Towards the emergence of a new form of the neurodegenerative Creutzfeldt-Jakob disease: Twenty six cases of CJD declared a few days after a COVID-19 "vaccine" Jab

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Towards the emergence of a new form of the neurodegenerative Creutzfeldt-Jakob disease: Twenty six cases of CJD declared a few days after a COVID-19 “vaccine” Jab

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KEYWORDS

Creutzfeldt-Jakob desease (CJD), Prion protein, SARS-CoV2 Variants, Spike, COVID-19 mRNA Vaccines, survival, Neuropsychiatric disease, Evolution.

ABSTRACT

We highlight the presence of a Prion region in the different Spike proteins of the original SARS-CoV2 virus as well as of all its successive variants but also of all the “vaccines” built on this same sequence of the Spike SARS-CoV2 from Wuhan.

Paradoxically, with a density of mutations 8 times greater than that of the rest of the spike, the possible harmfulness of this Prion region disappears completely in the Omicron variant. We analyze and explain the causes of this disappearance of the Prion region of the Spike of Omicron.

At the same time, we are analyzing the concomitance of cases, which occurred in various European countries, between the first doses of Pfizer or Moderna mRNA vaccine and the sudden and rapid onset of the first symptoms of Creutzfeldt-Jakob disease, which usually requires several years before observing its first symptoms.

We are studying 26 Creutzfeld Jakob Diseases, in 2021, from an anamnestic point of view, centered on the chronological aspect of the evolution of this new prion disease, without being able to have an explanation of the etiopathogenic aspect of this new entity. We subsequently recall the usual history of this dreadfull subacute disease, and compare it with this new, extremely acute, prion disease, following closely vaccinations. In a few weeks, more 50 cases of almost spontaneous emergence of Creutzfeldt-Jakob disease have appeared in France and Europe very soon after the injection of the first or second dose of Pfizer, Moderna or AstraZeneka vaccines. To summarize, of the 26 cases analyzed, the first symptoms of

CJD appeared on average 11.38 days after the injection of the COVID-19 "vaccine". Of these 26 cases, 20 had died at the time of writing this article while 6 were still alive. The 20 deaths occurred only 4.76 months after the injection. Among them, 8 of them lead to a sudden death (2.5 months). All this confirms the radically different nature of this new form of CJD, whereas the classic form requires several decades.

CONTENTS

I- INTRODUCTION

Prions are self-templating protein aggregates that stably perpetuate distinct biological states (Lancaster et al, 2014). In (Prusiner S, 1997) there was a good definition of Prion basic research breakthough:
«Creutzfeldt-Jakob disease and related illnesses affecting people and animals involve the degeneration of brain cells. In 1982 Stanley Prusiner was able to isolate a suspected infectious agent, a protein that he called a prion. He identified the gene behind the prion protein, but determined that it is also present in healthy people and animals. Stanley Prusiner showed that the prion molecules are folded in a different way than the normal proteins and that the folding of the prion can be transferred to normal proteins. This is the basis for the illness».
Finally, to resume, Prions are proteins that can switch from non-aggregated states to self-templating highly ordered aggregates. This property allows them to confer stable changes in biological states.
In (Tetz§Tetz, 2022), (Seneff&Nigh, 2021) and (Classen, 2021), it has been demonstrated, or at least suggested, the presence of a Prion region in all Spike proteins of SARS-CoV2 viruses.
In (Seneff&Nigh, 2021), Dr. Stephanie Seneff, who works in the Computer Science and Artificial Intelligence Laboratory at the Massachusetts Institute of Technology (MIT), along

with colleague Greg Nigh from Naturopathic Oncology in Portland, Ore., identified a *"GxxxG signature motif"* within the injections that they say increases the risk that misfolding will occur, creating toxic oligomers. They call this the "glycine zipper motif", characterized by a pattern of two glycine residues spaced by three intervening amino acids, represented as GxxxG. Particularly, the bovine prion linked to MADCOW has, also, a spectacular sequence of ten GxxxGs in a row … Similarly, the SARS-CoV2 spike transmembrane protein contains five GxxxG motifs in its sequence. Then, it becomes extremely plausible that it could behave as a prion.

This presence of Prion region has been formally demonstrated, (Tetz§Tetz, 2022) but does it actually produce a possible behavior in "Prion Function" of these Spikes?
The answer seems to be "Yes" (Kuvandyk A, 2021), (Idrees D, 2021) and (Young M, 2020).
Indeed - and this will be the subject of this article – in a few weeks, more 50 cases of almost spontaneous emergence of Creutzfeldt-Jakob disease have appeared in France very soon after the injection of the first or second dose of Pfizer vaccines or Moderna.
Usually this disease takes decades to manifest itself. Why and how can this same fatal disease declare itself so quickly following these injections? It is very likely that we are dealing here with a new form of Creutzfeldt-Jakob disease.

II- METHODS

We will use 2 complementary methods of prion analysis:
-The first is the PLAAC software (Lancaster et al, 2014) which makes it possible to detect, from an amino acid sequence, regions likely to develop a prion function.
-The second is the "Master Code of DNA" (Perez, 2009), (Perez, 2015) and (Perez§Montagnier, 2021) making it possible to confirm or reinforce the hypothesis of a possible prion function by highlighting certain structures or patterns of the curves of the Master Code unifying the Genomics and Proteomics signatures of the sequence considered.

2.1- PLAAC analysis:

We illustrate the method here using the example of the SUP35 Prion from the yeast.

Saccharomyces cerevisiae S288C translation termination factor GTPase eRF3 (SUP35), partial mRNA

NCBI Reference Sequence: NM_001180479.3

https://www.ncbi.nlm.nih.gov/nuccore/398365952

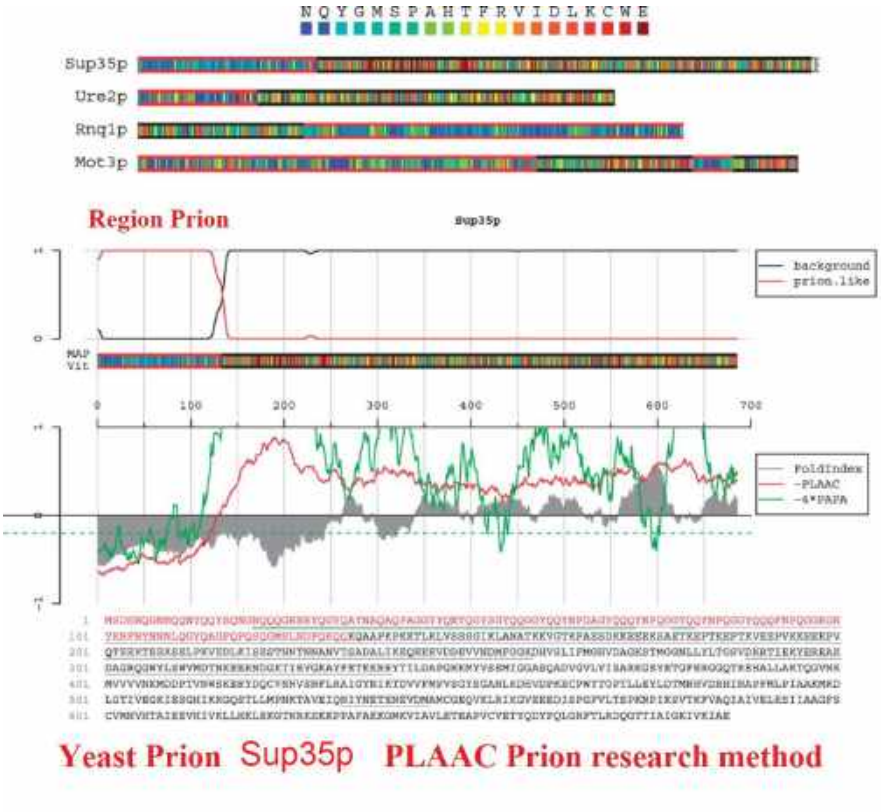

Figure 1 - Visualization outputs from PLAAC. Top: four known yeast prion proteins with each amino acid color-coded by its enrichment log-likelihood ratio in PrLDs (styled after the Sequence Enrichment Visualization Tool; http://jura.wi.mit.edu/cgi-bin/bio/draw_enrichment.pl), with HMM parse indicated by outer bars. Bottom: detailed visualization of the Yeast Sup35 protein, including several prion-prediction scores. source (Lancaster et al, 2014).

In Figure 1 above we analyze the Sup35 yeast prion (Kushnirov V, 2000) using the PLAAC software.
The PLAAC software detects a Prion region which would be located in the first 120 amino acids of the SUP35 protein. This is confirmed by the red curve at the top of the image, as well as by the red curve and the gray part of the curves at the bottom of the image (see Legends Figure 2 and Table 1 below).

Table 1 – PLAAC conventions and explanations.

LEGEND PLAAC results
==> Top two curves are complementary curves resulting from Markov chain process (Markov A.A, 1971) **Background** Black ------ **PrD like** Red +++++
==> Bottom three curves **Fold index** gray ----- (entropy like indicator). Low (negative) if possible Prion function

PLAAC	Red	----- Low (negative) if possible Prion function
PAPA	Green	second complementary method. High if states transitions

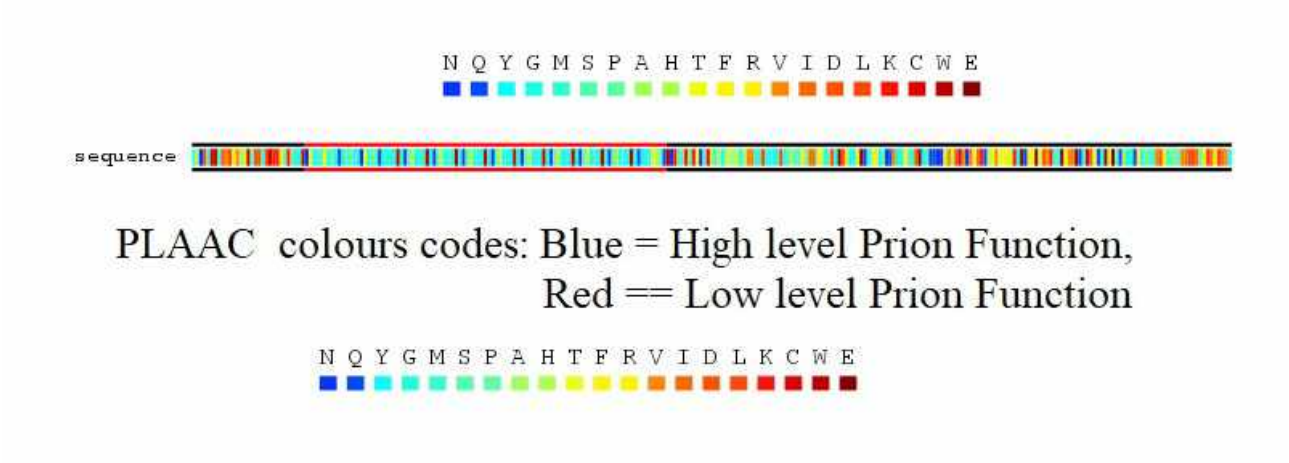

Figure 2 – PLAAC colors conventions and explanations.

2.2- Master Code analysis :

The so-called "Master Code" method (Perez, 2009), (Perez, 2015) and (Perez§Montagnier, 2021) allows, from the only atomic masses common to DNA, RNA and amino acids numerical values, to highlight a kind of META-CODE which would unify the 3 codes of DNA, RNA and amino acid sequences.
Particularly, the Master code curves measure the level of coupling or correlation unifying the 2 Genomics (DNA) and Proteomics (amino acids) expressions for any sequence, coding for a protein, or not.
In (Perez, 2017a) we analyzed all types of Prions in the early 2000s mad cow disease (plants, yeast, humans, cows, sheep, etc.). We had then highlighted a kind of "signature" or invariant which would be common to all Prions: a typical signature of the Master code taking the characteristic form of a "W" (or even by symmetry of an "M"). We had extended this type of analysis to amyloid implicated in Alzheimer's disease (Perez, 2017b).

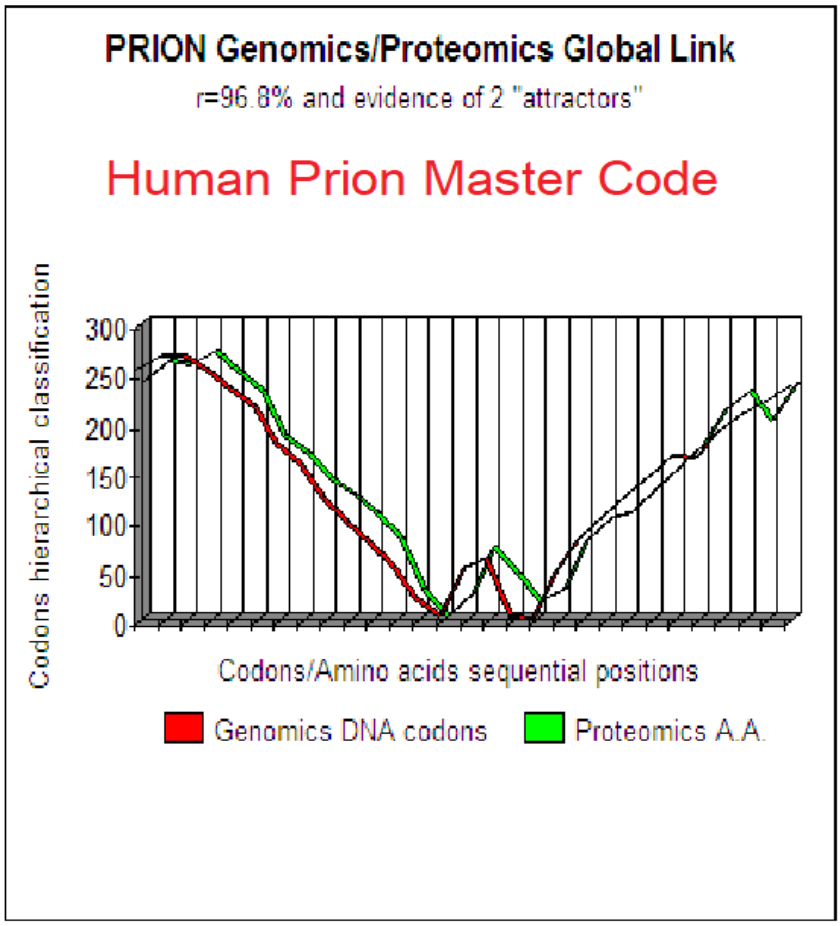

Figure 3 – "W" structure, kind of INVARIANT COMMON to all Prions (here the case of the human PRNP Prion).

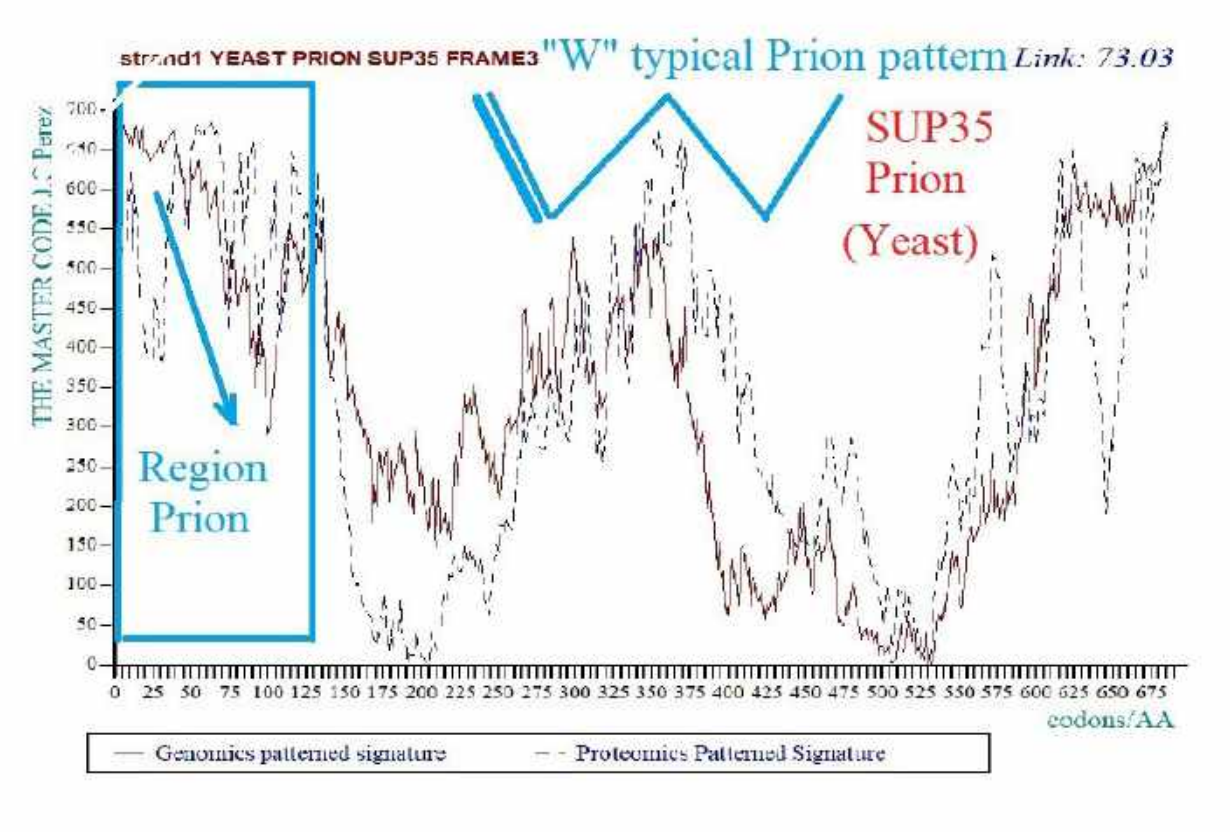

Figure 4 – "W" pattern structure and "decreasing" region of the Yeast Sup35 Prion "Master code" image.

It is through the joint and complementary use of the Prions PLAAC research software, on the one hand, and of the "Master code", on the other hand, that we will succeed in this article in detecting and then confirming the possible presence, even probable, of a Prion function.

Thus, **the first PLAAC method "proposes"** a probable Prion function.

The second method of the "Master Code", on the one hand, **"confirms"** the structure in "W" or, symmetrically, in "M" for the regions proposed by PLAAC, then, on the other hand, we observe that these regions Prion from PLAAC are always confirmed by **"continuously decreasing"** on the "Master code" curves (see exemple Figure 6).

III- RESULTS and DISCUSSION

First, we present different studies of Prions in representative species: man, cow (mad cow disease) and sheep.

In a second step, we prove the disappearance of the possible Prion function in the last Omicron variant while this function is highlighted in the Wuhan parent strain, but also in ALL the other variants and in ALL the "injection vaccines" Pfizer, Moderna, etc.).

Then, in a third step, we are looking for possible Prion functions in 25 Spike proteins of strains, variants or vaccines representative of the evolution of the SARS-CoV2 virus pandemic from Wuhan initial strain to the last Omicron worldwide variant.

Finally, we present SIXTEEN cases of French, Belgium, Switzerland and Israel patients for whom Creutzfeldt-Jakob symptoms appeared within a very short time after Pfizer or Moderna injections.

3.1- Different research for Prions in representative species: PRNP in humans, cows (mad cow disease) and sheep as well as Prion TDP-43.

3.11 – The HUMAN PRNP PRION

https://www.ncbi.nlm.nih.gov/nuccore/AF085477.2

Homo sapiens prion protein precursor (PRNP) gene, complete cds

GenBank: AF085477.2

MANLGCWMLVLFVATWSDLGLCKKRPKPGGWNTGGSRYPGQGSPGGNRYPPQGGGGWGQPHGGGWGQPH
GGGWGQPHGGGWGQPHGGGWGQPHGGGWGQPHGGGWGQPHGGGWGQPHGGGWGQGGGTHSQWNKPS
KPKTNMKHMAGAAAAGAVVGGLGGYMLGSAMSRPIIHFGSDYEDRYYRENMHRYPNQVYYRPMDEYSNQN
NFVHDCVNITIKQHTVTTTTKGENFTETDVKMMERVVEQMCITQYERESQAYYQRGSSMVLFSSPPVILLISFLI
FLIVG

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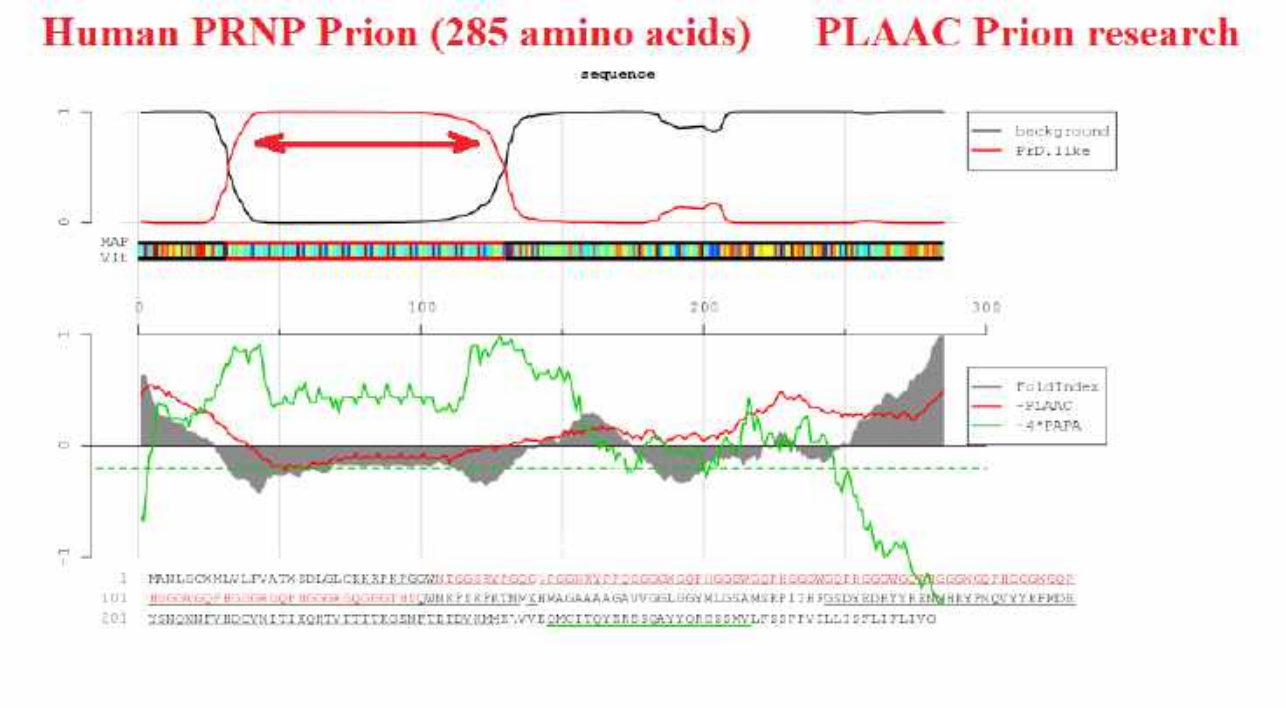

Figure 5 – PLAAC analysis of the Human PRNP Prion. Evidence of a Prion region between amino acids 30-120.

