

(添付資料)

mRNA ワクチン接種者由来の血液製剤に関する懸案事項

SARS-CoV-2 の病態発生のメカニズムの解明が進んだ結果 [1, 2]、SARS-CoV-2 のスパイクタンパク質が生体内で赤血球や血小板の凝集反応を引き起こし [3, 4, 5, 6, 7]、微小血栓を形成することが明らかになりました (図 1) [8, 9]。

SARS-CoV-2 感染症に対抗する手段として世界規模で遺伝子ワクチン接種事業が進められましたが、この遺伝子ワクチンによって体内で産生されたスパイクタンパク質においても、血栓症による心臓血管系障害、神経系を含む全臓器・器官系にわたる多種多様な疾患が発生していることが世界各国から報告されています [10-17]。またシュドウリジン化された mRNA (以下、修飾 mRNA) を内包した脂質ナノ粒子 (LNP) は投与部位から血流に乗って全身に伝播し、肝臓、脾臓、卵巣、精巣や骨髄など、特定の臓器に蓄積しやすく [18, 19]、さらに LNP を取り込んだ細胞からは修飾 mRNA 分子や合成されたスパイクタンパク質が細胞外小胞であるエクソソームとして放出され、全身に循環輸送されて各臓器に到達することが指摘されています (図 2) [20-23]。加えて遺伝子ワクチン由来の修飾遺伝子やタンパク質は、接種者の血中に長期間 (数週間～数カ月)、存在することが認められています [24-28]。

最近の研究では、スパイクタンパク質がアミロイド形成能を有すること [29-33]、神経毒性を持つこと [34, 35, 36]、血液脳関門を通過しうること [37, 38, 39] も報告されています [18, 40]。このことから、スパイクタンパク質そのものを非生物性病原物として扱う必要性があります。

