

Covid-19 does not touch children the reason is the MMR Vaccine

Recall to mandatory vaccination in addition to boost immunity against COVID-19

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.

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Summary

Background

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.

Methods

The population 0-10-20 was administrated 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: Rugeola 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.

Findings

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.

Interpretation

The statistical evidence is a proof.

Funding

- **Source of funding (none).**

- The clinical problem: viral pandemic infection of Covid-19.

Specific aim: To find a Vaccine

Hypothesis: Existing vaccines that block replication of ARN ss (+) viruses will block replication of the novel corona virus of the same class.

The Research tool in this study is epidemiological evidence & clinical case study.

Introduction:

Concern.[17] [18] [19]

- now is an appropriate time to do this study due to urgent need to mitigate the Covid-19 pandemic.
- aim of the study is to find a preventive modality using existing vaccines as a resource for immediate crises help

For appendix guidelines see www.emla.info

For artwork guidelines see <https://cov19test.fr/>

For the CONSORT 2010 guidelines see <http://www.consort-statement.org/consort-2010>

For CONSORT extensions see <http://www.consort-statement.org/extensions>

For author statement forms see <http://www.thelancet.com/pb/assets/raw/Lancet/authors/tauthor-signatures.pdf>

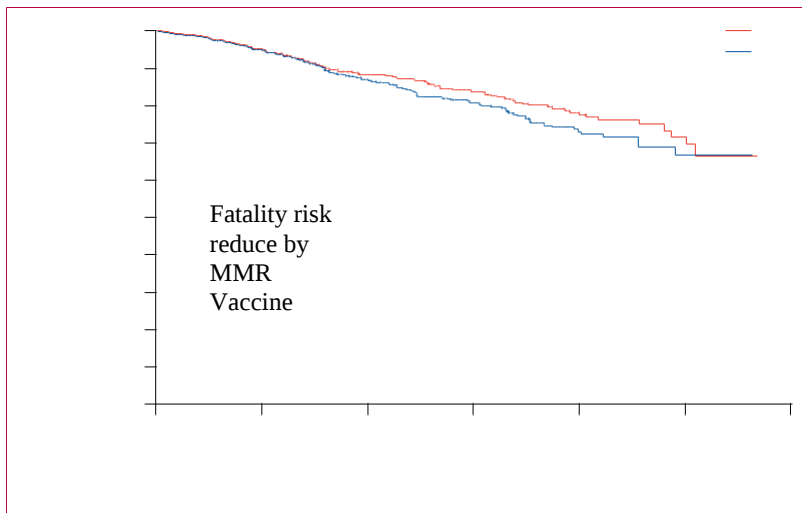
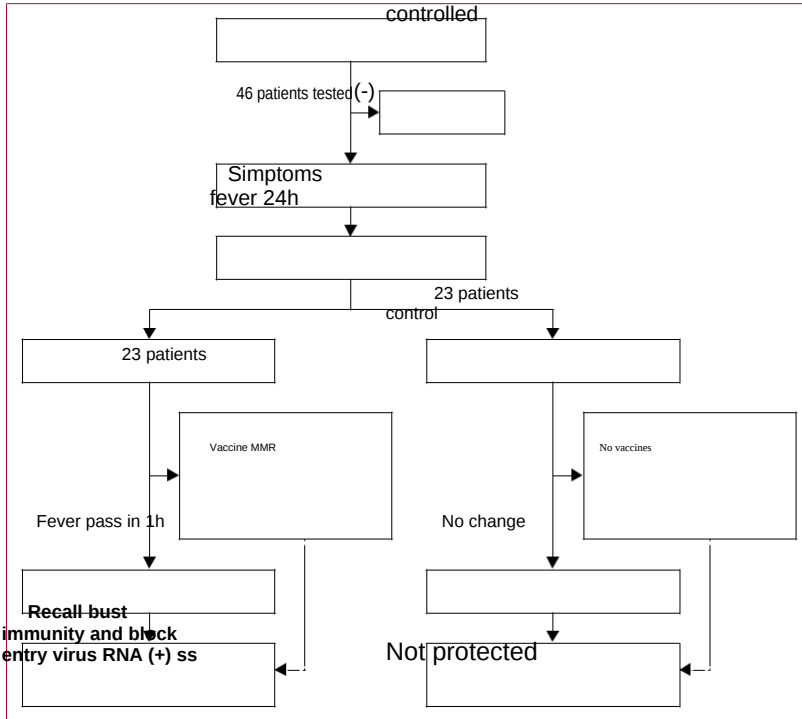
For conflicts of interest forms see <http://www.icmje.org/conflicts-of-interest>

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Proposal

Pilot study



Methods

Study design

- control

Study done for population 40 – 75

- y.o.