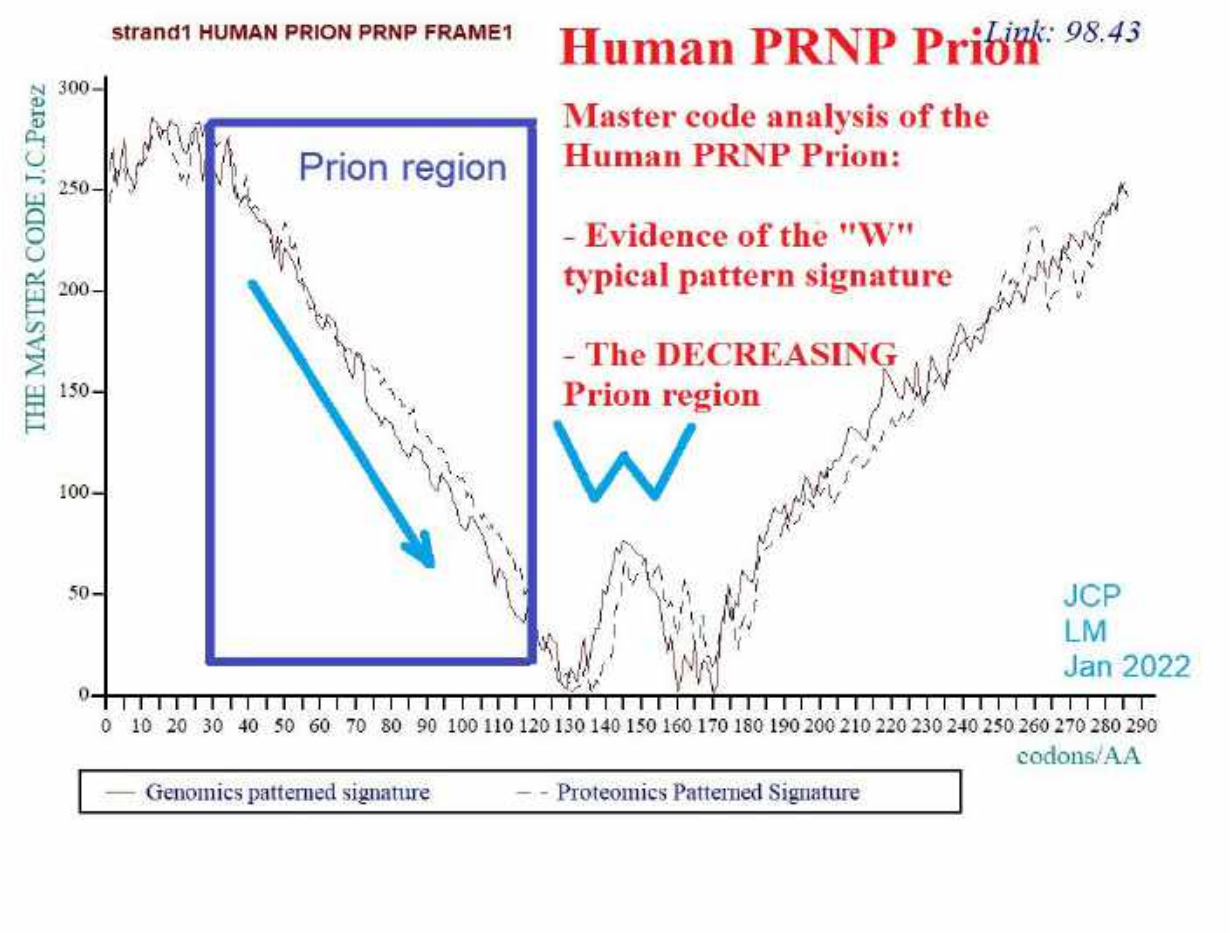

Figure 6 – Confirmation of Human PRNP Prion region by the Master code.

3-12– The OVIS PRION (Sheep) Prion

https://www.ncbi.nlm.nih.gov/protein/NP_001009481.1?report=fasta

major prion protein precursor [Ovis aries]

NCBI Reference Sequence: NP_001009481.1

GenPept Identical Proteins Graphics

```
>NP_001009481.1 major prion protein precursor [Ovis aries]
MVKSHIGSWILVLFVAMWSDVGLCKKRPKPGGGWNTGGSRYPGQGSPGGNRYPPQGGGGWGQPHGGGWGQ
PHGGGWGQPHGGGWGQPHGGGGWGQGGSHSQWNKPSKPKTNMKHVAGAAAAGAVVGGLGGYMLGSAMSRP
LIHFGNDYEDRYYRENMYRYPNQVYYRPVDQYSNQNNFVHDCVNITVKQHTVTTTTKGENFTETDIKIME
RVVEQMCITQYQRESQAYYQRGASVILFSSPPVILLISFLIFLIVG
```

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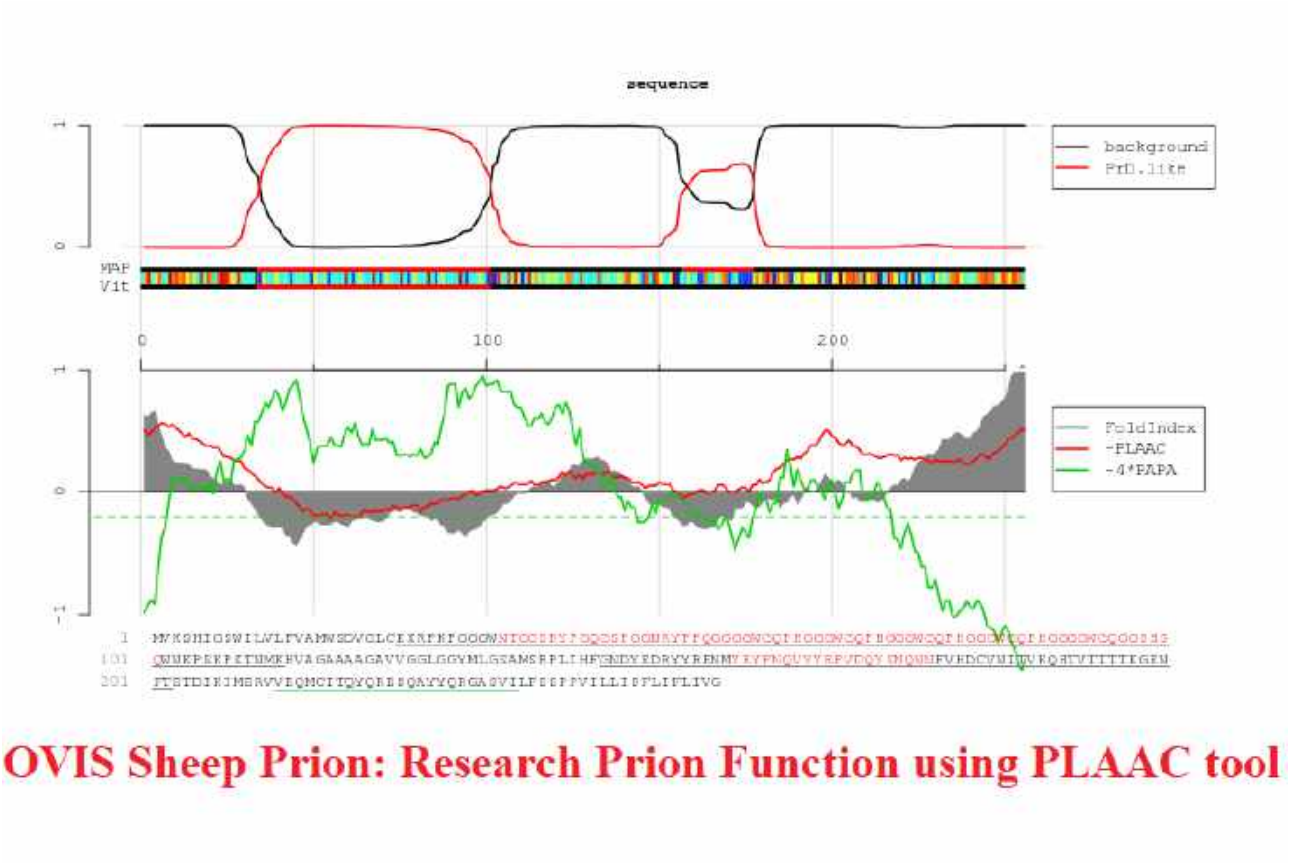

Figure 7 – PLAAC analysis of the Ovis Sheep Prion. Evidence of a Prion region between amino acids 40-90 and perhaps 160-180

-nucleotides

https://www.ncbi.nlm.nih.gov/nuccore/NM_001009481.1?report=fasta

Ovis aries prion protein (PRNP), mRNA

NCBI Reference Sequence: NM_001009481.1

>NM_001009481.1 Ovis aries prion protein (PRNP), mRNA

```
 CDS             161..931
                      /gene="PRNP"
                      /gene_synonym="prion; Prp; PRPC; SIP"
                      /note="major prion protein; prion protein (p27-30)
                      (Creutzfeldt-Jakob disease, Gerstmann-Strausler-Scheinker
                      syndrome, fatal familial insomnia)"
                      /codon_start=1
                      /product="major prion protein precursor"
                      /protein_id="NP_001009481.1"
                      /db_xref="GeneID:493887"
                      /translation="MVKSHIGSWILVLFVAMWSDVGLCKKRPKPGGGWNTGGSRYPGQ
                      GSPGGNRYPPQGGGGWGQPHGGGWGQPHGGGWGQPHGGGWGQPHGGGWGQGGSHSQW
                      NKPSKPKTNMKHVAGAAAAGAVVGGLGGYMLGSAMSRPLIHFGNDYEDRYYRENMYRY
                      PNQVYYRPVDQYSNQNNFVHDCVNITVKQHTVTTTTKGENFTETDIKIMERVVEQMCI
                      TQYQRESQAYYQRGASVILFSSPPVILLISFLIFLIVG"
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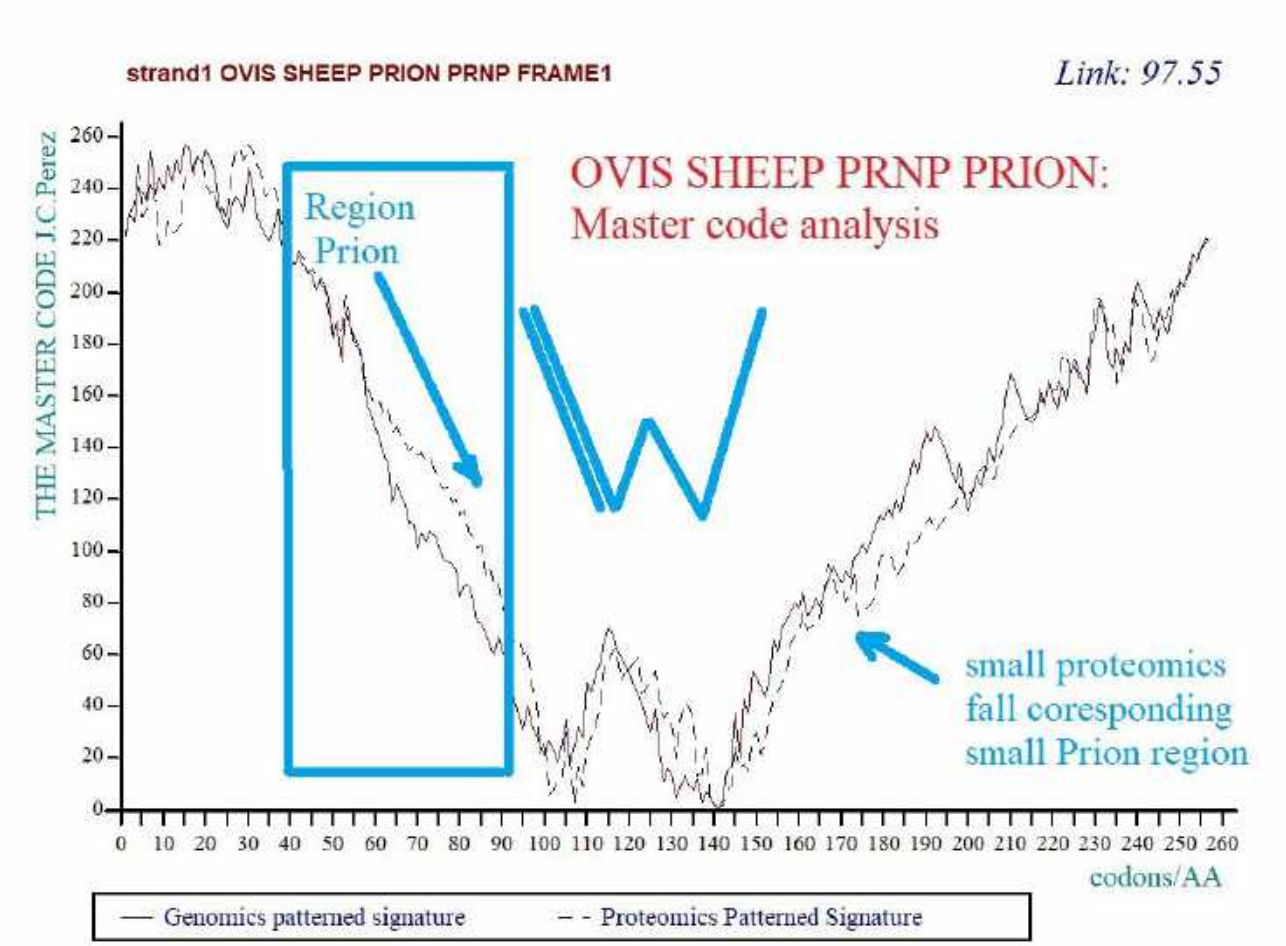

Figure 8 – Confirmation of Ovis (Sheep) Prion region by the Master code.

3.13- The BOS TAURUS (Cow) Prion

https://www.ncbi.nlm.nih.gov/nuccore/AB457178.1

Bos taurus prn mRNA for prion protein, complete cds

GenBank: AB457178.1

```
gene            1..1352
                /gene="prn"
     CDS        11..805
                /gene="prn"
                /note="alternative splicing: see also Acc# AB457179.1"
                /codon_start=1
                /product="prion protein"
                /protein_id="BBD75290.1"
                /translation="MVKSHIGSWILVLFVAMWSDVGLCKKRPKPGGGWNTGGSRYPGQ
                GSPGGNRYPPQGGGGWGQPHGGGWGQPHGGGWGQPHGGGWGQPHGGGWGQPHGGGGWG
                QGGTHGQWNKPSKPKTNMKHVAGAAAAGAVVGGLGGYMLGSAMSRPLIHFGSDYEDRY
                YRENMHRYPNQVYYRPVDQYSNQNNFVHDCVNITVKEHTVTTTTKGENFTETD
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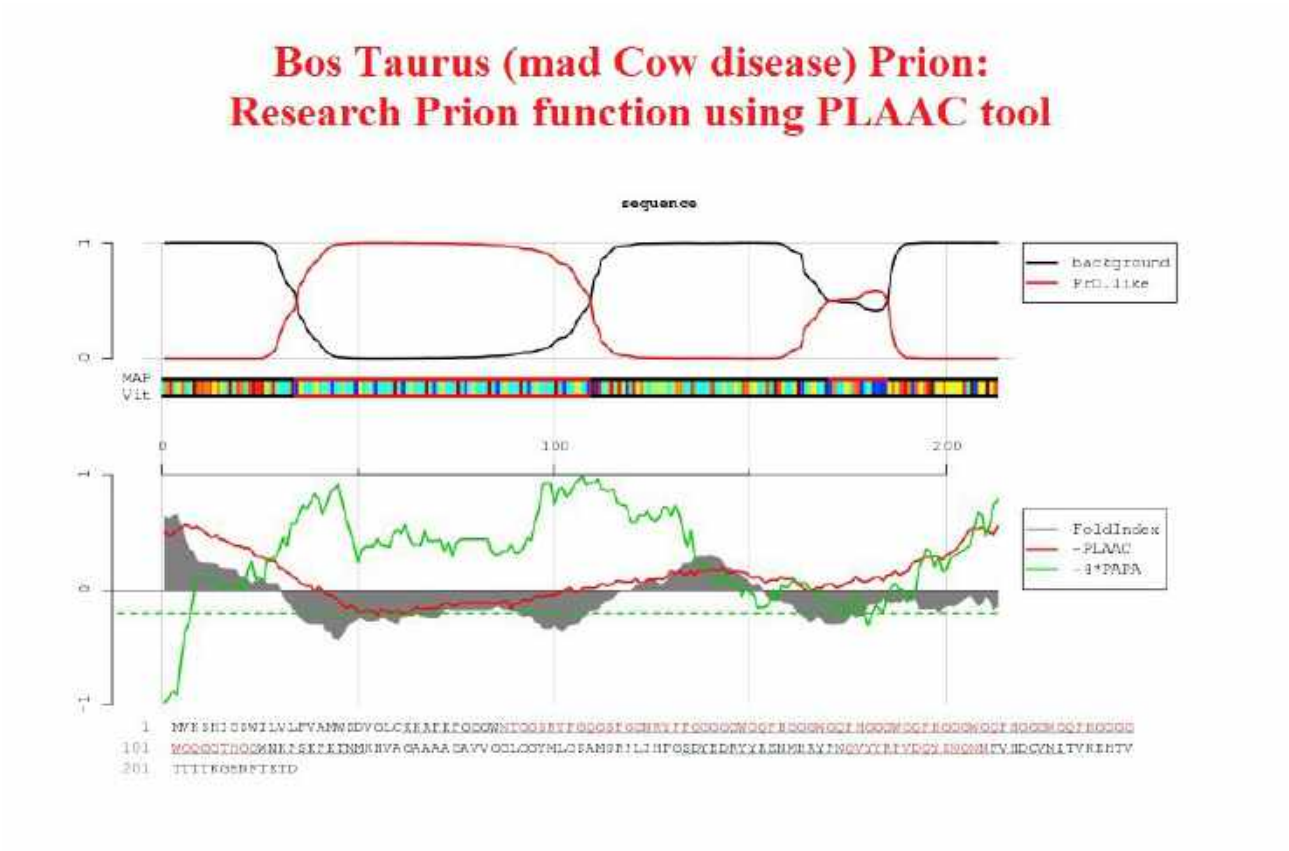


Figure 9 – PLAAC analysis of the Bos Taurus (Cow) Prion. Evidence of a Prion region between amino acids 40-90 and perhaps 170-180P

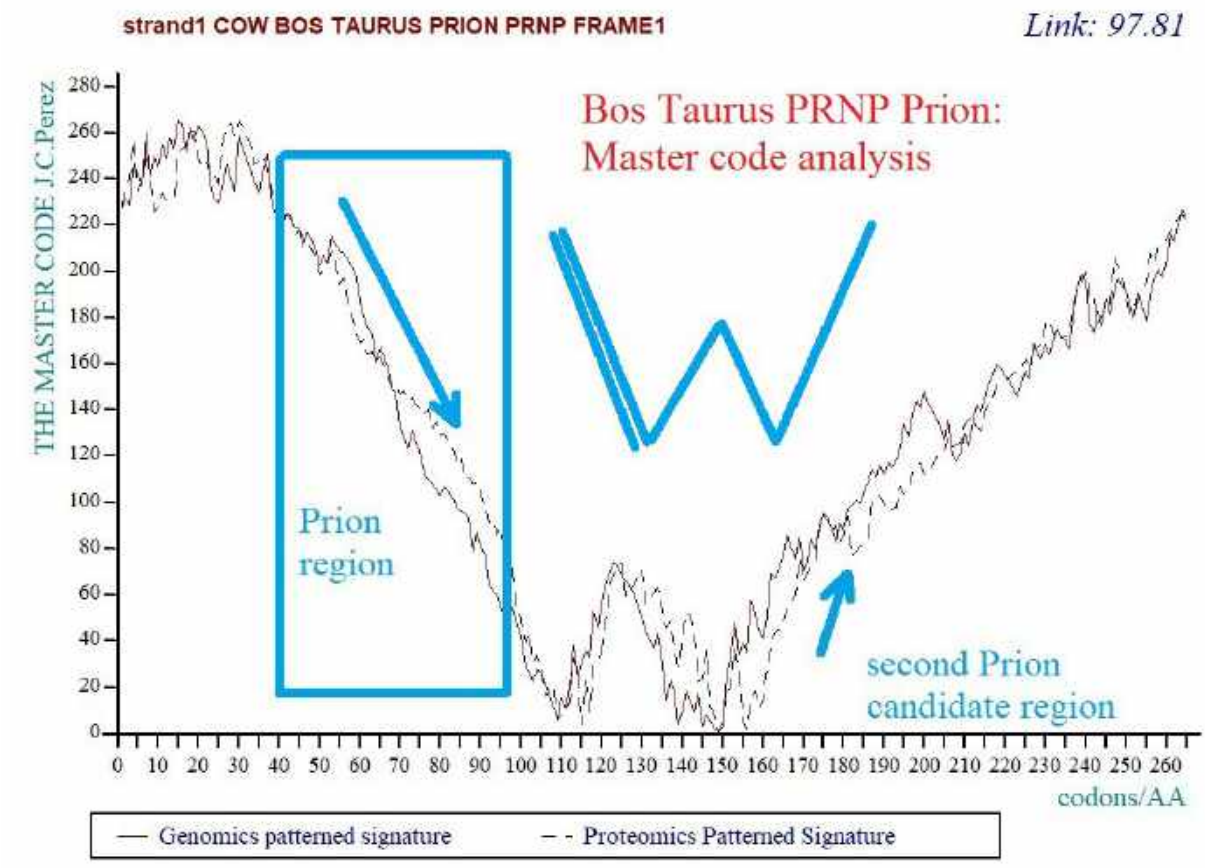


Figure 10 – Confirmation of Bos Taurus (Cow) Prion region by the Master code.