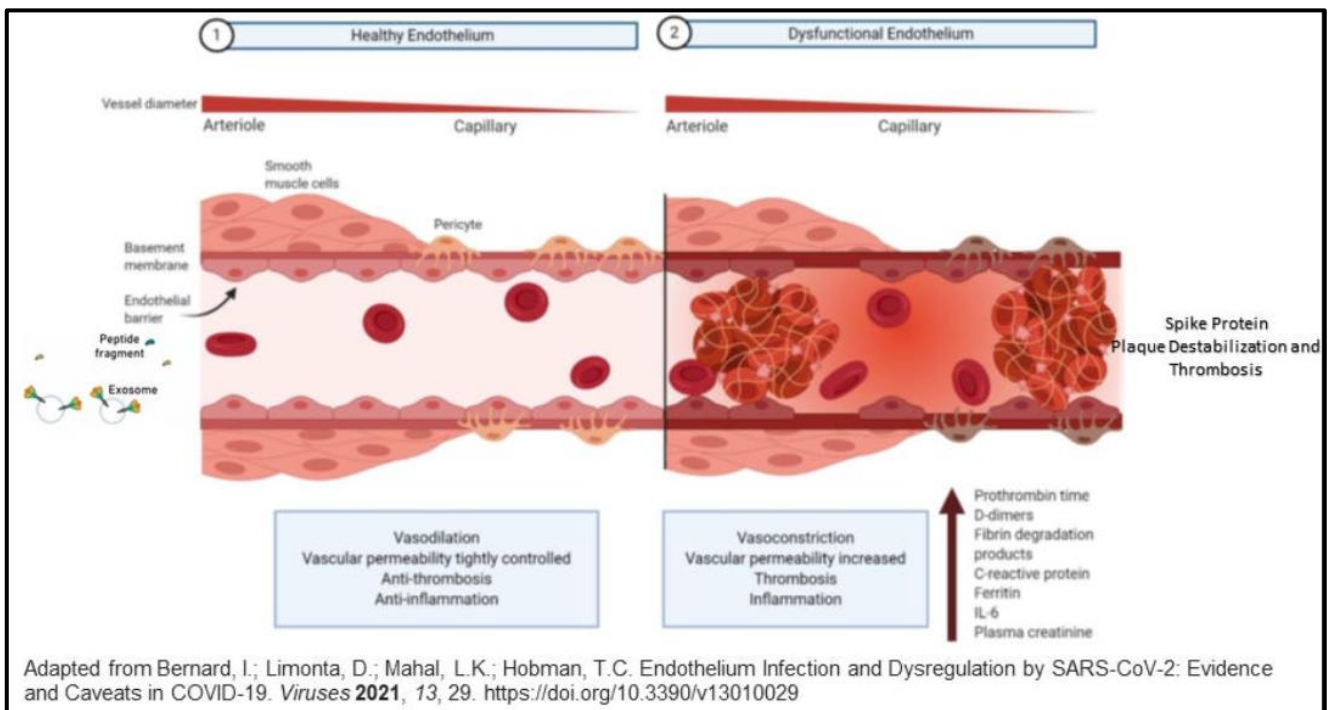


図 1. スパイクタンパク質の血栓形成の予想されるメカニズム。

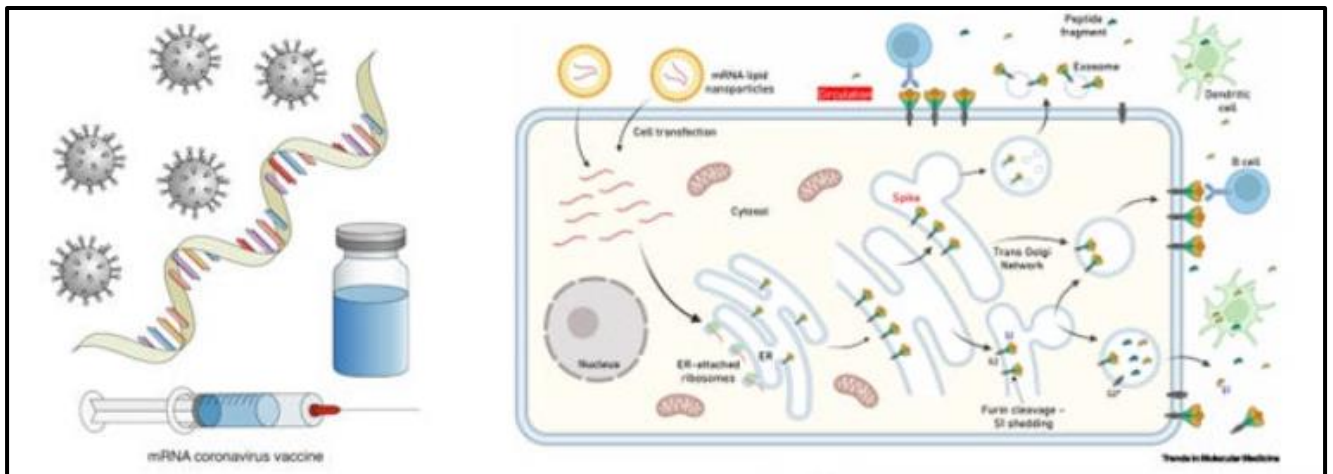


図 2. 修飾 mRNA を取り込んだ細胞が、スパイクタンパク質を産生して、エクソソームとして細胞外に放出するメカニズム。

全国有志医師の会が特に警戒しているのは、スパイクタンパク質分子中の受容体結合ドメインである RBD (receptor-binding domain) に、プリオン様アミノ酸配列が存在することです。既に遺伝子ワクチン接種後にクロイツフェルト・ヤコブ病を発症した方々が各国で報告され、我々が把握しているだけでも少なくとも 19 名の方々が、我が国において遺伝子ワクチン接種後にクロイツフェルト・ヤコブ病 (vCJD) を発症して亡くなられています [30, 41-47]。異常プリオンはウイルスや細菌などと異なり、放射線照射などによっては不活化できません。このことから、血液製剤中にスパイクタンパク質に起因したプリオン様タンパク質凝集物やアミロイド凝集物が存在する場合には、受血者がプリオン病等を発症するリスクが伴います。

遺伝子ワクチン接種後に採取された血液由来の血液製剤を受血者に輸血した場合には、製剤中のスパイクタンパク質を介して上記の様々な不具合が受血者に生じるリスクを、現時点で否定することができません。したがって、血液を介した感染事故が起きる危険性を回避するためにも、リスクを特定し、それらを除く必要があります [48-51]。

日本赤十字社では、遺伝子ワクチン接種者は接種後から据え置き期間 (deferral period) を設けており、mRNA ワクチンを接種した者は 48 時間、アストラゼネカ社の DNA 型ワクチンを接種した者は 6 週間としています [52]、その判断となるデータや根拠は明示されていません。

2024 年 3 月時点では、修飾 mRNA やスパイクタンパク質の体内分解速度が不明なため、過去の汚染血液製剤による薬害エイズ事件ならびに牛海綿状脳症 (BSE) と vCJD 問題と同様に、遺伝子ワクチン接種者由来の血液製剤の使用は極めて慎重に行う必要があります [53-61]。また、遺伝子ワクチンの未接種者であっても、Long-COVID に罹患した場合は、体内にスパイクタンパク質が残存している可能性が否定できないため、Long-COVID 罹患の有無も公式記録として聴取や保管が望まれます [32, 62, 63]。

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