

Hepatitis Outbreak of Unknown Cause Among Children: A Direct Result of AstraZeneca's COVID "Vaccine" According to Virologist Dr. Ann-Cathrin Engwall

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A respected virologist-immunologist has written [a letter](#) to the esteemed British Medical Journal (BMJ) explaining that a new outbreak of "acute hepatitis of unknown origin in children" is a direct result of AstraZeneca's viral vector Wuhan coronavirus (COVID-19) "vaccine."

Millions of children in the United Kingdom were injected with the poison, which an [earlier study](#) published in the *Journal of Hepatology* confirmed is causing many of them to develop severe liver damage – in some cases requiring an urgent liver transplant.

Dr. Ann-Cathrin Engwall said that adenovirus infections, which are present in 70 percent of affected children, could be the cause of acute hepatitis in children observed – even though adenovirus infections do not normally cause hepatitis in healthy children.

This strange phenomenon, she said, could point to "a completely new type of adenovirus that might have been introduced into the human population."

"A substantial proportion of the population in the U.K. has received Vaxzevria which is an adenovirus vector vaccine from AstraZeneca developed by the Jenner Institute in Oxford," Dr. Engwall wrote in her letter, citing research on the subject.

"The chimpanzee viral vector was selected due to the low herd immunity in the human population and originates from an adenovirus purified from the feces of chimpanzee cubs."

Mad Franken-scientists think they are gods, and children are paying the price

The vector itself is genetically engineered, she went on to explain, noting that it cannot multiply on its own. This allows “genes of interest” to be added, which in the case of Vaxzevria is supposedly the DNA sequence expressing the spike protein from the original SARS-CoV-2.

“Could the adenovirus vector vaccine have contributed to a new recombinant virus?” Dr. Engwall asked.

“Even if the virus vector does not multiply, there is an obvious risk exposing such a large number of individuals that recombination with an adenovirus could occur.”

It turns out that a survival mechanism for adenoviruses known as multiplicity reactivation (MR) was discovered back in 1971 by Japanese researchers, who observed that damaged adenovirus genomes can interact with other adenoviruses in a cell to form a new viable viral genome.

“The mechanism is described as an early variant of a reproductive (sexual) process that can occur in microorganisms,” Dr. Engwall explained. “A proportion of the population, especially individuals with a compromised immune system, is carrying latent adenoviruses.”

“In Sweden, approximately 20 percent of adults and 50 percent of kindergarten children are carriers. This safety issue of viral-vector delivery systems was often discussed in the beginning of the development of these medical tools.”

The mass introduction of adenovirus vector vaccines on the heels of the *plandemic* represents a first in human history. Thus, the risk for recombination with adenoviruses is massively increased – which explains the sudden and seemingly out-of-nowhere appearance of hepatitis in fully-injected children.

The really sad thing is that if these viral vector injections are in fact the cause of acute hepatitis in children, then the symptoms they are experiencing now “could just be the tip of the iceberg,” Dr. Engwall warned.

“The virus may have spread to other countries from the U.K., but it is also possible that adenovirus recombinations may have occurred independently elsewhere in the world where adenovirus vector vaccines also have been used,” she added in her letter.

“Development of a new more pathogenic adenovirus could be caused by using adenovirus vector vaccines in large populations, and it is consistent with the facts available. To investigate this important safety issue of viral vector vaccines, sequencing of entire adenovirus genomes from cases and comparisons with the vaccine viral vector is necessary to verify or dismiss this hypothesis.”

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