3.14- Other Prion risk : TDP-43 Prions

In (Classen, 2021), author suggests the spike protein target interaction were analyzed for the potential to convert intracellular RNA binding proteins TAR DNA binding protein (TDP-43) and Fused in Sarcoma (FUS) into their pathologic prion conformations.
Here we analyse TDP-43 Prion properties (Takashi Nonaka et al, 2013) and (Luke McAlary, 2019).

TDP-43

https://www.ncbi.nlm.nih.gov/gene?term=(tdp43[gene])%20AND%20(Homo%20sapiens[orgn])%20AND%20alive[prop]%20NOT%20newentry[gene]&sort=weight

TARDBP TAR DNA binding protein [Homo sapiens (human)]

Gene ID: 23435,

https://www.ncbi.nlm.nih.gov/nuccore/NM_007375.4

Homo sapiens TAR DNA binding protein (TARDBP), mRNA

NCBI Reference Sequence: NM_007375.4

```
CDS             103..1347
                     /gene="TARDBP"
                     /gene_synonym="ALS10; TDP-43"
                     /note="TAR DNA-binding protein-43"
                     /codon_start=1
                     /product="TAR DNA-binding protein 43"
                     /protein_id="NP_031401.1"
                     /db_xref="CCDS:CCDS122.1"
                     /db_xref="GeneID:23435"
                     /db_xref="HGNC:HGNC:11571"
                     /db_xref="MIM:605078"
                     /translation="MSEYIRVTEDENDEPIEIPSEDDGTVLLSTVTAQFPGACGLRYR
                     NPVSQCMRGVRLVEGILHAPDAGWGNLVYVVNYPKDNKRKMDETDASSAVKVKRAVQK
                     TSDLIVLGLPWKTTEQDLKEYFSTFGEVLMVQVKKDLKTGHSKGFGFVRFTEYETQVK
                     VMSQRHMIDGRWCDCKLPNSKQSQDEPLRSRKVFVGRCTEDMTEDELREFFSQYGDVM
                     DVFIPKPFRAFAFVTFADDQIAQSLCGEDLIIKGISVHISNAEPKHNSNRQLERSGRF
                     GGNPGGFGNQGGFGNSRGGGAGLGNNQGSNMGGGMNFGAFSINPAMMAAAQAALQSSW
                     GMMGMLASQQNQSGPSGNNQNQGNMQREPNQAFGSGNNSYSGSNSGAAIGWGSASNAG
                     SGSGFNGGFGSSMDSKSSGWGM"
```

PLAAC
http://plaac.wi.mit.edu

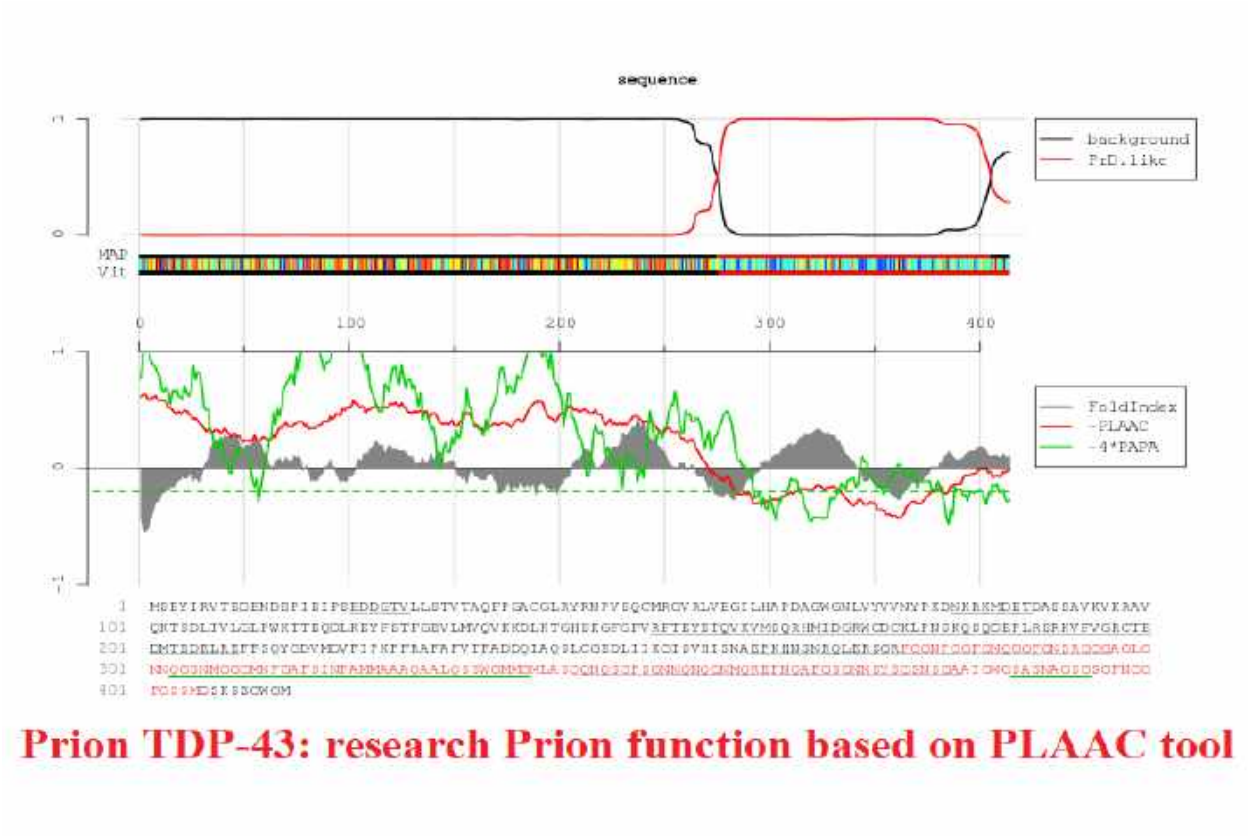


Figure 11 – PLAAC analysis of the TDP-43 Human Prion. Evidence of a Prion region between amino acids 280-390.

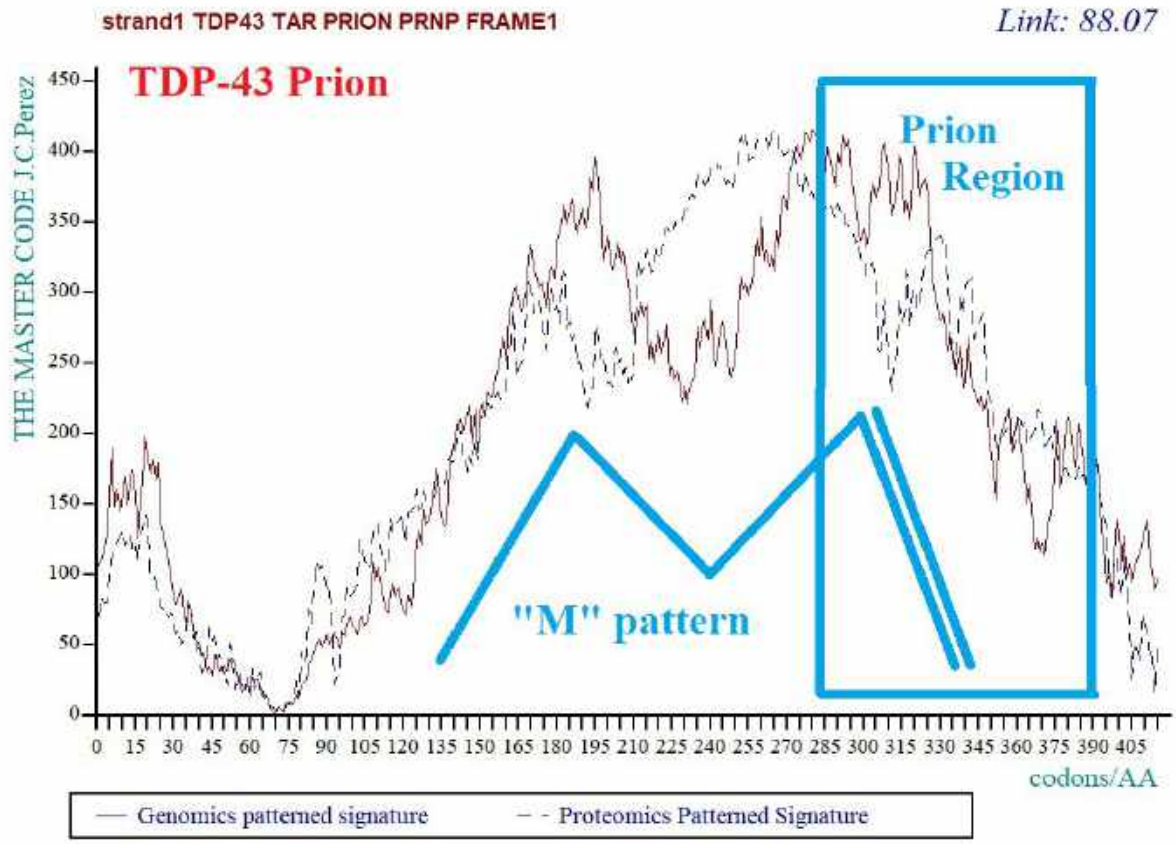


Figure 12 – Confirmation of Human TDP-43 Prion region by the Master code.

3.2 – How the Prion function present in the Spike proteins of strains, variants or vaccines, all based on the Wuhan parent strain, disappears in the Omicron variant

ZOOM on the 38 amino acids (473-510) WINDOW PRION from SPIKE WUHAN

PLAAC
http://plaac.wi.mit.edu

REGIONPRIONWUHAN

SKVGGNYNYLYRLFRKSNLKPFERDISTEIYQAGSTPCNGVEGFNCYFPLQSYGFQPTNG
VGYQPYRVVVLSFELLHAPATVCGPKKSTNLVKNKCVN

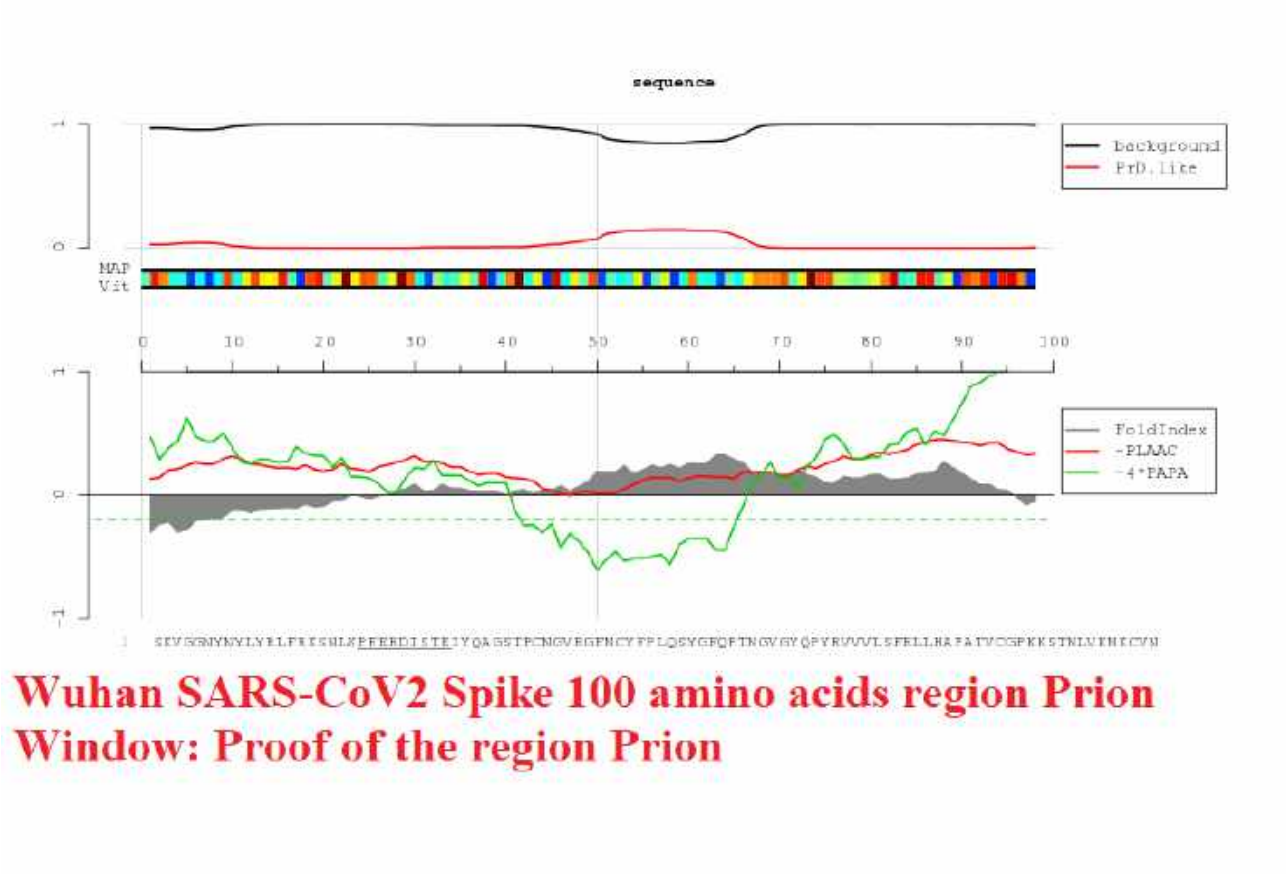


Figure 13 – PLAAC evidence of a Prion region in the 100 amino acids region overlaping Wuhan Prion region.

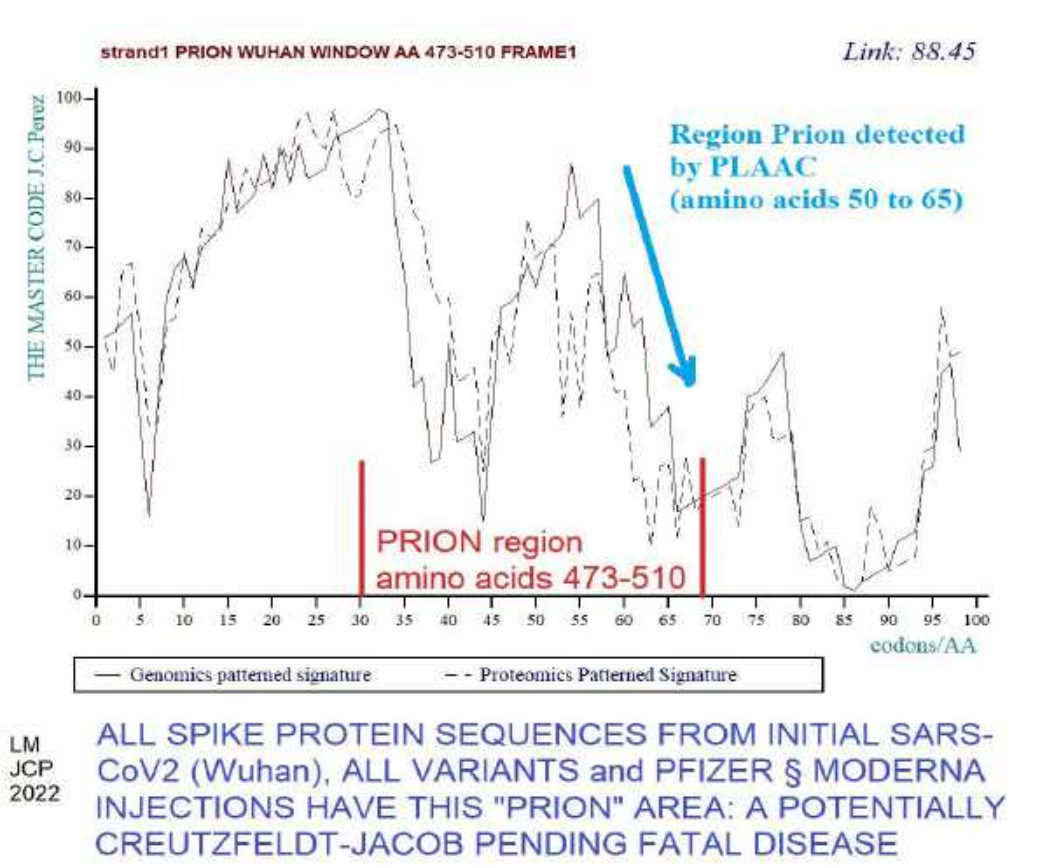


Figure 14 – Master code confirmation of a Prion region in the 100 amino acids region overlaping Wuhan Prion region.

ZOOM on the 38 amino acids (473-510) WINDOW PRION from SPIKE Omicron

PLAAC
http://plaac.wi.mit.edu

SKVSGNYNYLYRLFRKSNLKPFERDISTEIYQAGNKPCNGVAGFNCYFPLRSYSFRPTYG
VGHQPYRVVVLSFELLHAPATVCGPKKSTNLVKNKCVN

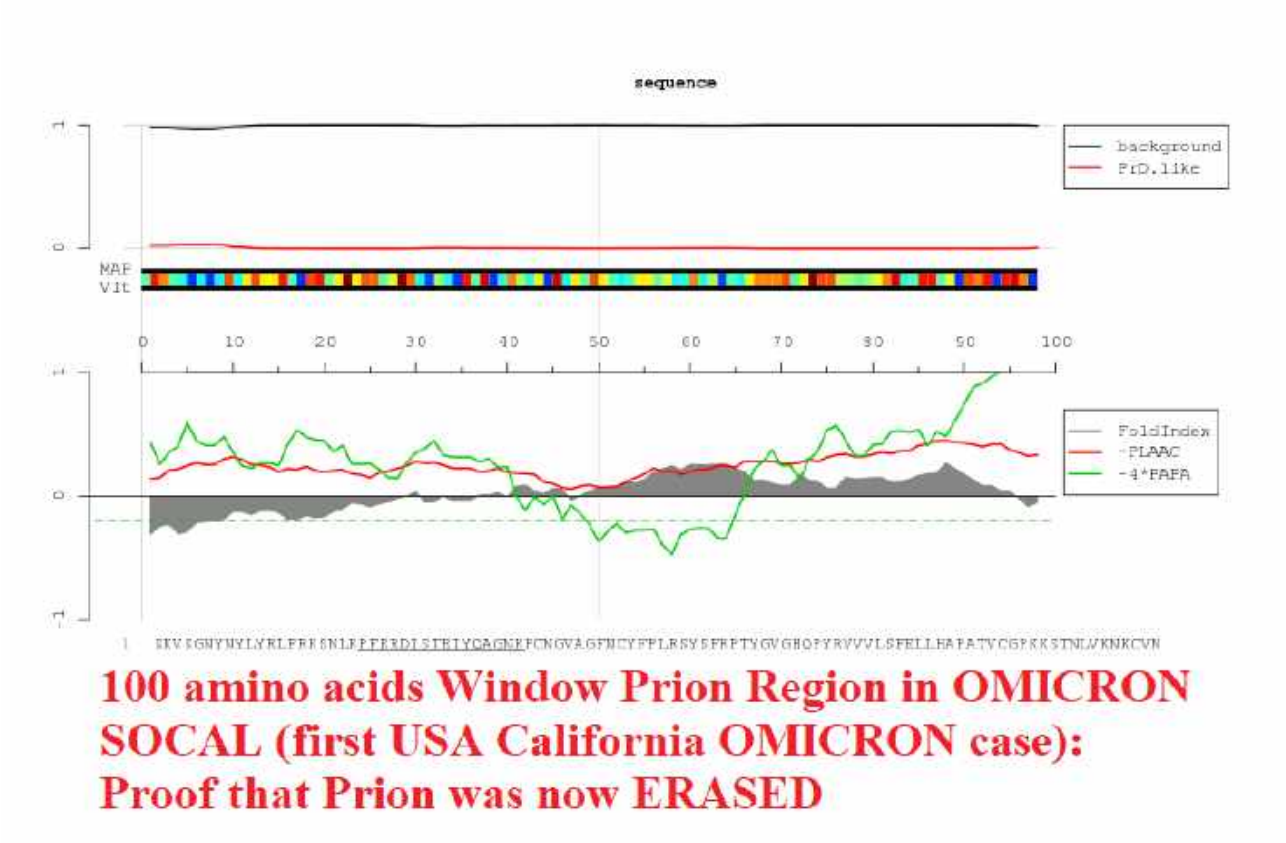


Figure 15 – PLAAC evidence that Prion region in the 100 amino acids region overlaping Omicron Prion region disappears totally.

Zoom analysis of the 38 amino acids of the Prion regions between Spikes Wuhan and Omicron

It seemed interesting to us to analyze the incidence of the 8 amino acid mutations located in the Prion region (amino acids 473 to 510 of the Spike) which differentiate the Wuhan parent strain and the latest Omicron variant.
Let's remember these 8 mutations:

see https://covariants.org/variants/21K.Omicron

- S:S477N
- S:T478K
- S:E484A
- S:Q493R
- S:G496S
- S:Q498R
- S:N501Y
- S:Y505H

OMICRON PRION SPIKE

Nucleotides Prion region (114 bases) :

TATCAGGCCGGTAACAAACCTTGTAATGGTGTTGCAGGTTTTAATTGTTACTTTCCTTTACGATCATATAGT
TTCCGACCCACTTATGGTGTTGGTCACCAACCATACAGAGTA

Amino acids Prion region (38 amino acids)

473 **510**

YQAGNKPCNGVAGFNCYFPLRSYSFRPTYGVGHQPYRV

XX X X X X X X

PLAAC analysis of this 38 amino acid sequence demonstrates the TOTAL disappearance of the Prion function although the presence of these 38 amino acids is conserved in positions in the Omicron Spike protein.

