

## **The State of CT and Yale assaulted Czech children with a vaccine that they knew would do them no good, as there is none of the B31 version of OspA (LYMERix) in Europe.**

They simply assaulted these children to see how severe would be the adverse events.

J Infect Dis. 1994 Feb;169(2):313-8.

### ***Antibody responses to the three genomic groups of Borrelia burgdorferi in European Lyme borreliosis.***

Dressler F1, Ackermann R, Steere AC.

”The antibody responses to the three genomic groups of *Borrelia burgdorferi* (*B. burgdorferi sensu stricto*, *Borrelia garinii*, and *Borrelia afzelii*) were determined in 97 German patients with various manifestations of Lyme borreliosis. The geometric mean antibody titers in each patient group, determined by ELISA, were similar with each antigen preparation. By Western blotting, however, patients with meningopolyneuritis tended to respond to more spirochetal polypeptides of *B. garinii*, the group 2 strain, whereas those with arthritis recognized more antigens of *B. afzelii*, the group 3 strain ( $P < .03$ ), as did those with acrodermatitis. **Only 1 patient each with erythema migrans, arthritis, or acrodermatitis had weak reactivity with outer surface protein A (OspA), and none responded to OspB.** It is concluded that differences among the three groups of *B. burgdorferi* may result in variations in the antibody response in European Lyme borreliosis.

<http://www.ncbi.nlm.nih.gov/pubmed/8106763>

J Pediatr. 1999 Nov;135(5):575-9.

### ***Immunogenicity of a recombinant Borrelia burgdorferi outer surface protein A vaccine against Lyme disease in children.***

Feder HM Jr1, Beran J, Van Hoecke C, Abraham B, De Clercq N, Buscarino C, Parenti DL.

”A recombinant lipoprotein vaccine against Lyme disease, containing 30 microg of *Borrelia burgdorferi* outer surface protein A (OspA) with aluminum adjuvant, has been shown in a large US field trial of subjects  $\geq 15$  years of age to offer 76% efficacy against clinical Lyme disease after 3 injections given at 0, 1, and 12 months. Lyme disease is also an important problem in children; thus, OspA vaccine trials in children are needed. The purpose of this study was to investigate the safety and immunogenicity of 2 different doses of lipoprotein OspA with aluminum adjuvant vaccine in healthy children 5 to 15 years of age in a double-blind, randomized study. In a double-blind study, 250 children from the Czech Republic were randomly assigned to receive 15 microg or 30 microg of OspA vaccine at 0, 1, and 2 months. Serum samples, obtained before vaccination and 1 month after the second and third doses, were analyzed for antiOspA antibody. Solicited and unsolicited symptoms were collected from diary cards. Local pain at the injection site was reported by approximately 76% of the 250 children. Headaches (after 5% to 18% of the injections) and malaise (after 2% to 16% of the injections) were the most frequently reported general symptoms. Local and generalized symptoms were not different between the 15 microg and 30 microg groups, and all symptoms resolved within 4 days. Both doses were highly immunogenic, with the 30 microg dose eliciting higher antibody levels. Seroconversion occurred in 99% of the 250 children. The OspA vaccine against Lyme disease was well tolerated and highly immunogenic in children.”

<https://www.ncbi.nlm.nih.gov/pubmed/10547245>

This was not even a vaccine as previously demonstrated in the other charge sheets. There is none of the LYMERix kind of B31 strain of *Borrelia* in Europe. So, this experiment was simply “assault.”