Participants (or patients)

- Inclusion everybody and exclusion – covid infected patients

- participants gave written & oral informed consent.

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Procedures

- Test & vaccin MMR pour bust imunitate

Preventive treatment 20 tabletes Cloroquine 200 mg.

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Statistical analysis

We see the sequence homology between the fusion proteins of SARS-CoV-2 and measles and mumps viruses. 29% amino acid sequence homology between the Macro (ADP-ribose-1"-phosphatase) domains of SARS-CoV-2 and rubella virus .This conserved residues and is present in the attenuated rubella virus in MMR Possible known treatments of COVID-19

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.

Results

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

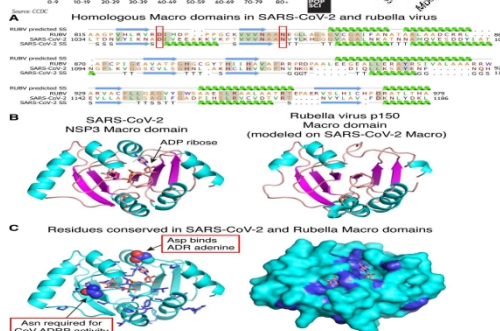
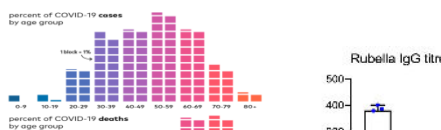
1. Same virulence increased over the years
2. Same replication
3. Same Family by the Baltimore Classification, ss ARN (+)
4. The ingenuity of MMR vaccine to have 3 in one 2 ss ARN (-) and one SS ARN (+) a live family, vaccine.
- It might be that the combination of more vaccines from the mandatory group of 11 vaccines are necessary (Cocluche Vaccine prevent complication of Covid with Burgella Infection, this is in pneumonia, no for life vaccine),
5. Paramyxovirus, Paramyxovirus Morbillus virus 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 MMR vaccine for immunization.
7. is no harm on redoing the mandatory vaccines actually it is a must every 10 years

A Homology of SARS-CoV-2 S to paramyxoviruses - PSI-BLAST top hit fusion protein, partial [Measles virus genotype B3]

Sequence ID: **AG17217.1** Length: 369 Number of Matches: 1

Score	Expect	Method	Identifier	Positives	Gaps
327 bits (837)	1e-101	Composition-based stats.	622914(20%)	115014(36%)	572914(18%)
Query 810	SKPKKSPFIDLLFNKVTLDAG--FKYQDCLOGI--AARDLCAQKFNGLTYLFPIL				865
Sbjct 47	+RSHGRVIVLAFNITLNLNCTRVRIATVYRLLRTVLEIRDALNANTONIEPVQS-VA				105
Query 866	TDENIAQYTSALLAGTITSGTFGAGAALQIFFANGMAYRNGIGYQTVLVYENKLIAN				925
Sbjct 106	+ + + + + LMG AAL + A Q+ GI + + + + N + I N				149
Query 926	QFNE-----AICKIQDLSSTAEALGKLDVVHON-AQALNTLVKQLSNFGAIESVLN				978
Sbjct 150	LRALETTNQAIEAIRGAGQEMILAVQGVQDYNINNELPSMNLGCDLIGKGLK--LL				207
Query 979	DLEHL-----DKVEAEVQIDRLITQRGLQGLQTVTQDLIRAAERASANLAATRM				1029
Sbjct 208	RYYTELSLFGPDLRDFISAEISIQ-ALSYALGGDINKVLEKLYSG-----GDLGILE				261
Query 1030	SECVLQSKRVDFQCGGYHL-HFFQSAFHGVVFLH-----VYVPAQENFTFAPALCHD				1084
Sbjct 262	SGLIKARITKVDPEFSTYVILVIAIYPTLSEIKGVIVRLEGVSTNIGSQEWITVY----				316
Query 1085	QKAMFRKGVFVSN +GC +SN 1098				
Sbjct 317	--KYVAKGVLIEN 328				