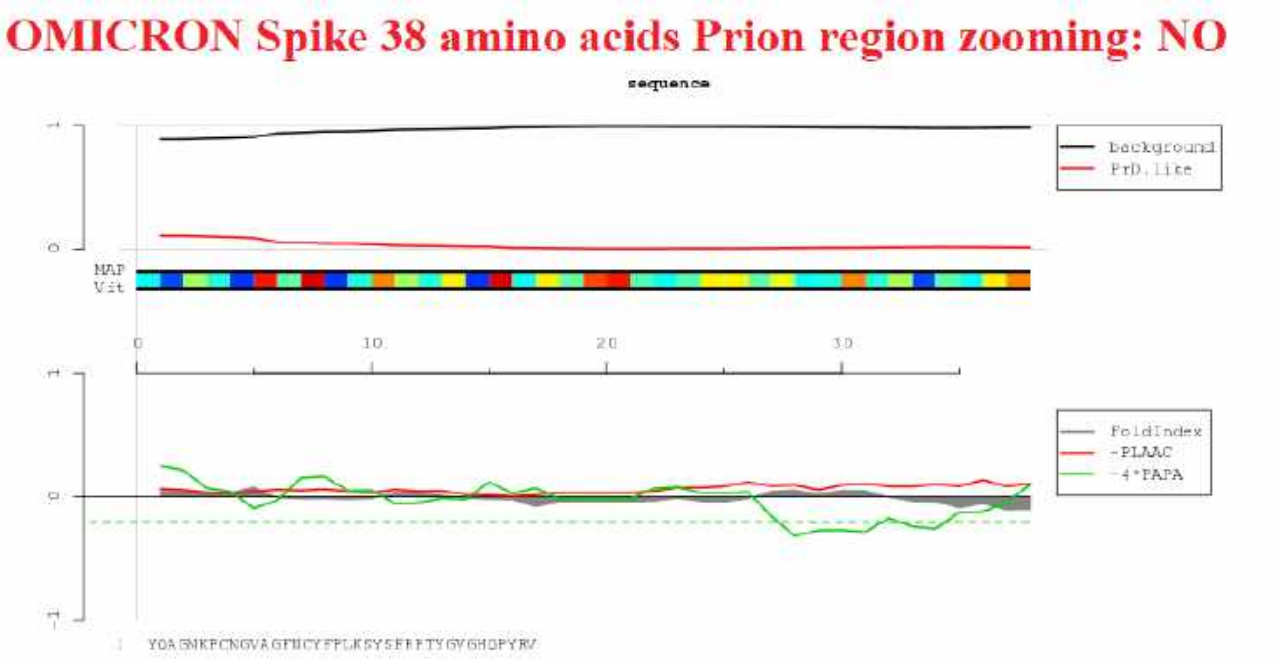


Figure 16 – The Prion function disappears totally in Omicron variant.

Now let's perform the same analysis on the Wuhan parent strain. Let us recall here that all the COVID-19 vaccines having been injected into hundreds of millions of humans to date have been constructed from this same sequence of the Wuhan Spike.

WUHANPRION SPIKE

Nucleotides Prion region (114 bases) :

ZOOMPRIONWUHAN <== SPIKREF[1416 on 114]

ZOOMPRIONWUHAN

TATCAGGCCGGTAGCACACCTTGTAATGGTGTTGAAGGTTTTAATTGTTACTTTCCTTTACAATCATATGGT
TTCCAACCCACTAATGGTGTTGGTTACCAACCATACAGAGTA

Amino acids Prion region (38 amino acids)

473 **510**

YQAGSTPCNGVEGFNCYFPLQSYGFQPTNGVGYQPYRV

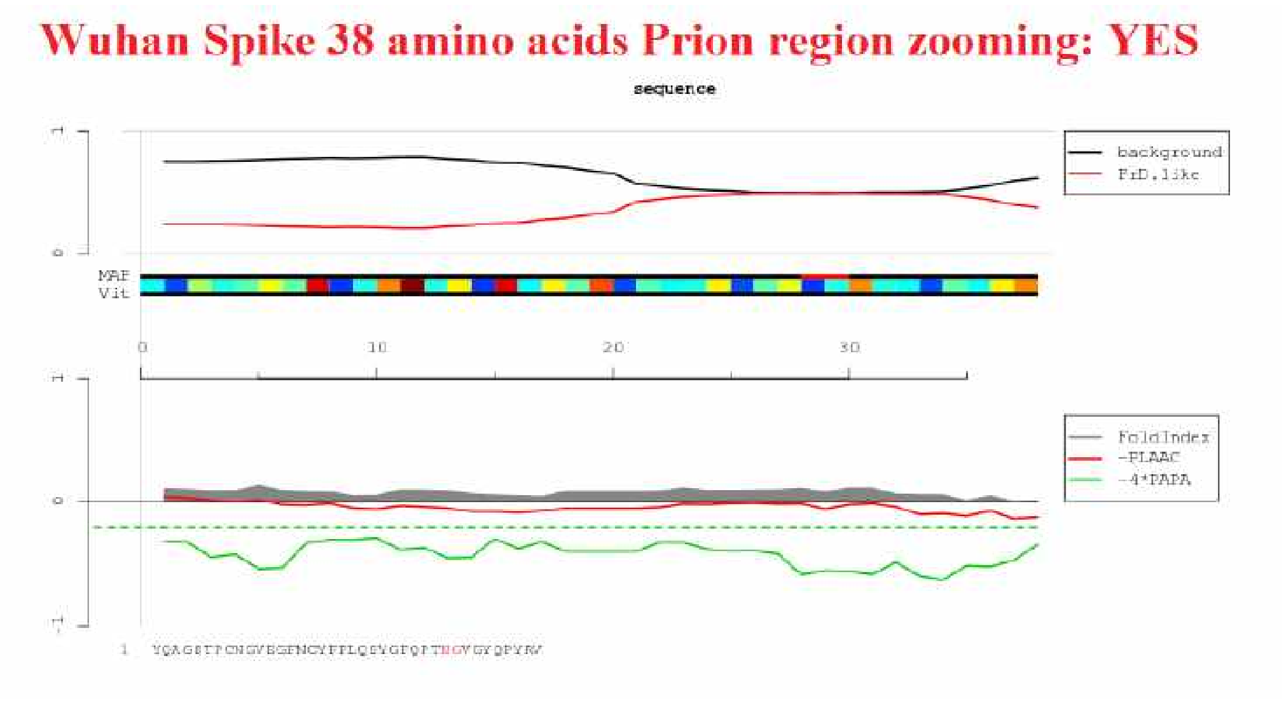


Figure 17 – The Prion function is present in the Wuhan initial sequence.

Here, contrary to the case of Omicron, the potential function of the Prion is well revealed by the PLAAC software.

Let's find the "PLAAC distance" between the 2 respective results Omicron and Wuhan:

Figure 18 – Prion nature classification hierarchy between the 20 amino acids.

		- +		-		+		+		+		+		+		
WUHAN	YQAG	ST	PCNGV	E	GFNCYFPL	Q	SY	G	F	Q	PT	N	GVG	Y	QPYRV	
OMICRON	YQAG	**NK**	PCNGV	**A**	GFNCYFPL	**R**	SY	**S**	F	**R**	PT	**Y**	GVG	**H**	QPYRV	
		+ -		+		-		-		-		-		-		
Distances -		7				10		2		10		2		6		==> - 37
Distances +		5		12												==> + 17

Difference reinforcing Prion function : - 20

We can now conclude by asserting that the 8 amino acid mutations, or 21% of this small region have ACTUALLY caused the TOTAL DISAPPEARANCE of the Prion function. Two questions remain "open":

1/ Was this Prion region "natural" or chimerical when the Wuhan virus emerged?

2/ Was this suppression of the Prion function natural following the "humanization" of the virus or was it provoked? This question also remains "open"...

3.3 - Possible Prion functions in 25 Spike proteins from SARS-CoV2 strains, variants or "vaccines" representative of the evolution of the SARS-CoV2 virus pandemic.

We studied the Spike sequences of 25 SARS-CoV2 genomes. In these Spikes we searched for the presence of possible regions likely to have the functionality of a Prion. For this we use the PLAAC bioinformatics software (Lancaster et al, 2014) and "Master code" (Perez§Montagnier, 2021).
Let us recall here the 8 amino acid mutations differentiating the Prion regions from the Spikes of Wuhan SARS-CoV2 and Omicron.

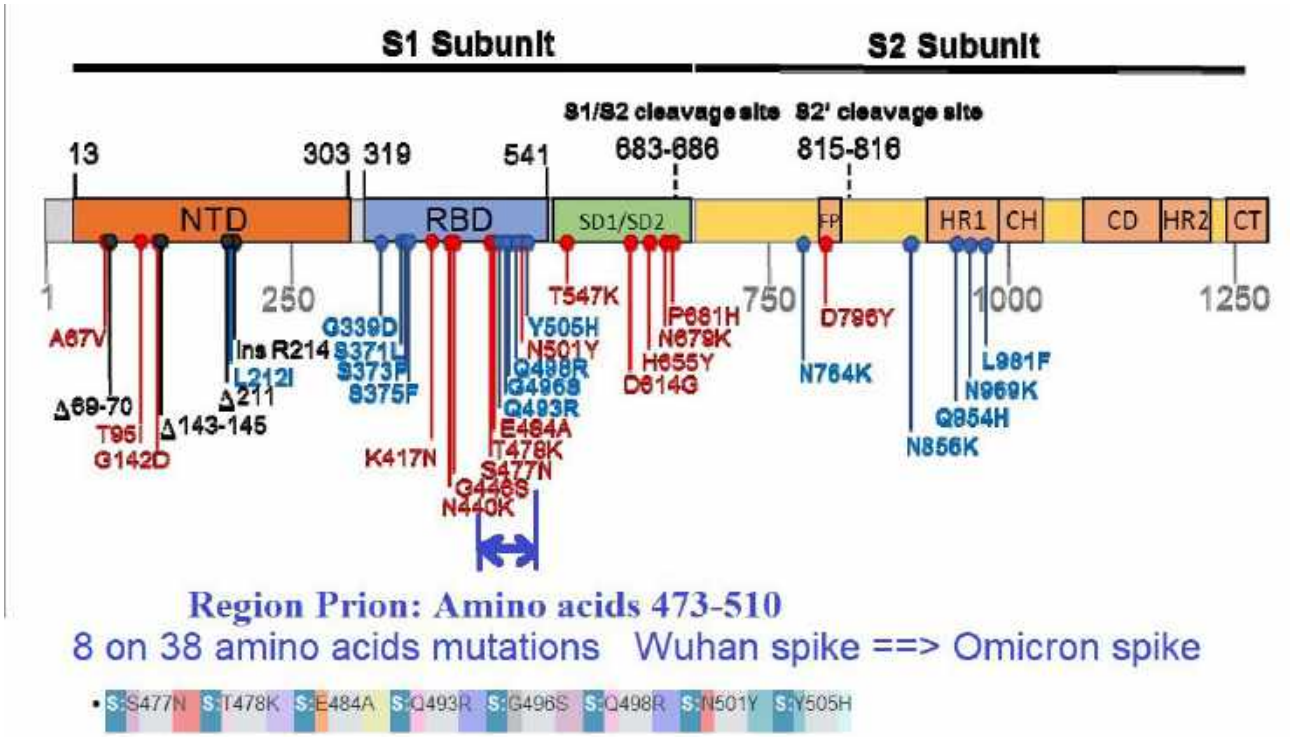


Figure 19 –The 8 amino acid mutations differentiating the Prion regions from Wuhan SARS-CoV2 and Omicron Spikes.

Figure 20 below shows the Genomics/Proteomics image of the Master code relating to the region of 100 amino acids flanking the small Prion region of 38 amino acids.

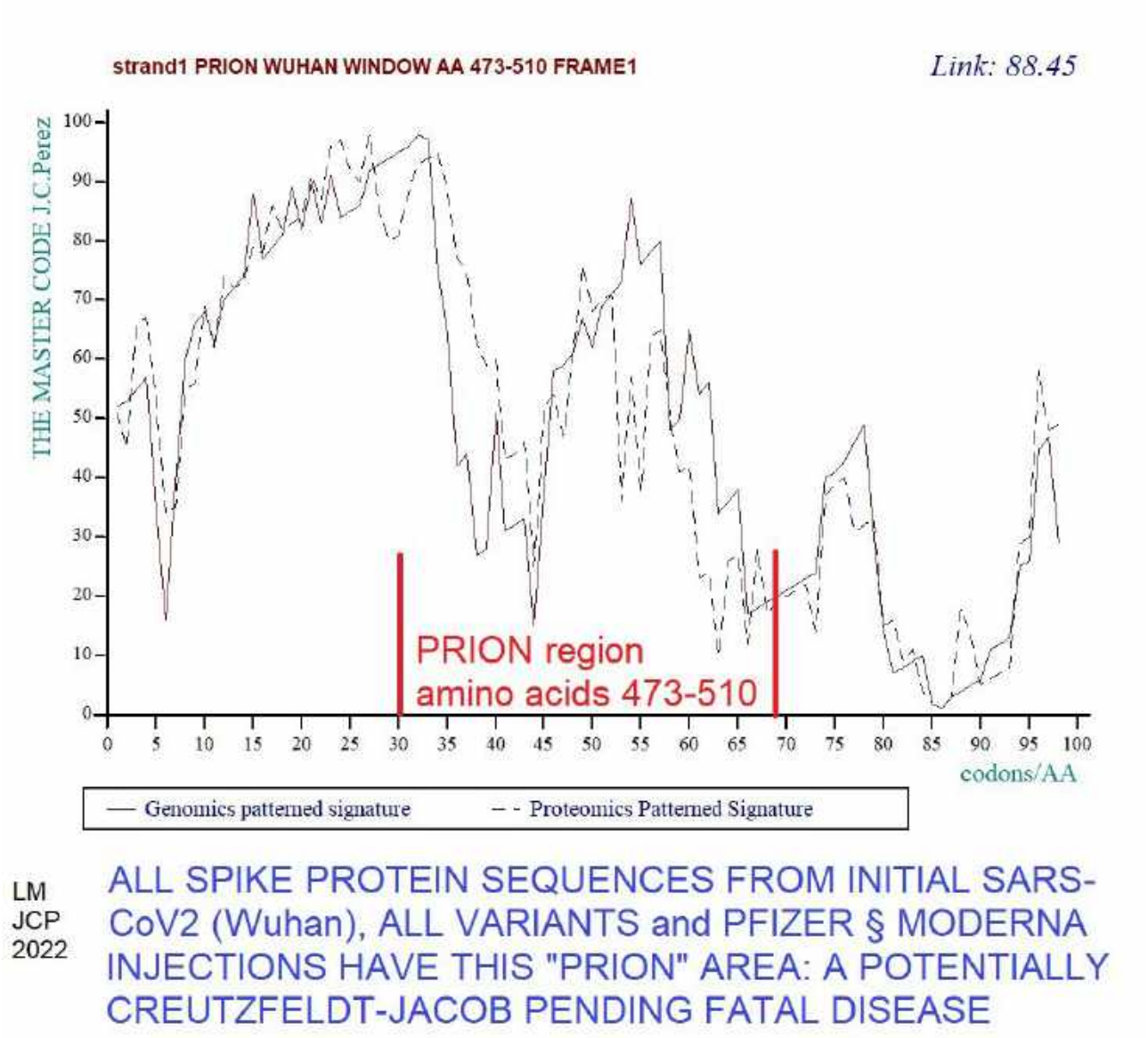


Figure 20 – Genomics/Proteomics image of the Master code relating to the region of 100 amino acids flanking the small Prion region of 38 amino acids.

3.31-Analysing the main 10 SARS-CoV2 and variants representative strains

Both Figures 21 to 24 demonstrate via both PLAAC software and Master Code method the presence of the Prion region around amino acids 500 of the Spike. We see that this Prion is present in the DELTA variant (Figure 21) but also in the Pfizer and Moderna vaccines (Figures 22-24) since ALL these vaccines were built from the Spike of SARS-CoV2 Wuhan.

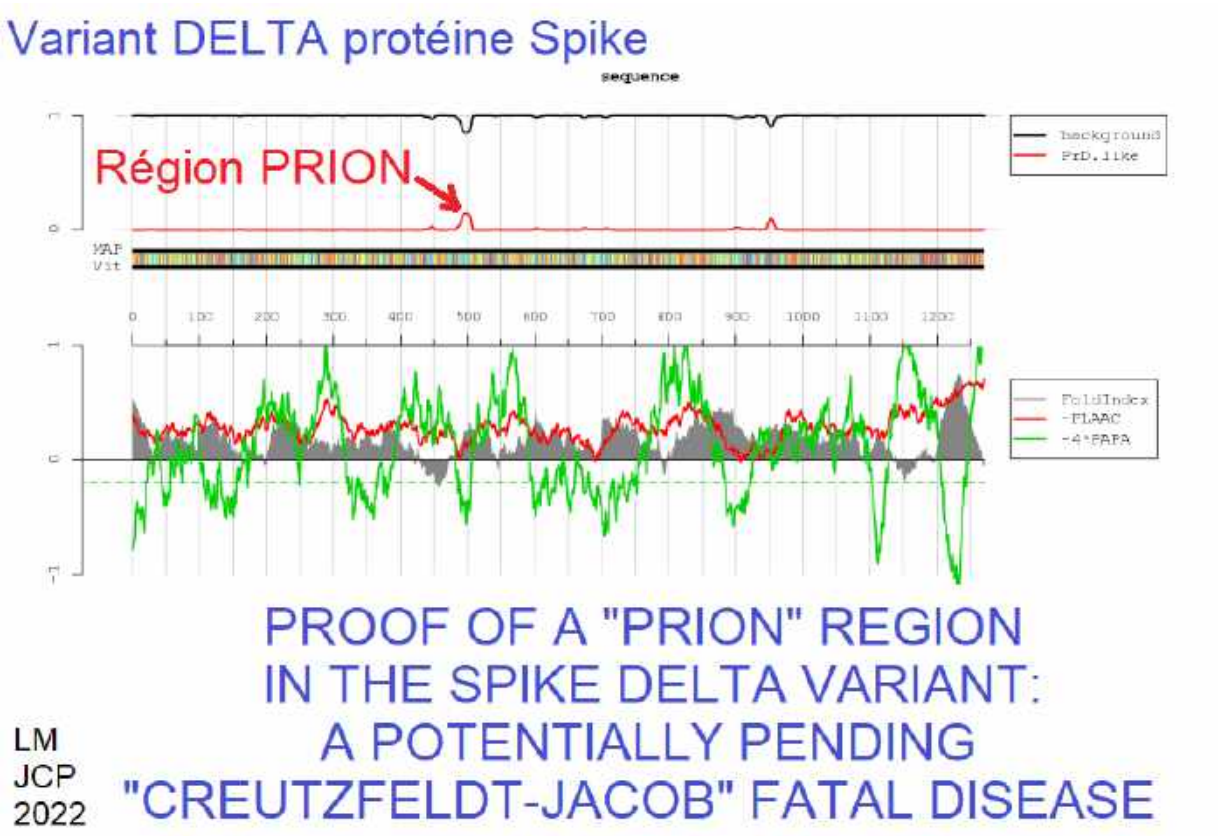


Figure 21 – PLAAC software demonstrates the presence of the Prion region around amino acids 500 of the spike of the DELTA variant.

PFIZER « Vaccine » Spike

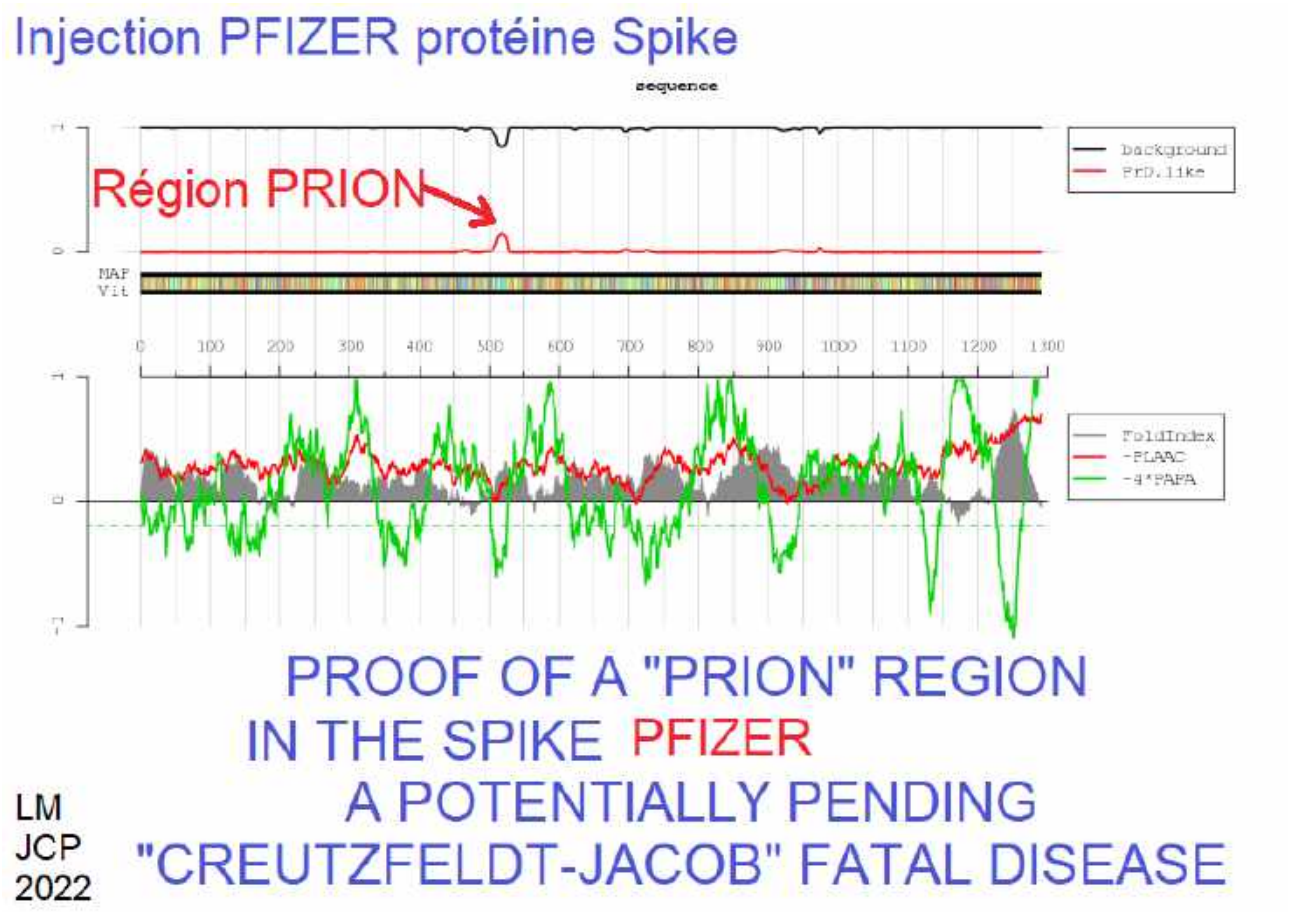


Figure 22 – PLAAC software demonstrates the presence of the Prion region around amino acids 500 of the spike of both vaccine Pfizer.

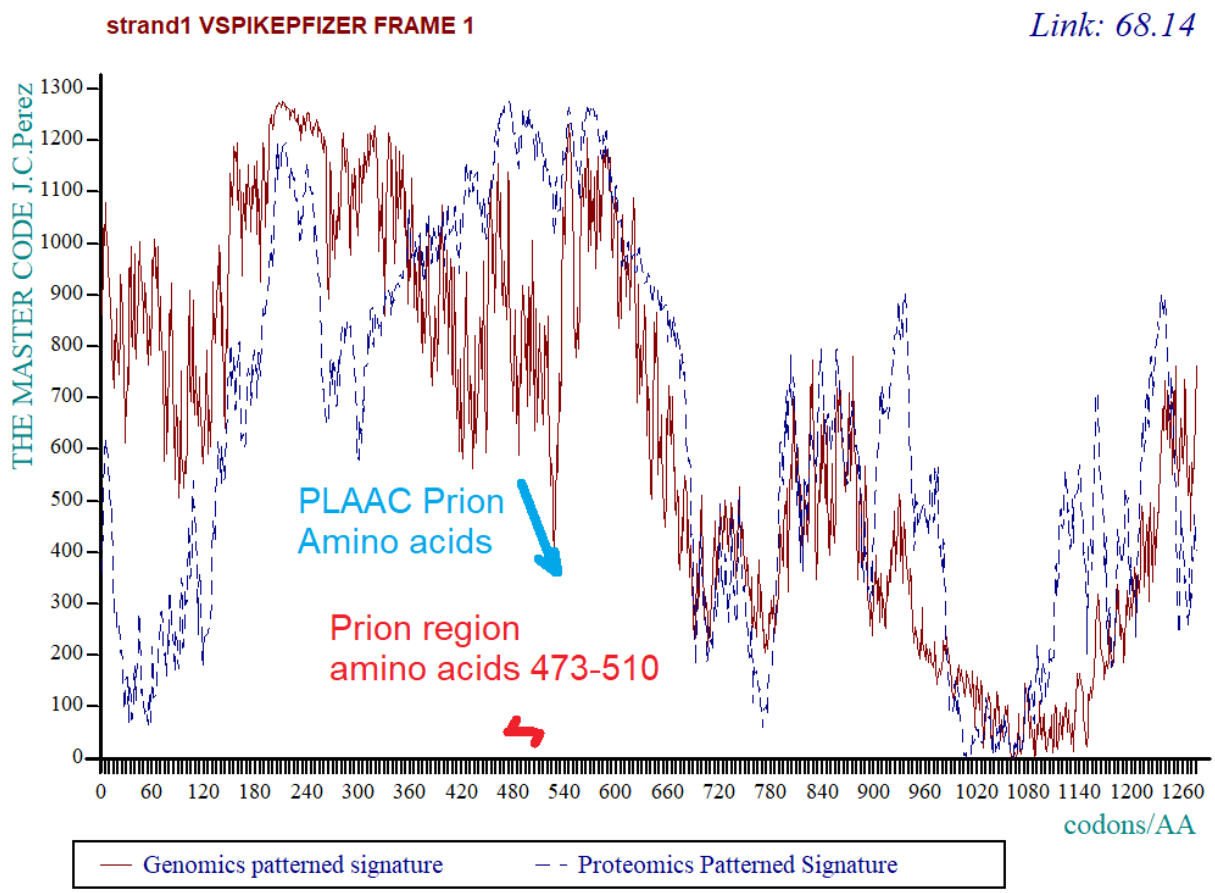


Figure 23 – The Master Code method provides a global analyzes of the roughness or fractal texture of both Genomics (Red) and Proteomics (Blue) of the Spike Prion region.

As demonstrated in (Perez, 2021a), it can be seen that, compared to that of Figure 20 (Wuhan Spike Prion region), the Prion region of the Pfizer vaccine has a highly chaotic Master code curves at the level of fractal roughness (Genomics in particular). This roughness results from the "G" base doping of this sequence, the purpose of which is to increase the stability of the mRNA without changing the amino acids (by using the vagueness allowed by the genetic code in the translation codons <==> amino acids).
(see (Perez, 2021a).

Running now a similar analysis for MODERNA vaccine.
MODERNA Vaccine Spike

MFVFLVLLPLVSSQCVNLTTRTQLPPAYTNSFTRGVYYPDKVFRSSVLHSTQDLFLPFFSNVTWFHAIHVSGTNG
TKRFDNPVLPFNDGVYFASTEKSNIIRGWIFGTTLDSKTQSLLIVNNATNVVIKVCEFQFCNDPFLGVYYHKNN
KSWMESEFRVYSSANNCTFEYVSQPFLMDLEGKQGNFKNLREFVFKNIDGYFKIYSKHTPINLVRDLPQGFSAL
EPLVDLPIGINITRFQTLLALHRSYLTPGDSSSGWTAGAAAYYVGYLQPRTFLLKYNENGTITDAVDCALDPLSE
TKCTLKSFTVEKGIYQTSNFRVQPTESIVRFPNITNLCPFGEVFNATRFASVYAWNRKRISNCVADYSVLYNSASF
STFKCYGVSPTKLNDLCFTNVYADSFVIRGDEVRQIAPGQTGKIADYNYKLPDDFTGCVIAWNSNNLDSKVGG
NYNYLYRLFRKSNLKPFERDISTEIYQAGSTPCNGVEGFNCYFPLQSYGFQPTNGVGYQPYRVVVLSFELLHAP
ATVCGPKKSTNLVKNKCVNFNFNGLTGTGVLTESNKKFLPFQQFGRDIADTTDAVRDPQTLEILDITPCSFGGVS
VITPGTNTSNQVAVLYQDVNCTEVPVAIHADQLTPTWRVYSTGSNVFQTRAGCLIGAEHVNNSYECDIPIGAGIC
ASYQTQTNSPRRARSVASQSIIAYTMSLGAENSVAYSNNSIAIPTNFTISVTTEILPVSMTKTSVDCTMYICGDSTE
CSNLLLQYGSFCTQLNRALTGIAVEQDKNTQEVFAQVKQIYKTPPIKDFGGFNFSQILPDPSKPSKRSFIEDLLFN
KVTLADAGFIKQYGDCLGDIAARDLICAQKFNGLTVLPPLLTDEMIAQYTSALLAGTITSGWTFGAGAALQIPF
AMQMAYRFNGIGVTQNVLYENQKLIANQFNSAIGKIQDSLSSTASALGKLQDVVNQNAQALNTLVKQLSSNFG
AISSVLNDILSRLDPPEAEVQIDRLITGRLQSLQTYVTQQLIRAAEIRASANLAATKMSECVLGQSKRVDFCGKG

YHLMSFPQSAPHGVVFLHVTYVPAQEKNFTTAPAICHDGKAHFPREGVFVSNGTHWFVTQRNFYEPQIITTDNT
FVSGNCDVVIGIVNNTVYDPLQPELDSFKEELDKYFKNHTSPDVDLGDISGINASVVNIQKEIDRLNEVAKNLN
ESLIDLQELGKYEQYIKWPWYIWLGFIAGLIAIVMVTIMLCCMTSCCSCLKGCCSCGSCCKFDEDDSEPVLKGV
KLHYT

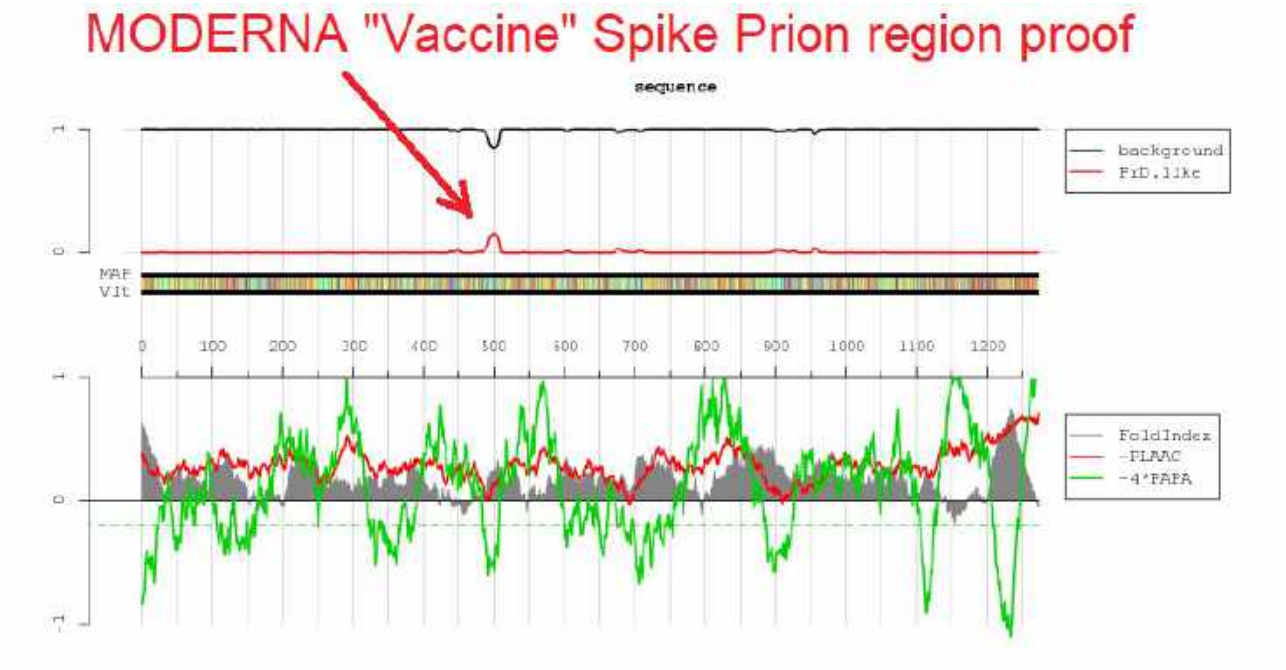


Figure 24 – PLAAC software demonstrates the presence of the Prion region around amino acids 500 of the spike of both vaccine Moderna.

Table 2 – Presence of the Prion region in ALL historical SARS-CoV2 Spikes excepted in Bat RaTG13.

Identification of main SARS-CoV2, variants and vaccines	PRION region amino acids 473-510	Notes
SARS-CoV2 Wuhan	YES	
ALPHA (UK)	YES	
BETA (South Africa)	YES	
GAMMA (Brazil)	YES	
DELTA (India)	YES	
mRNA vaccins Pfizer	**YES**	
mRNA vaccins Moderna	**YES**	
batRaTG13	NO	Prion region totally absent
ScovZC45	YES (shifted)	In the 50 first amino acids
ScovZXC21	YES (shifted)	In the 50 first amino acids

We note that the Prion region does not exist in the Bat RaTG13.
Curiously, the Prion region is also present in ScovZC45 and ScovZXC21 but this Prion region is located within the 50 first Spike amino acids and not in the 500 amino acids area. Why ?

3.32-Analysing the seven first Omicron worldwide patients cases.

We are now studying the very first cases of patients with Omicron, in South Africa, Europe and the USA and Canada in particular. In ALL of these cases, the Prion region has disappeared.

Table 3 – The seven first Omicron worldwide patient strains cases where the Prion region function disappears totally in ALL cases.

Ref	Identification of first Omicron worldwide patient strains	Prion region
SOSA1	**One of the 3 first cases in South Africa**	none
SOSA2	**One of the 3 first cases in South Africa**	none
SOSA3	**One of the 3 first cases in South Africa**	none
SOBEL	**First case in Belgium**	none
SOCAN	**First case in Canada**	none
SOMIN	**Second case in USA and first case in Minesota**	none
SUK	**First case in UK**	none
Results		**None**

3.33-Analysing 8 USA Omicron patients randomly selected from Genbank.

Finally, we study eight cases of patients affected by Omicron and coming from different states in the USA. In ALL of these 8 cases, again, the Prion region has disappeared.

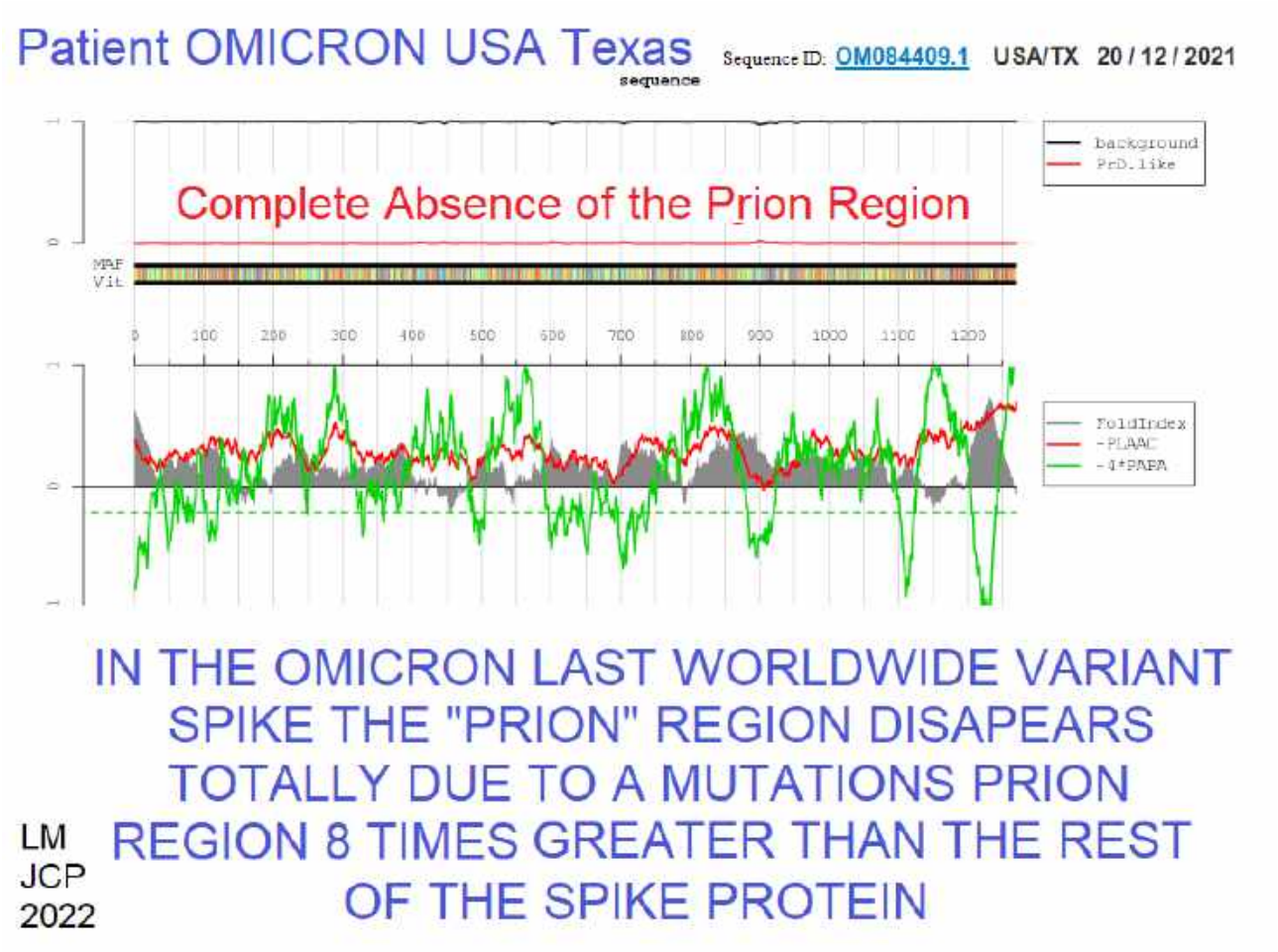


Figure 25 – PLAAC analysis of the Omicron Texas patient strain show that the Prion region disappears totally.

Table 4 – PLAAC analysis of seven Omicron from various USA States patients strains show that the Prion region disappears totally in ALL cases.

Ref	Identification Omicron USA patient strain	Prion region
SUSA1	Sequence ID: OM084744.1 **USA/KY**	none
SUSA2	Sequence ID: OM084702.1 **USA/KY**	none
SUSA3	Sequence ID: OM084601.1 **USA/TN**	none
SUSA4	Sequence ID: OM084601.1 **USA/TN**	none
SUSA5	Sequence ID: OM084538.1 **USA/KY**	none
SUSA6	Sequence ID: OM084529.1 **USA/IN**	none
SUSA7	Sequence ID: OM084430.1 **USA/OH**	none
SUSA8	Sequence ID: OM084409.1 **USA/TX**	none
Results		**None**

3.34 - Meaning of the W or M structures of the Prion Master Code images

We observed that all the Prions had Master Code images patterns in “W” or in “M”, on the one hand, but also, on the other hand, that the Prion regions

detected by PLAAC corresponded to descending parts of these images.
Several years ago we had the idea of imagining a kind of hypothetical gene which would be formed by the sequence of the 64 codons of the universal genetic code. What then would have been his Genomics/Proteomics signature of the Master Code? This is the image in Figure 25 below.
Curiously, we notice that it too has an “M” shape.