B SARS-CoV-2 S2 postfusion conformation (modeled on SARS-CoV-1 S2) Measles virus F postfusion conformation (modeled on HPIV3 F)



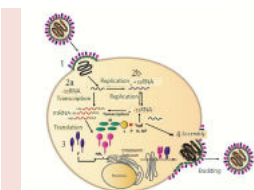
Children don't get Covid-19

The reason is maybe they got all the vaccines The mandatory Vaccines for children

1. Diphtheria
2. Tetanus
3. Poliomyelitis ARN positive ss
4. Hemophilia's influenza B
5. Whooping cough
6. Hepatitis B
7. Measles ARN ss negative
8. Mumps ARN ss negative
9. Rubella ARN ss positive
10. Meningococcus
11. Pneumococcus

Mandatory Vaccines for adults:

MMR vaccine that got Rubella with 29% genome RNA from Covid-19



same replication

into clinical practice.

Discussion

- main findings ARN ss Positive entry pathway to the body is the same for all ARN ss positive viruses. As the vaccine 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 mandatory vaccines to Covid-19 but many data published about the blockade of entry in the host by the ARN single Strand Positive Viruses
- There is the question: if this is a genetically laboratory modified virus, he would be coming from the viruses already known and there for another explanation why recently vaccinates subjects are immune to COVID-19
- limitations of the study are into the very short notice into study the subject
 - strength of the study is into the massive statistician evidence in the fact that the children get no infection. The mandatory vaccines are already approved.
- There is no harm in reimmunization, in fact is mandatory every 10 years and no done.
- 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”

Contributors

Sole author.

Declaration of interests

“I declare no competing interests.”

Acknowledgments

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References C.M.

Spot on research long ago made:

The CRISPR effector Cas13 could be an effective antiviral for single-stranded RNA (ssRNA) viruses because it programmably cleaves RNAs complementary to its CRISPR RNA (crRNA). Here, we computationally identify thousands of potential Cas13 crRNA target sites in hundreds of ssRNA viral species that can potentially infect humans. We experimentally demonstrate

as13's potent activity against three distinct ssRNA viruses: lymphocytic choriomeningitis virus (LCMV); influenza A virus (IAV); and vesicular stomatitis virus (VSV). Combining this antiviral activity with Cas13-based diagnostics, we develop Cas13-assisted restriction of viral expression and readout (CARVER), an end-to-end platform that uses Cas13 to detect and destroy viral RNA. We further screen hundreds of crRNAs along the LCMV genome to evaluate how conservation and target RNA nucleotide content influence Cas13's antiviral activity. Our results demonstrate that Cas13 can be harnessed to target a wide range of ssRNA viruses and CARVER's potential broad utility for rapid diagnostic and antiviral drug development. (33)

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%

- Potential treatments to the date : Zn sulfate, Hydrochloroquine, Azythromycin, bromelain and papain (pineapple and papaya enzymes), sinus rinse, nose drops, heat by shower and hair-drier on

the forehead and nostrils, and antiviral medication seems to be the choice of treatment. Also, with the onset of pneumonia, patient was to be placed in an induced coma and treated that way on ventilator with 20% chance of survival. The sooner detected the better the outcome of the treatment. Non invasive Oxygen, Infrared Photobiomodulation might be benefique

The Macro domains of SARS-CoV-2 and rubella virus share 29% amino acid sequence identity, suggesting they have the same protein fold. We generated an atomic model of the rubella virus Macro domain by threading the rubella sequence onto the SARS-CoV-2 Macro structure, guided by secondary structure predictions, with PHYRE2 [Kelley et al., 2015] (100% confidence score; Fig. 1

Clinical Trial:

- subjects eligible:
- non-infected subjects between the ages of 20 and 70 living in a contaminated area
- infected subjects in the first 72 hours after exposure to the virus
- subjects to be tested for Covid-19 before inoculation with the vaccine

An effective response to the Covid-19 crisis may lie in the mandatory vaccines. The Measles Mumps Rubella vaccine is closest in structure and modus operandum to what would be required, as it is effective against viruses with the same replication, the same gate of entry, and which produce the same symptoms as COVID-19.

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 vaccine
Strengths of the study the vaccine is already approved
Due to emergency need of response it might come of iMessage use
Cost is cheap
The interpretation is justified by the statistical results of importance