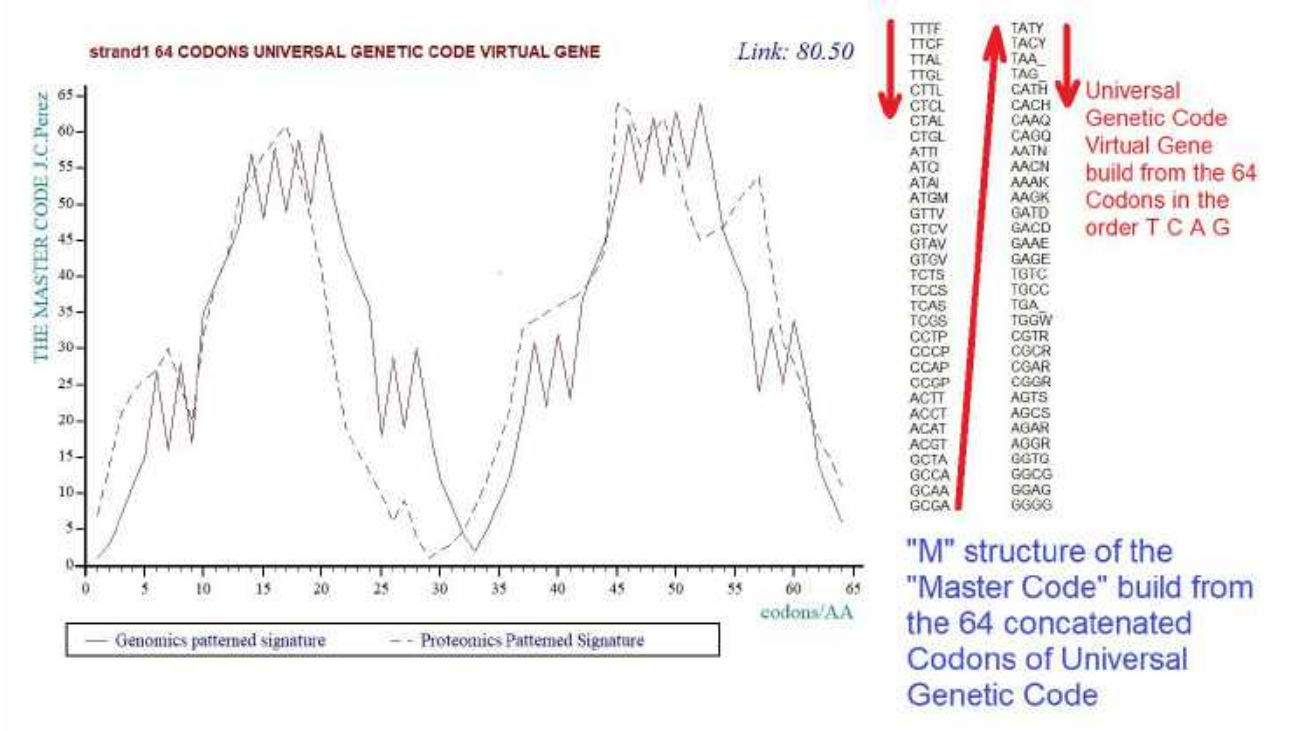
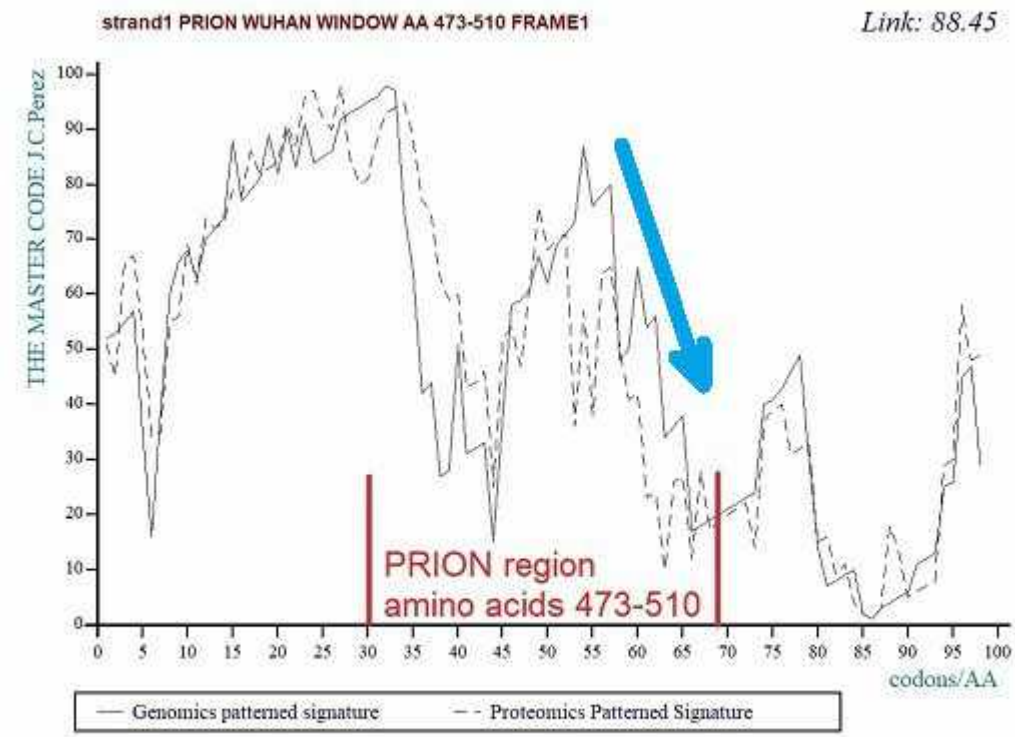
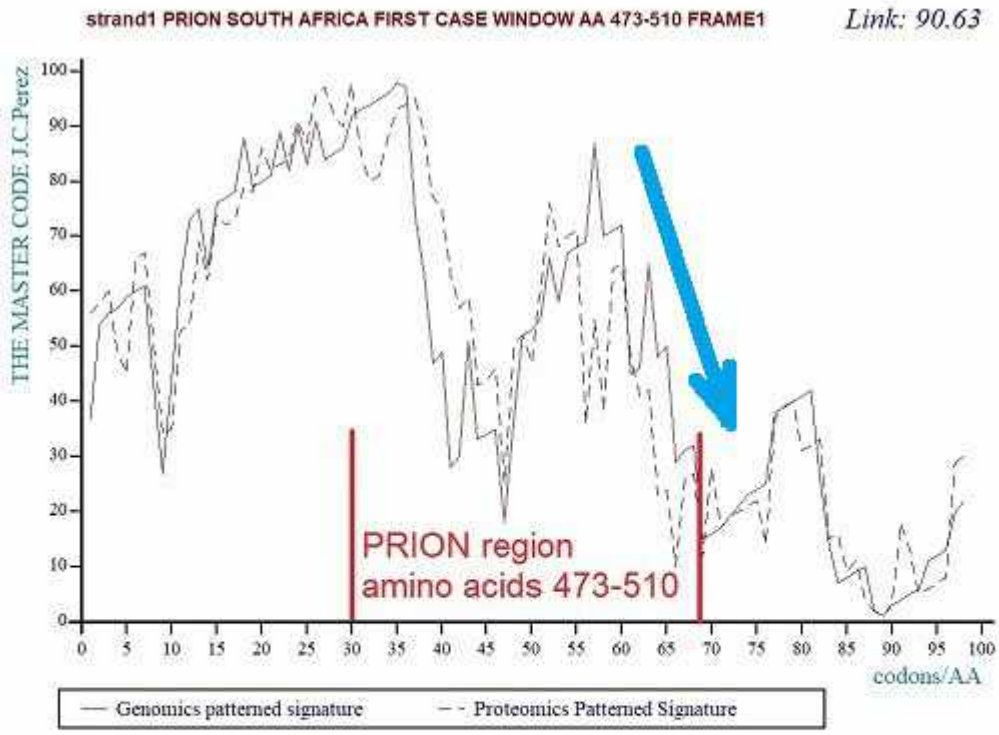


Figure 26 – « M » shape running Master Code on the Universal Genetic Code 64 codons synthetic gene.

In the Table of the Genetic Code (Figure 26 right), the codons are classified according to the regular order TCAG. We also observe (Figure 26 left) that it is the second base of the codon triplets that dictates the meta structure of the Master Code image following the TCAG meta-order. Consequently the 2 descending regions of “M” patterns are the C and G bases.
To come back to the Prions, this therefore means that the Prion regions detected by PLAAC are regions in which the CG richness of the double strand of DNA increases, producing this regular "descending" shape.
Finally, let us note that the mRNA vaccines Pfiser and Moderna were doped with CG bases without modifying the corresponding amino acids (using the vagueness allowed by the Genetic Code). So, although their Prion region remains identical to that of the initial Wuhan Spike strain at the amino acid level, one can think that this CG base doping could amplify the Prion effect of vaccines if some unknown information (energy, dynamics?) is transmitted during the translation of mRNA into amino acids.





No major differences between Wuhan and Omicron "Master code" Prion regions

Figure 27 – Comparing Master code pattern Genomics/Proteomics signatures between both Spike Prion regions in SARS-CoV2 Wuhan and Omicron.

Although the 2 Master code images of the 2 respective Prion regions of SARS-CoV2 Wuhan and Omicron appear very similar, we note however that the transition of this region from Wuhan to Omicron results from the 8 amino acid mutations of this Prion region produced an improvement of more than 2% of the Genomics/Proteomics coupling 88.45% ==> 90.63%.
What we interpret as a better adaptation of the Omicron virus vis-à-vis its human host.

It is interesting to discuss the relevance and consistency of this Prion region highlighting in the spikes of all pre-Omicron variants as well as in the spikes of all COVID-19 vaccines.
The weak point of these results is that they remain qualitative. We lack a quantitative basis for comparison here.
For example, the PLAAC amplitude of this Prion region of SARS-CoV2 remains low compared to the same analysis performed on the human prion PRNP.
Fortunately, what would reinforce our discovery is a kind of proof by inhibition or negation: indeed we demonstrate how and by which mutations this Prion region could disappear... and, indeed, how it disappeared from ALL the Omicron variants analyzed.

This type of proof, then, becomes very strong: *"it's by analogy a bit like using the shadow to prove the existence of light..."*

Alas, the actual cases of Creutzfeldt-Jakob-like illnesses soon after the injections of Covid-19 vaccines that will be presented now will prove that the hypothetical Prion function that we have just detected does indeed exist.

3.35 - A possible path towards understanding the Prion effect.

Let's look at the well-known table of the universal Genetic Code:

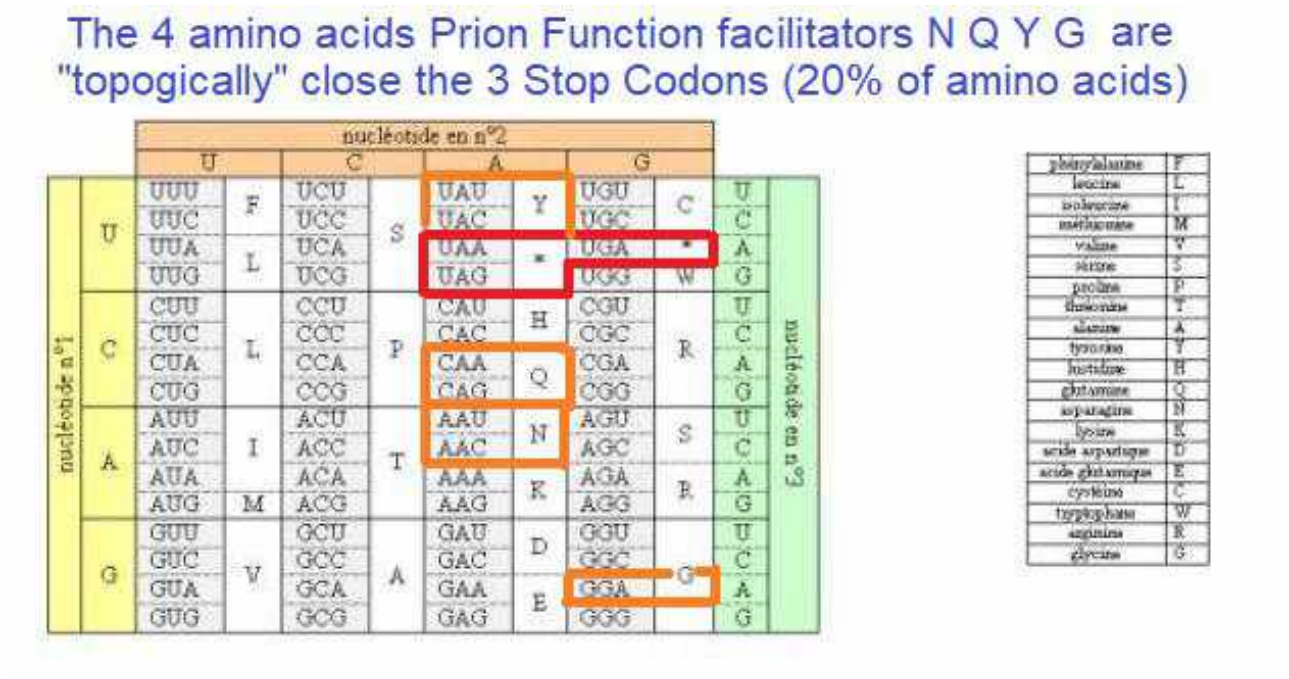


Figure 28 – The Universal Genetic Code T C A G two dimensions Table and the relative locations of NQYG Prion facilitators amino acids relating Stop codons locations.

The idea started from 2 observations from the universal genetic code Table.
On the one hand, during the formation of a protein from mRNA codons, there is a trap to avoid: not to "fall" in an anticipated manner on one of the 3 Stop codons.
On the other hand, if we are interested in NQYG, the 20% of the codons most favorable to the Prion function, we can think that these amino acids could, by their biophysical nature, consist of a weak link in the solidity of a structure in Helix.
We then have the idea of considering the table of the genetic code as the topology of a 2-dimensional 2D object in which the 3 Stop codons would be a kind of "hole" in the vicinity of which the slightest mutation of a nucleotide can pose a problem.
We then have the intuition to locate the 4 amino acids N Q Y G vis-à-vis the "well" formed by the 3 Stop codons.

Table 5 – Analysing amino acids mutations which are located close codons Stops in the universal genetic code table.

N Q Y G the four amino acids increasing Prion function				
Stop	**N**	**Q**	**Y**	**G**
UAA	**A**A**U**	**C**AA	UA**U**	
UAG	**A**A**C**	**C**AG	UA**C**	
Stop				
UGA				**G**GA
Number of mutations by codon	2	1	1	1

Table 5 above shows that these 4 amino acids N Q Y G are "topologically" close to the Stop codons; in 5 of the 7 cases of Stop <==> N Q Y G mutations, a single mutated base would suffice. There is the case for the 3 Prion amino acids Q Y and G.

In conclusion, this thesis deserves to be explored to understand this mechanism of Prions.

3.4- TWENTY SIX (26) cases of patients for whom the Creutzfeldt-Jakob symptoms appeared within a very short time after Pfizer , Moderna or AstraZeneca injections.

In a few weeks, more 50 cases of almost spontaneous emergence of Creutzfeldt-Jakob disease have appeared in France very soon after the injection of the first or second dose of Pfizer, Moderna or AstraZeneka vaccines.

We analyse here twenty six cases fully documented at symptoms evolution timing.
Some of the following results were presented at a Neurology congress in London in March 2022 (Moret-Chalmin et al, 2022).

3.41- Presence of Prion region in both SARS-CoV2 Variants and Vaccines.

In this article, we have just demonstrated that the spikes of ALL variants except Omicron contained a Prion region (Tables 2, 3 and 4).
(Tetz§Tetz; 2022) analyzed the nuances of this Prion region according to all variants of SARS-CoV2 as demonstrated by Figure 29.

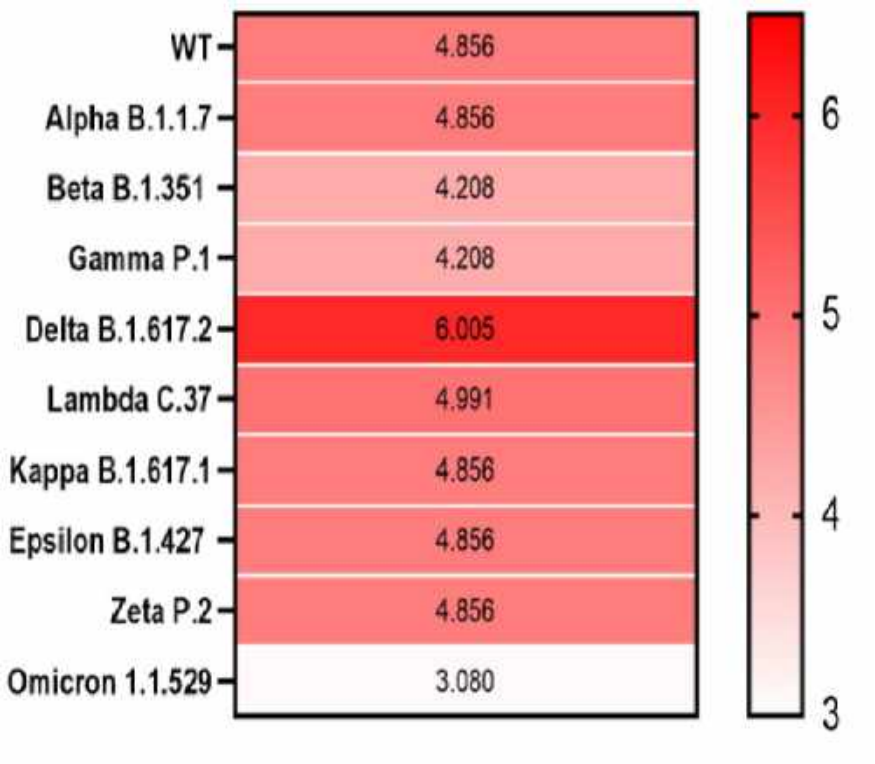


Figure 29 – (copyright Tetz§Tetz, 2022) **Figure 3.** Heatmap showing PrD within the S protein in SARS-CoV-2 variants. The correlation between the LLR scores of the identified PrDs in the S protein across different SARS-CoV-2 variants is presented. Mean LLC scores of S protein are denoted using a color scale, ranging from white (minimum) to saturated red (maximum). Higher LLC scores indicate a higher possibility that the analyzed protein is a prion.

But we have also demonstrated (Figures 22 to 24) that the Spikes of the Pfizer and Moderna mRNA injections also contain this same Prion region. The same is true of ALL the other SARS-CoV2 vaccines since ALL are made from the Spike sequence of SARS-CoV2 from Wuhan, which we have demonstrated contains the Prion region (Table 6).
To our knowledge, the only article that has to date demonstrated the link between COVID-19 vaccination and the almost immediate emergence of Creutzfeldt-Jakob disease was established by (Kuvandik A, 2021) at the end of 2021. It was a 82 years old Turkish patient who received an injection of the Chinese Sinovac vaccine (`CoronaVac, Sinovac Life Sciences, Beijing, China`).

Table 6 – Recall Prion region in various SARS-CoV2 Variants and Vaccines

Identification of main SARS-CoV2 variants	PRION region amino acids 473-510 **detected**	PRION region amino acids 473-510 **not detected**

	by PLAAC	by PLAAC
SARS-CoV2 Wuhan (D614G)	YES	
ALPHA (UK)	YES	
BETA (South Africa)	YES	
GAMMA (Brazil)	YES	
DELTA (India)	YES	
OMICRON (South Africa) 21K and 21L		**YES**
Identification of SARS-CoV2 vaccines	**PRION region amino acids 473-510 detected by PLAAC**	**PRION region amino acids 473-510 not detected by PLAAC**
mRNA vaccine Pfizer	**YES**	
mRNA vaccine Moderna	**YES**	
Astra Zeneka vaccine	**YES**	
Janssen vaccine	**YES**	

3.42- Creutzfeldt-Jakob in France.

Considering the situation of officially declared CJD diseases in France, only 28 cases of vCJD were diagnosed in France between 1992 and 2019. The last known French case of vCJD died in 2019 (reference https://www.santepubliquefrance.fr/maladies-et-traumatismes/maladies-infectieuses-d-origine-alimentaire/maladie-de-creutzfeldt-jakob).

On the other hand, all research in France on Prions has been frozen since mid-2021 following the death of technicians from French public research laboratories.

3.43- The specific first case of the Princeps Doyer.

Female patient, 72-year-old. First clinical signs at week 2 after second shot of Sars-cov2 vaccination : paresthesias of left dorsal foot, vertigo, feeling of « foggy head », fatigue, depression, left hyperalgesic sciatic. Vestibular MRI reveals ancient white matter infarct lesions. After being hospitalized in CHR de Beauvais for 5 days where blood puncture happens to stop pouring normally , back home, new clinical signs occur : gait disturbances, hyperesthesia of right leg with nocturnal burning pain. Violent myoclonus appear. Rapid neurological decline is observed. The American Hospital in Paris concludes to CJD: Lumbar puncture, biomarkers, Protein 14-3-3, EEG, diffusion-weighed MRI and Flair, Petscan, all positive with very high sensitivity and specificity. At Week 10 : akinetic mutism, bedridden, hypersomnia. From then, Hospitalization at home (HAD) with : anxiety attacks, agitation, myoclonus, parenteral nutrition, intermittent respiratory distresses under Midazolam for treatment of status epilepticus. Our observation indicates that the extended survival period among this prion disease is likely due to the management procedure implemented in this family which is continued after this patient reaches the akinetic mutism state (Iwasaki Y, 2015).

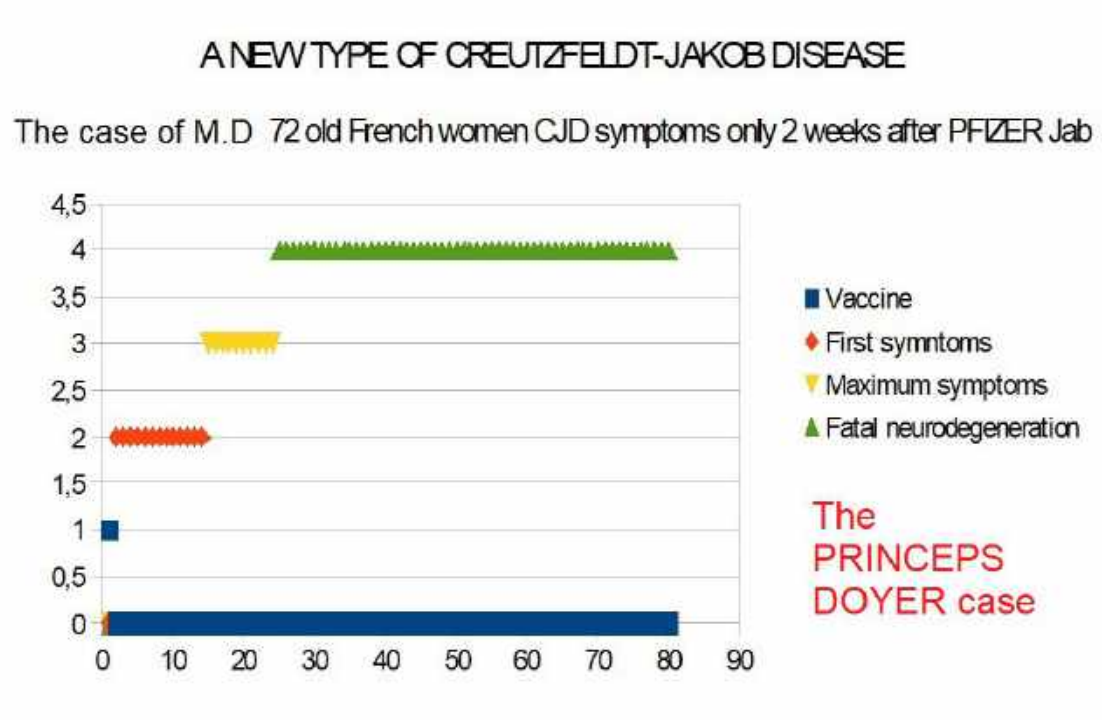


Figure 30 – The case 4 or PRINCEPS DOYER: M.D., a 72 old French woman with the fitrst CJD symptops only 14 days after PFIZER jab.

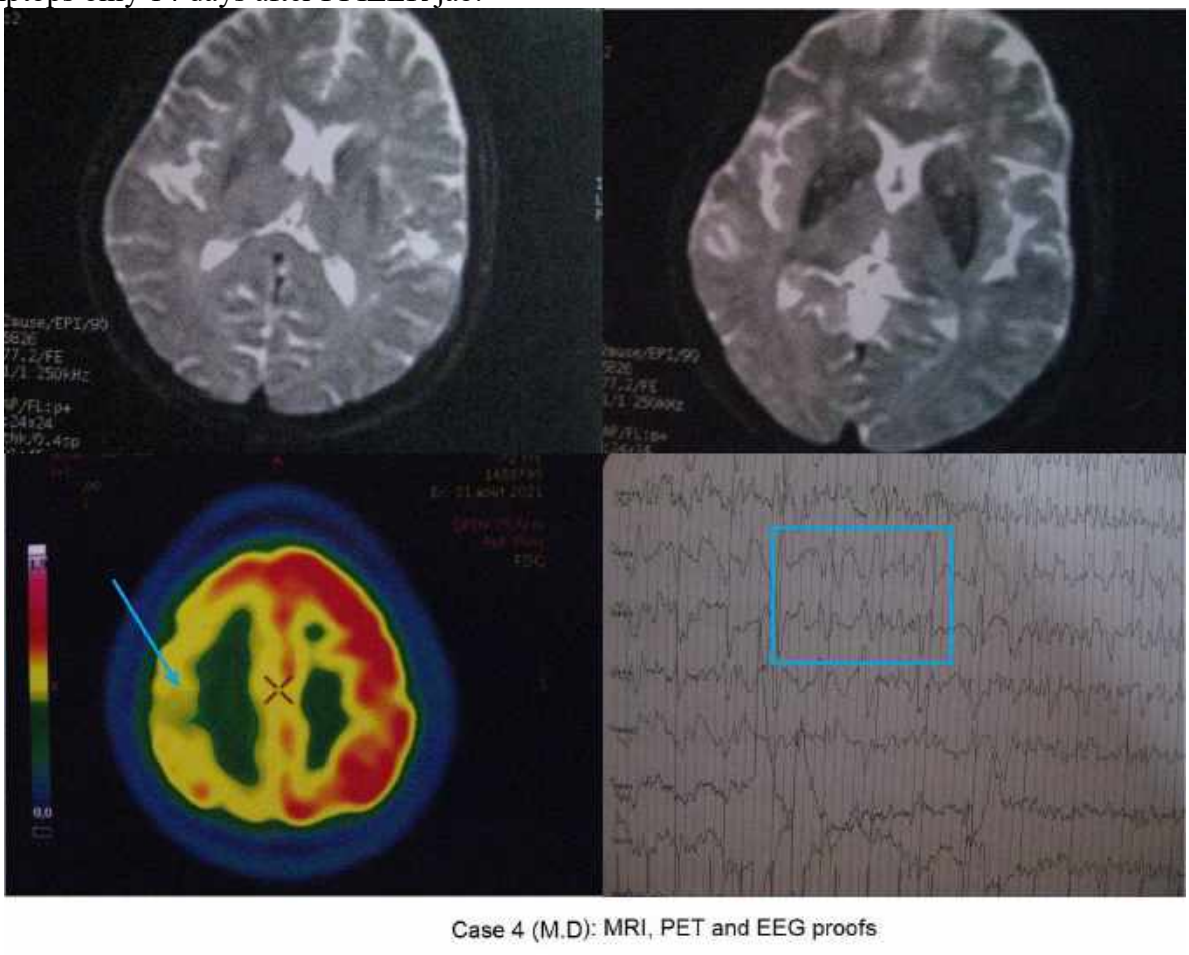


Figure 31 – The case of M.D.: MRI, PET and EEG (D. M) -Brain MRI (Diffusion Weighted Imaging) and (Fluid-Attenuated Inversion Recovery : FLAIR) and (T2) : abnormalities of

parietal lobes predominantly on the left side and of cingulate gyrus. -FDG-PET : hypometabolism of right hemisphere predominantly in the right frontal and parietal lobes. -EEG : 6Hz background activity and 6 seconds of 1Hz triphasic periodic spikes in the right hemisphere.

The blue rectangle in the EEG is a typical proof of CREUTZFELDT-JAKOB disease

(6 seconds of 1 Hertz triphasic periodic spikes).

3.44- Detailed analysis of 26 CJD ases emerging a few days after the COVID-19 Jab.

In (Lemstra AW, 2000) "**14-3-3 testing in diagnosing Creutzfeldt-Jakob disease: a prospective study in 112 patients",** a robust method for diagnosing Creutzfeld-Jakob disease is described:

Sensitivity and specificity of biomarkers : The protein 14-3-3 is highly sensitive (97%) and specific (87%) marker for CJD when used in the highly typical semeiological setting and exploration. The combination of increased T-tau levels and increased T-tau to P-tau ratios in patients with CJD has also a very high specificity in the routine clinic. The recently developed RT-QuIC test allows for highly sensitive and specific detection of CJD in human cerebrospinal fluid and is moreover a key diagnostic tool. although, it may miss 11 to 23% of CJD cases.

We used such proven methods to diagnose and authenticate the 26 cases of CJD described below.

Table 7 – Analysing 26 COVID-19 Jabs Creutzfeldt-Jakob patients cases.

case reference	Country	Age	Sex	Vaccine type and dose	Vaccine date	First symptoms	Creutzfeldt-Jakob diagnostic	Maximum symptoms	Death
Case 1	France Montpellier CHU	72	M	Pfizer 2nd	20 April 2021	30 April 2021 (+10)	20 May 2021 (+31)	20 May 2021 (+31)	6 July 2021 (+76)
Case 2	France Bordeaux Pellegrin CHU	52	M	Pfizer 2nd	28 May 2021	5 June 2021 (+7)	28 July 2021 (+30)	28 July 2021 (+30)	16 September 2021 (+78)
Case 3	France Rothschild Foundation	48	F	Pfizer 2nd	25 August 2021	26 August 2021 (+1)	8 October 2021 (+43)	9 October 2021 (+44)	13 November 2021 (+78)

Case 4	**France American Hospital (Princeps DOYER)**	**72**	**F**	**Pfizer 2nd**	**5 May 2021**	**19 May 2021 (+14)**	**5 July 2021 (+61)**	**5 July 2021 (+61)**	
Case 5	France Tours CHU	73	M	Pfizer 2nd	30 April 2021	10 May 2021 (+10)	7 June 2021 (+37)	7 June 2021 (+37)	23 June 2021 (+56)
Case 6	France Nantes CHU	75	M	Pfizer 2nd	18 March 2021	26 March 2021 (+8)	18 April 2021 (+30)	8 April 2021 (+20)	26 May 2021 (+68)
Case 7	France Lille CHU (KJ16)	60	M	Pfizer 3rd	31 August 2021	15September 2021 (+15)	25 November 2021 (+85)	15 October 2021 (+45)	23 December 2021 (+113)
Case 8	Israel Jerusalem	62	M	Pfizer 2nd	22 May 2021	7 June 2021 (+15)	19 June 2021 (+27)	19 June 2021 (+27)	10 August 2021 (+78)
Case 9	France Chambery Hospital (KJ17)	50	F	Pfizer 1st	10 June 2021	11 June 2021 (+1)	6 December 2021 (+146)	1 September 2021(+80)	17 December 2021 (+187)
Case 10	Belgium Charleroi CHU	69	M	Pfizer 1st	8 April 2021	9 April 2021 (+1)	12 May 2021 (+34)	12 Mai 2021 (+34)	14 June 2021 (+66)
Case 11	Switzerland Lugano	67	F	Moderna 2nd	22 May 2021	7 June 2021 (+15)	1 December 2021 (+188)	18 June 2021 (+26)	14 December 2021 (+202)
Case 12	France Amiens CHU	70	F	Pfizer 3rd	18 November 2021	3 December 2021 (+15)	11 January 2022 (+53)	2 January 2022 (+42)	
Case 13	France Cherbourg CHU	77	F	Astra Zeneka 2rd	End July 2021	End August 2021 (+30)	October 2021 (+60)	1 October 2021 (+60)	25 November 2021 (+115)
Case 14	France Ivry Centre Francilien	62	M	Pfizer 1st	6 july 2021	11 july 2021 (+5)	10 december 2021 (+154)	Presently (>+180)	
Case 15	**France Salpetriere Hospital CJD15 DOYER bis**	**72**	**F**	**Pfizer 1st**	**7 June 2021**	**22 June 2021 (+15)**	**20 August 2021 (+73)**	**11 November 2021 (+154)**	**12 February 2022 (palliative care) (+245)**
Case 16	FranceCahors KJ10	72	M	Pfizer 2nd	31 May 2021	15 June 2021 (+15)	8 October 2021 (+128)	8 October 2021 (+128)	30 December 2021 (+210)
Case 17	France Toulouse CHU Patient 1 4 22	38	F	Pfizer 2nd	20 July 2021 then in 11 December 2021 COVID19	J0 : 10 January 2022 (+15 after end COVID)	8 March 2022 (+87)	25 March (+75)	

					(Delta)				
Case 18	France Strasbourg CHU Patient 2 4 22	68	F	Pfizer 2nd	15 May 2021	30 May 2015 (+15)	1 December 2021 (+195)	1 August 2021 (+45)	
Case 19	France Clermont Ferrand CHU Patient 4 4 22	75	M	Pfizer 2nd	17 April 2021	4 may 2021 (+17)	5 December 2021 (+225)	15 September 2021 (+145)	15 December 2021 (+235)
Case 20	France Caen CHU Patient 12 4 22	64	F	Pfizer 2nd (+ Moderna 3rd 27 Decembe r 2021)	21 June 2021	&(à28 June 2021 (+7)		21 August 2021 (+60)	
Case 21	France Chateaurou x CHU Patient 15 4 22	64	F	Astra Zeneca 2nd	28 May 2021	15 June 2021 (+17)	7 December 2021 (+189)	20 November 2021 (+172)	28 December 2021 (+210)
Case 22	Bordeaux Robert Picqué	75	H	AstraZen eka	11 June 2021	11 July 2021(+30)	16 December 2021 (+185)	11 November 2021 (+150)	17 December 2021 (+186)
Case 23	Chateaurou x saint antoine	F	78	Pfizer 2nd	1 march 2021	3 March (+2)	15 November 2021 (+255)	1 July 2021 (°120)	8 December 2021 (+276)
Case 24	USA (case reported after reading our Preprint) (Folds A et al., 2021) Cheryl Cohen case (Redshaw M., 2022)	F	64	Pfizer 2nd	25 April 2021	6 May 2021 (+11)	12 July 2021 (+77)	19 June 2021 (+54)	22 July 2021 (+87)
Case 25	USA (case reported after reading our Preprint) Carol Beauchine case (Redshaw M., 2022)	F	70	Moderna 2nd	17 March 2021	18 March 2021 (+1)	15 July 2021 (+118)	15 July 2021 (+120)	2 August 2021 (+142) VAERS ID. 2180699
Case 26	USA Jennifer Deason Sprague case (Redshaw M., 2022)	F	60	Pfizer 2nd	21 September 2021	25 September 2021 (+4)	23 January 2022 (+122)	24 December 2021 (+93)	21 February 2022 (+150)

Following the first publication of our article, similar cases were reported to us from the USA. We treated 3 of them at the end of Table 7 but according to VAERS, another 20 cases have been recorded: According to the latest data from VAERS, between December 14, 2020, and April 1, 2022, there were 19 reported deaths due to CJD attributed to COVID vaccines. The majority of cases occurred in the 65 to 75 age range and involved a sudden onset of symptoms.

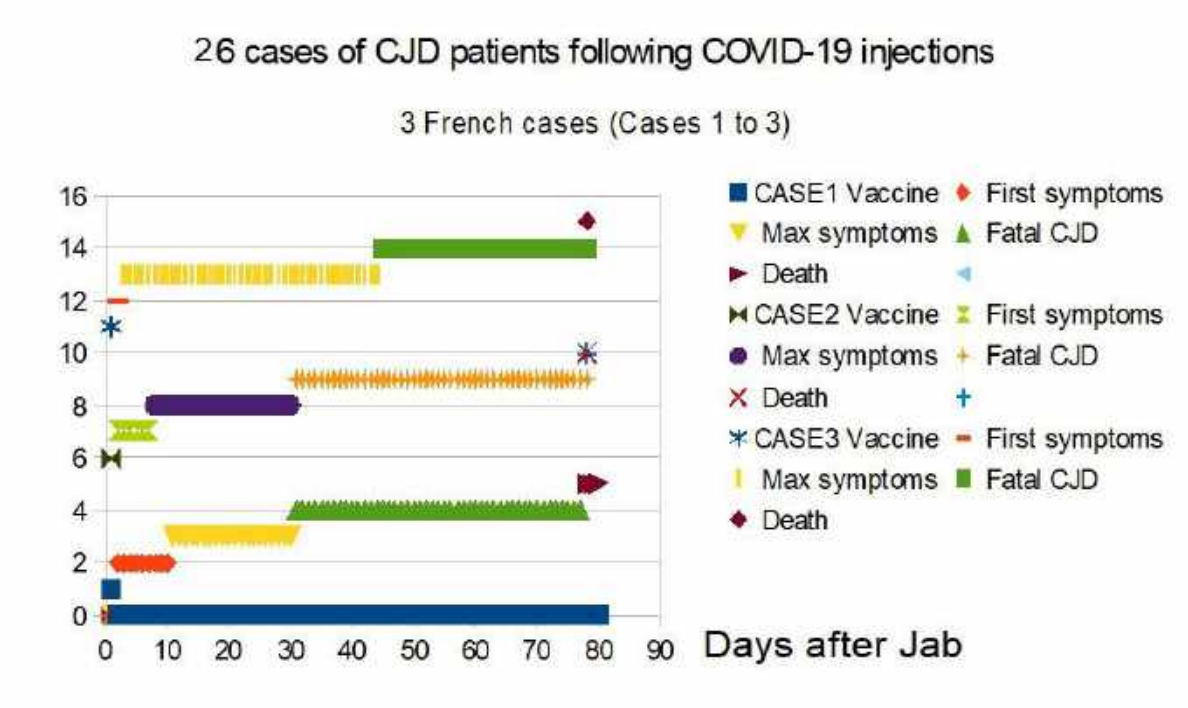


Figure 32 – summary of the CASES 1 to 3

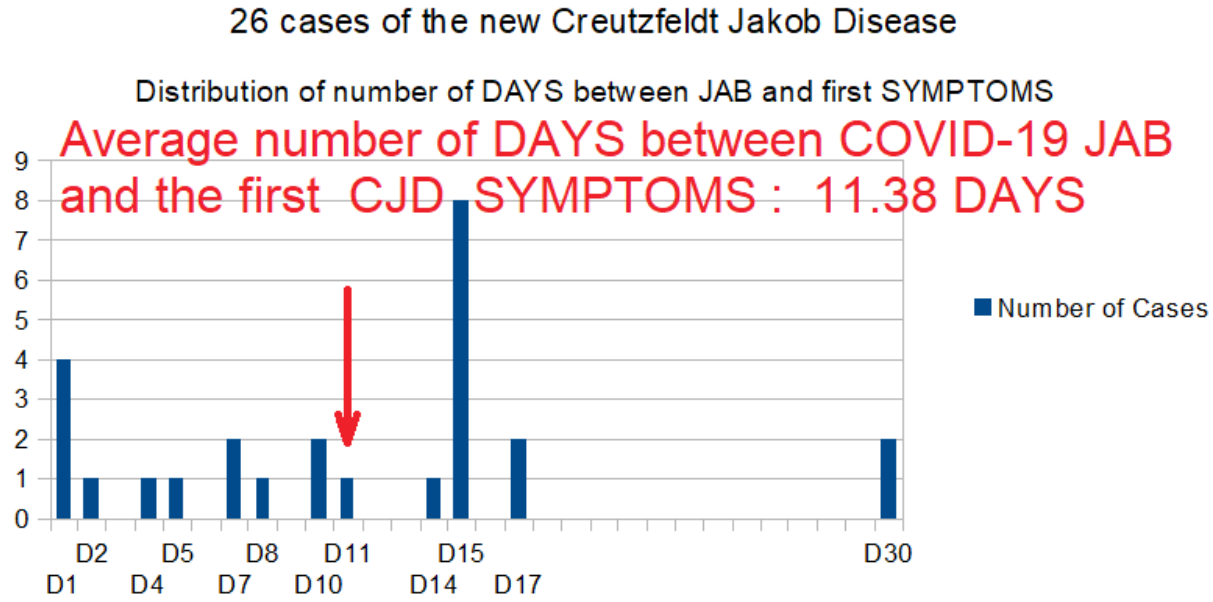


Figure 33– The distribution of numbers of days between SARS-CoV2 Jab and first CJD Symptoms.

The average delay between the COVID-19 Jab date and the first symptoms date is only of 11.38 days (average ot the 26 reported cases).
It is interesting to observe that the 3 cases with the longest delays of first symptoms (30, 30 and 17 days) are cases of the Astrazeneka DNA vaccine, while all the other cases - which are all mRNA vaccines - are at 15 days at the latest. Could this mean that the mRNA vaccines Phizer and Moderna lead to CJD forms faster than DNA vaccines?

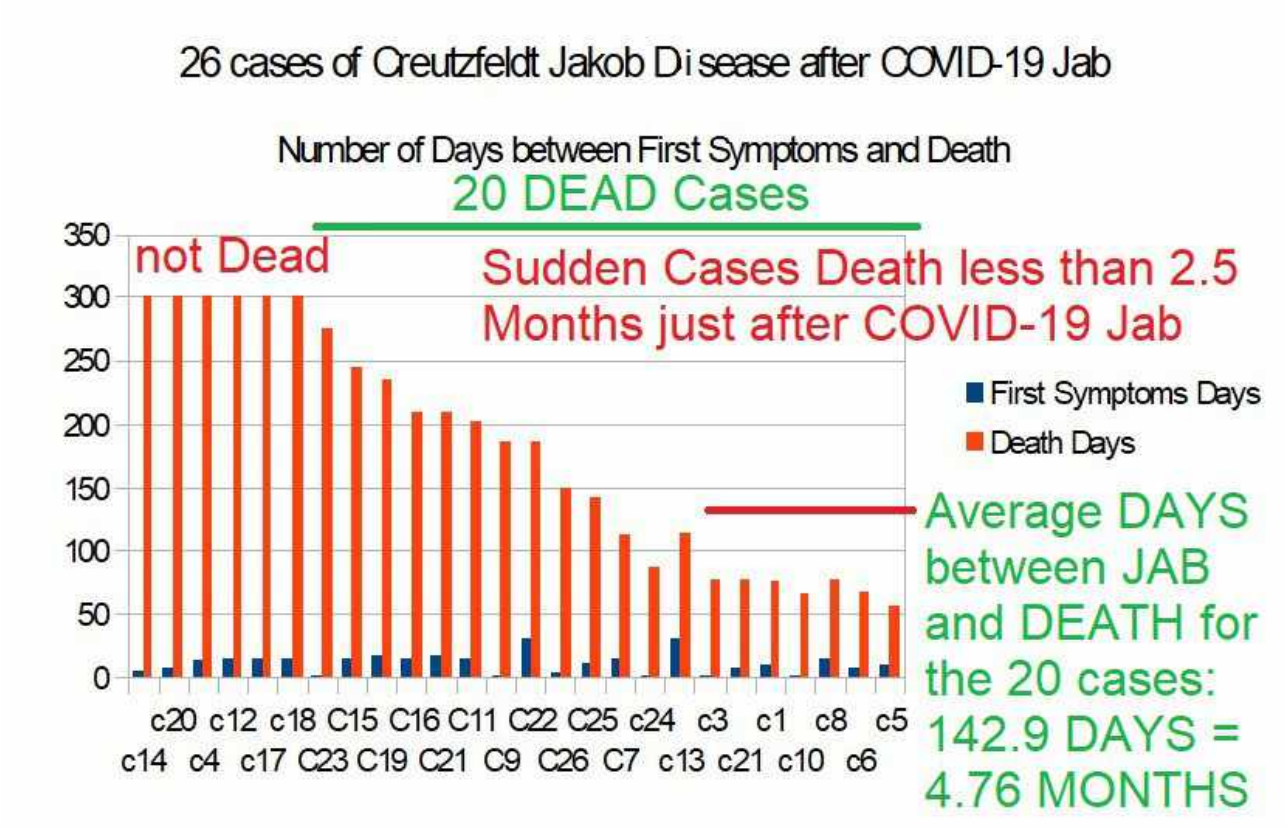


Figure 34 – The distribution of numbers of days between SARS-CoV2 Jab and first CJD Symptoms.

To summarize, of the 26 cases analyzed, the first symptoms of CJD appeared on average 11.38 days after the injection of the COVID-19 "vaccine". Of these 26 cases, 20 had died at the time of writing this article while 6 were still alive. The 20 deaths occurred only 4.76 months after the injection. Among them, 8 of them lead to a sudden death (2.5 months). All this confirms the radically different nature of this new form of CJD, whereas the classic form requires several decades.
What is the diversity of these symptoms?

Table 8 – Analysing 16 detailled symptoms cases COVID-19 vaccines Creutzfeldt-Jakob patients cases.

Case and VACCINE references	First symptoms	Maximum symptoms	Death
Case1 (N°1)	30 April 2021 (+10 days) Onset of clinical signs: shortly after. - blinking and dysmorphopsia.	20 May 2021 (+31 days) Bilateral contracture of the hands (dystonia) and violent clonia of the	6 July 2021 (+76 days)

Pfizer 2nd 20 April 2021	-Missing the word. The patient begins to search for his words. Aphasia.	hemicorps upright, sitting erect and motionless (pathognomonics of CJD). Fatigue+++	
Case2 (N°2) Pfizer 2nd 28 May 2021	5 June 2021 (+7 days) -intense headaches resistant to treatment without a history of migraine. -Dizziness. - Myoclonus from the beginning in June. -walking disorder, inebriation.	28 July 2021 (+30 days) -language disorders: lack of words and dysarthria. -Intense clones of the left upper limb (extension in September in contralateral). -Memory disorders with progressive forgetfulness.	16 September 2021 (+78 days)
Case3 (N°3) Pfizer 2nd 25 August 2021	26 August 2021 (+1 days) Onset of clinical signs: immediately. - Headaches. - trouble concentrating. - Tired. - Balance disorders.	9 October 2021 (+44 days) The week following the injection. - Formication-like paresthesias of the right upper limb, from the hand to the shoulder. - Incoherent remarks. Language disorders with mutism, bradyphemia, dysarthria. - Motor disorders of rapid onset with balance disorders. - Tremor or clones. - epilepsy. - Inner ear impairment in ENT suspected. Dizziness.	13 November 2021 (+78 days)
Case4 (N°4) Pfizer 2nd 5 May 2021	**Princeps DOYER, 19 May 2021 (+14 days) paresthesias of left dorsal foot, vertigo, feeling of « foggy head », fatigue, depression, left hyperalgesic sciatic.**	**5 July 2021 (+61 days) akinetic mutism, bedridden, hypersomnia.**	
Case5 (N°5) Pfizer 2nd 30 April 2021	10 May 2021 (+10 days) - Cutaneous erythrosis. (red face) - Disorders of balance when walking with swerves. May 13, Hallucinations and delusional convictions.	7 June 2021 (+37 days) -Aphasia and muteness suddenly appeared. - Complete aphasia. - Bedridden. - “Trembling” or clones.	23 June 2021 (+56 days)
Case6 (N°6) Pfizer 2nd 18 March 2021	26 March 2021 (+8 days) - some memory disorders. - Balance disorders. - language disorders with “removal of inhibition”	8 April 2021 (+20 days) Logorrhea with behavioral disturbances. 24 hours later, spatial disorientation. Can't find his way again to return to his place. Police intervention. Amnesia of the event from the the following day. Iterative phone calls. Memory disorders with anterograde amnesia.	26 May 2021 (+68 days)
Case7 (KJ16) Pfizer 3rd 31 August	15 September 2021 (+15 days) left arm paresthesia, tingling	15 October 2021 (+45 days) Left HLH, (Lateral hemianopsia,Left namesake) with amputation of the left visual field forcing him to head spin. He saw confusion and a persistent impression of movement of the	23 December 2021 (+113 days)

2021		objects seen. Possible palinopsia. Also in September, the patient presented with mild language disorders. He wasn't finishing his sentences and he had to concentrate to finish them.	
Case8 (N°7) Pfizer 2nd 22 May 2021	7 June 2021 (+15 days) A few days later, arrived in France, onset of clinical signs: -Leg pain. -Dysarthria with bradyphemia (slowing of the flow) when it is French-speaking. -Mood disorders: anxiety-depressive syndrome and irritability.	19 June 2021 (+27 days) - Language disorder+++ increasing increase. - Tired. - Persistent lower limb pain. - Generalized akinesia. - Progressive logopenia (impoverishment of language) up to mutism. - Ideational apraxia (can no longer use objects to eat). - Gait disturbances with spastic stiffness. - Pain+++ - Clonies++ - Dysphagia requiring the placement of a feeding tube.	10 August 2021 (+78)
Case9 (KJ17) Pfizer 1st 10 June 2021	11 June 2021 (+1 days) At night (12 hours later), following the injection: total insomnia. She complains about not having slept a wink all night. Insomnia persists for the following days. Persistent neck pain to the point of going to see your osteopath several times with pain in the left arm (Upper limb having received the injection).	1 September 2021(+80 days) At work, behavioral problems with uncontrollable irritability. In September her collaborator noticed that when she was on the phone she can no longer give his first and last name as well as the name of their company that is an insurance agency. So miss the word to work on words considered automatic. So slight language disorders followed during his vacation in Corsica, end September, a spectacular loss of balance in the water testifying to a slight balance disorder that sets in.	17 December 2021 (+187 days)
Case 10 (N°8) Pfizer 1st 8 April 2021	9 April 2021 (+1 days) The day after the vaccination, he does not feel well. He says he feels all funny. He complains about his eyes. - Presence of diffuse bruises (bruises on the chest) - Decreased vision+++ - Appearance of hypertension for the first time. (max 200- 210) - Behavioral disorder with excitement and feverishness. - Confusion with temporo-spatial disorientation. - Impaired working memory. He cannot perform two tasks at the same time.	12 Mai 2021 (+34 days) Day 5 after the injection, onset of aphasia. Missing the word. - Aphasia with lack of words and anterograde memory impairment. D34, a little over 4 weeks after the injection, he receives an infusion corticosteroid and triggers a violent acute psychotic episode with hallucinations and delirium. Extreme commotion. - Sudden aphasia afterwards.	14 June 2021 (+66 days)
Case 11 (N°9)	7 June 2021 (+15 days) Onset of clinical signs: - Fatigue only.	18 June 2021 (+26 days) Temporo-spatial disorientation. In October, language disorders set	14 December 2021

Moderna 2nd 22 May 2021	2 weeks after vaccination, onset of psychotic attacks. His troubles culminated on June 18 with an attempt at autolysis.	in: bradyphemia, logopenia and pallalia (echoing repetition of the same syllable). Then silence with comprehension disorders. Behavioral disorders with smiling depression.	(+202 days)
Case 12 (patient12) Pfizer 3rd 18 November 2021	3 December 2021 (+15 days) 15 days after the third dose, in the morning, his wife gets up crying. She tells him that her eyesight has dropped sharply. She no longer saw her husband as before. She saw him big: “Weird thing, how come? » ; In fact, he is not obese and has not changed in size. Dysmorphopsia. Not of hallucinations. Tears. So impression of a sudden drop in visual acuity.	2 January 2022 (+42 days) Strong fatigue. She no longer tastes like anything. Total disinterest. Depression. Stop reading the press; she followed the numbers and letters on her Tablet. She interrupts this activity. She stops watching TV in the afternoon. She no longer has a taste for cooking when she was a good cook and this, from one day to the next, brutally. Behaviour change brutal. No sleep disturbance. His condition continues to deteriorate a little more each day: problems for dress alone. Dressing apraxia. In the bathroom, in the morning, she could no longer put on his braces. Dysexecutive syndrome: she no longer knows how to cook. She has no appetite. Anorexia.	
Case 13 (Patient13) Astra Zeneka 2nd End July 2021	End August 2021 (+30 days) Beginning of clinical signs: Change in behavior at the end of August 2021 after one month. Disorders of behavior: at the end of August, this grandmother no longer had patience with her grandson and verbally aggressive towards him. For example, "she had been playing the Seven Families game for a long time as a family but at that moment, she no longer knows the rules of the game”. She was happy before but at the end of August, receiving his children and grandchildren: Mood disorders. Memory disorders. Behavioral disorders; becomes a "mean grandmother". At this time, no walking disorder but language disorders: Missing the word +++. Difficulties in making sentences: "I'm at home" for example. Agrammatism.	1 October 2021 (+60 days) Around September 15. The morning of the date she cry. She says, "I know they're going to keep me because I'm losing my mind." Since this weekend in Etretat, she has been doing a lot of mischief in the house. Through example, she sets fire to the dead leaves and the next day she says: "I think that someone set fire to our plants at home...” paranoid delirium. She has significant memory problems. Anterograde amnesia. The attending physician runs memory tests and many errors hence the sending to the emergency room of the Cherbourg Hospital in neurology then. State of panic of the patient. She followed her husband everywhere and held him by the hand. She was looking for him everywhere. She is lost. For example, she bakes an apple pie with her husband who is called on the phone. During this interlude, she interrupts her activity and stare at an apple.	25 November 2021 (+115 days)

Case 14 (Patient14) Pfizer 1st 6 july 2021	11 july 2021 (+5 days) Beginning of clinical signs: No headache, no dizziness. Insidious onset +++: the patient showed small cognitive signs affecting the memory. He forgot the names of objects or people. First names could be forgotten. He could perform contractions of 2 almost synonymous words by borrowing the initial syllable of one and the final syllable of the other to lead to a neologism. Example: “River and river could result in river”. Lack of words: he was looking for his words. Mood decline: Depression. Repeated falls appear on the motor plan and increase in frequency spontaneously when walking and crossing obstacles. Then a persistent cough occurs which leads him to consult 2 to 3 times his general practitioner or rather his replacement. The diagnosis made is that of chronic bronchitis. The patient expresses his unhappiness: "I feel that things are not going well". According to his wife, “it was not as usual”. Anxieties arise: he could no longer go to bed without the presence of his wife and followed her wherever she went. Behavioral problems as a result.	Presently (>+180 days) Since then, Hospitalization at home (HAD) with passage of nurses. It continues to decline. Currently "locked up in his body" as in a "sarcophagus". Akinetic mutism. He says yes or no with his eyes from time to time. He still feeds on the small spoon and drinks with a straw. There is no bronchial congestion. Beginning dysphagia. Fixed cervical dystonia in lateralized anterocollis preventing saliva from stagnate. Fixed contracture of the sterno-cleido-mastoid. Awakening disorders: following erysipelas at the injection site and changing topography in the stomach, prolonged waking disorders.	
Case 15 (CJD15) Pfizer 1st 7 June 2021	22 June 2021 (+15 days) decreased visual acuity. Loss of abnormal visual acuity.	11 November 2021 (+154 days) Tremors, clones. Balance disorders and spontaneous falls. There are no swerves. After a long period of sitting position, when she gets up, her balance is disturbed. She drags the feet.	12 February 2022 (palliative care) (+245 days)
Case 16 (KJ10) Pfizer 2nd 31 May 2021	15 June 2021 (+15 days) From June 15 change of mood with hyperactivity and euphoria "moria" as if the patient had taken two glasses of wine, when he was not drinking no alcohol at all; He also said that “it had boosted him”. So mood swings. Dysthymia.	8 October 2021 (+128 days) From October 8, he has difficulty speaking and walking. Disorders of walking and language take hold. In mid-October, he cannot return from pétanque two km from his home with a spatial disorientation.	30 December 2021 (+210 days)
Case 17 Pfizer 2nd 20 July 2021	Covid19 in December 2021: The husband returned urgently from the United States on December 10 to take care of his wife and her three-and-a-half-year-old child. The Covid19 test is positive on December 11. After analysis, December 12 2021, the Delta variant is confirmed. High intensity Covid19. The patient is lying down for 4 days. D4 bedridden. On D5, appearance of a cough. D11: there is loss of taste and smell after 1 week. There is then during recovery,	D38: brain MRI on February 17. This time, we detect central hyper signals (HS) not seen previously on February 11. She therefore entered the neurology department of the Clinique des Cèdres. CT angiography of the polygon of Willis is normal. Cerebral arteriography is normal: the hypothesis of the aneurysm and we speak of a probable image of an arterial loop. But multiple hyper signals from the basal ganglia, caudate nuclei on both sides,	

	a change in palatability, a change in taste. She has little fever. Extreme tiredness. Duration of the acute episode, a good week. But she does not recover. She stays on Christmas Eve in bed so at D15. Duration about 2 weeks. “Burn out” suspected at this time. Her daughter declared Covid19 but not serious, minor nasopharyngitis. D0: The first symptom occurs on January 10, 2022, i.e. 2 weeks after the end of the previous acute episode. In the morning, on waking, loss of balance. Feeling of drunkenness. Fear of heights. She couldn't find her balance. D7: January 17, 2022: visual disturbances, i.e. the following week. Difficult focus.	and lenticular nuclei as well as thalami. Reached right temporal and parietal cortex. Diffusion HS appear restricted to ADC mapping, becoming more visible compared to the previous MRI and visible in FLAIR. Conclusion: NGC and cortical abnormalities evoking first intent prion encephalopathy. February 17, EEG is not typical of Creutzfeldt Jakob. The results of the PL to be given to the family are expected 1 month later on March 21st. So dosage of the 14-3-3 protein; expected only a month later. D48: So the family contacts Pr Pariente in Toulouse at the CHU who will take care of the patient on Sunday, February 27, 2022 while on call. She is kept in the hospital for 2 days to retake an EEG which is not still not typical, biological explorations and lumbar puncture. The Tau protein returns to the ceiling (above 36000). Protein 14-3-3 is not significant. Differential diagnoses are made and assays return to normal. D52: March 8, 2022, the diagnosis falls: At 99/% it is a disease by Creutzfeldt-Jakob Jacob.	
Case 18 Pfizer 2nd 15 May 2021	15 days later: onset of clinical signs. She was alone at home and no longer knew where she was at home. Fall on his terrace. Her family finds her on the ground and brings her back to her couch, disoriented. Yet the same morning on the phone, his daughter does not notice anything abnormal. Inconsistency in words. For example, she always knew her social security number by heart and she can't remember anymore. She wanted to call her brother on the phone while that was not the solution. She considers her adult son who then helps her as a little boy.	In early December, the diagnosis falls: Creutzfeldt Jakob disease. The patient cannot stand up. She is in a chair. The lower limbs are affected first. She remains hospitalized until mid-December. She is sent home to Hospitalization at Home. HAD. Progressive worsening of neurological signs. Currently, silence. He does not recognize anyone. The gaze is empty. Unmotivated smiles. For 4 days, swallowing disorders, dysphagia. Footprint bronchial. Probable recent false route. No clone. No epilepsy. Inconstant parkinsonian type tremors. Frights with panics+++. So chronic clinical form lasting 10 months. Upon death, autopsy scheduled in advance.	
Case 19 Pfizer 2nd 17 April 2021	First clinical signs: D17: Complains recurrently of cold feet from 4 May 2021. He repeats it several times on the phone to his brother. D28: he obtains a Doppler of the lower limbs on May 11, 2021. He complains by telephone of balance disorders with repeated falls. They happen at his house when he is alone and he complains to his family. Dizziness+++	In a convalescent home, he told his brother, "he's going to get out of there and take his jaguar waiting for him in the parking lot and go home” when he has resold a long time ago and that he did not arrive there with his car. So confabulation or delirium. No trouble recognizing loved ones until the end except the 8 last days of his life. No prosopagnosia. Following November 23, 2021, he no longer moves, he no longer speaks, he followed only eyes. Eye tracking retained. Akinetic mutism. The first clinical signs occur at 3 weeks. Paucisymptomatic phase of 3 months. The course of the peracute phase of this type of CJD therefore occurs from September 15 to December 15 (death) i.e. 3 months. The diagnosis is made after a little more than 2 and a half months of this hyperacute phase.	15 December 2021 (+235)

		So it is the clinical form of a little more than 7 months in total with episode of dazzling deterioration in the last 3 months and death in akinetic mutism.	
Case 20 Pfizer 2nd 21 June 2021	D7: a few days to a week later, symptoms gradually crescents of negation-like head tremor and resting arms and in action. Accentuation of essential tremor. At this moment there begins a lack of the word and disorders of the concentration. Behavior disorder with irritability.	link first established at First injection: D2 loco-regional reaction of the left upper limb. Second injection: D7 with first missing word. Third injection: D7 re hospitalization in emergency by the firefighters. Very large fluctuation of neurological clinical pictures with worsening clear and progressive clinical signs. Oxygen therapy and intensive care and not going to palliative care therefore no active euthanasia. Absence of delivery of the prolonged diagnosis. Request for medical file++++ in progress by the family. Note an aggravation of pre-existing neurological signs: tremor essential. No real clone. File that cannot be processed due to the absence of issuance of authenticated diagnosis and non-transfer of records. Note that the Mauricette protocol was followed: Immunoglobulin Corticosteroid therapy. There remains the Montagnier protocol to be proposed jointly or successively after the resuscitation episode.	
Case 21 Astrazeneca 2nd 28 May 2021	First symptoms: behavioral problems. Psychic troubles basically. Mid-June the patient no longer takes care of her personal affairs whereas before she was active and motivated. Apathy. Beginning of July: the patient no longer answers the phone. She is in Haute Savoie where she usually deals with rentals. She ceased her activities that she was enterprising. Fatigue+++ Disinterest. Later this disinterest turns into depression. Abulia.	The medical team does not deny the link to the vaccine like the other two cases they have received previously. Remark : Form with psychiatric onset occurring around 15 days, following the Astrazeneca vaccination, with symptoms mainly psychiatric, before the first clinical sign occurs neurological which is made up of clones, at the end of October. Continued: next page. I have the hospitalization report of January 6, 2022. MRI highlights diffusion and FLAIR hypersignals, particularly at the level of the caudate and cortical nuclei in bi-frontal. EEG: triphasic elements (characteristic). Clinic: sd extra pyramidal and cerebellar with tonic-clonic movements. PL: severe degenerative process. Severe evolution with signs of decortication, dumbness and myoclonus. CONCLUSION clin and paraclinical evokes a CJD. On 7/12/21: Result 14-3-3 positive. Outside of CJD the 14-3-3 protein can accumulate in the CSF and can rise in the CSF in the following situations which should be discussed. - infectious encephalitis. - Recent ischemic stroke - neoplasia and paraneoplasia. - State of evil. Western blot revelation by chemiluminescence (Ac pan14-3-3) Santa Cruz biotechnology If detected in the CSF, the 14-3-3 protein is in favor of CJD in the context of a dementia syndrome of rapid evolution (sensitivity 90%- specificity	28 December 2021 (+210)

		98%) Molecular study of the prion protein gene (PRNP) Absence of the mutation in exon 2 of PRNP (entire sequence coding) The genotype of codon 129 is: 129 methionine/methionine. (Analysis by Dhplc after enzymatic amplification) Technical DNA extraction: OIAsymphony OIAGEN), DNA assayed and stored. CONCLUSION : Absence of element supporting the diagnosis of genetic form of CJD (or related syndrome: fatal familial insomnia, sd GSS-15% of cases) These results do not make it possible to exclude a sporadic or acquired form of CJD.	
Case 22 Astrazeneka 11 June 2021	Vascular dementia but diagnosis also ruled out. Following the two vaccines, the third is scheduled for the end of November around the 13th or 14th November but enters the Hospital the day before: November 11: arrives at the emergency room for urinary tract infection and blood in the urine. He is discharged with a urinary catheter, badly tolerated, which he pulls out with bleeding. SAMU in the middle of the night brings him back to the hospital. Several visits to the Hospital, once with the SAMU and twice with the firefighters. Comprehension problems of the patient.	Neurology Department, Robert Picqué Military Training Hospital in Bordeaux: The day before his death, the neurologist announced to the family that it was a Creutzfeld Jakob's disease. Autopsy refused by the wife who feels guilty. As well as refusal of the file proposed by the medical team. Suggested file collection process.	
Case 23 Pfizer 2nd 1 March 2021	Within 48 hours; heart problem with emergency hospitalization. SAMU intervention. Spring of the Hospital, Coronary angiography with injection in the same arm as that having received the Pfizer vaccine. Then sees the cardiologist. End of July 2021: repeated falls for no apparent reason. An ENT and ophthalmological assessment are carried out without conclusive results. Falls increase in frequency. She doesn't go out anymore. His conversations on the telephone become laborious (“change at phone "). She has trouble walking. Her son came to see her every day.	At the beginning of November 2021, taken by her son to Saint Antoine Hospital, in car (800km). EEG, MRI, PL after one week. The diagnosis falls in the second half of November: disease of Creutzfeld Jakob. Repatriated to the Hospital of Chateauroux in palliative care. Smiling silence. She is repatriated on Monday and dies the following Wednesday. Death on December 8, 2021. No autopsy. No declaration to pharmacovigilance. No genetic research of descent.	8 December 2021 (+276)
Case 24 Pfizer 2nd 25 April 2021	USA (case reported after reading our Preprint) (Folds A et al., 2021) https://t.co/2WCYpAEmsA Cheryl Cohen case (Redshaw M., 2022) https://childrenshealthdefense.org/defender/cheryl-cohen-dies-rare-brain-disease-second-dose-pfizer-covid-shot/		22 July 2021 (+87)
Case 25 Moderna 2nd 17 March 2021	USA (case reported after reading our Preprint) Carol Beauchine case (Redshaw M., 2022) https://childrenshealthdefense.org/defender/exclusive-son-describes-mothers-death-moderna-shot/		2 August 2021 (+142) VAERS ID. 2180699
Case 26 Pfizer 2nd 21 September 2021	USA Jennifer Deason Sprague case (Redshaw M., 2022) https://childrenshealthdefense.org/defender/exclusive-interview-woman-dies-rare-brain-disorder-after-pfizer-shot/		21 February 2022 (+150)

IV- CONCLUSIONS

Etiopathogenic hypothesis remains mysterious and deserves far more further investigations. We only discuss a new type of Creutzfeld Jakob because of the acute onset and the fatal very rapid issue as well as the immediate triggering effect of mRNA based immunotherapy. Increase in frequency of CJD or spongiform encephalopathy or prion diseases is still to confirm, worldwide. The first results, in France, Belgium, Switzerland and Israel suggest high increase.
To summarize, we will retain 3 major results of this study:
-First, we demonstrate the existence of a Prion region in all the Spikes of the original SARS-CoV2 strain from Wuhan, of all the variants and of all the "vaccines" since they were all constructed from this original spike from Wuhan.
-Second, we demonstrate that this Prion region has totally disappeared in the latest Omicron variant. This can be explained by the philogenic tree of the SARS-CoV2 viruses, of which the Omicron is the result of one of the very first branches, then it would have evolved quietly in sleep in South Africa, to finally emerge in November 2021. in a form that was to become dominant.
-Finally, and this is the third remarkable result, if the presence of this Prion region in all COVID-19 vaccines constituted "a necessary but not sufficient reason" for the emergence of a possible Prion disease, we bring here the formal evidence of this new form of CJD soon after injection.

To conclude, of the 26 cases analyzed, the first symptoms of CJD appeared on average 11.38 days after the injection of the COVID-19 "vaccine". Of these 26 cases, 20 had died at the time of writing this article while 6 were still alive. The 20 deaths occurred only 4.76 months after the injection. Among them, 8 of them lead to a sudden death (2.5 months). All this confirms the radically different nature of this new form of CJD, whereas the classic form requires several decades.

V- ACKNOWLEDGEMENTS

We mainly thank Mr. **Marc Doyer** (President of the CJD France Asssociation) who, in addition to assuming the dramatic CJD disease of his wife, Mauricette, **(The specific first case of the Princeps Doyer)**, had, in a few months, via his Association VERITY CJD, the energy and the tenacity to collect more than 40 cases of CJD including the 16 cases reported here.

We also thank the professor **Richard M Fleming**, (PhD, MD, JDPhysicist-NuclearCardiologist-Attorney, https://www.amazon.fr/COVID-19-Bioweapon-Scientific-Forensic-investigation/dp/1510770194)which from 2020 suggested a link between the Spike protein and Prion diseases.

Our thanks also to Professor emeritus **Amos D Korczyn** (CONy President Department of Neurology Tel Aviv University, https://cony.comtecmed.com/korzcyn/) who encouraged us in this draft article.

Finally, we would like to thank Dr **Stephanie Seneff** (MIT Artificial Intelligence Lab. https://worldcouncilforhealth.org/multimedia/stephanie-seneff-covid-vaccines-disease/) who reported the Prenceps Doyer as a worldwide reference case of the possible link between Covid19 vaccines and CJD.

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