



Official Government data suggests the Fully Vaccinated are suffering Antibody-Dependent Enhancement; and the newly published Pfizer Documents prove Pfizer & the FDA knew it would happen

Description

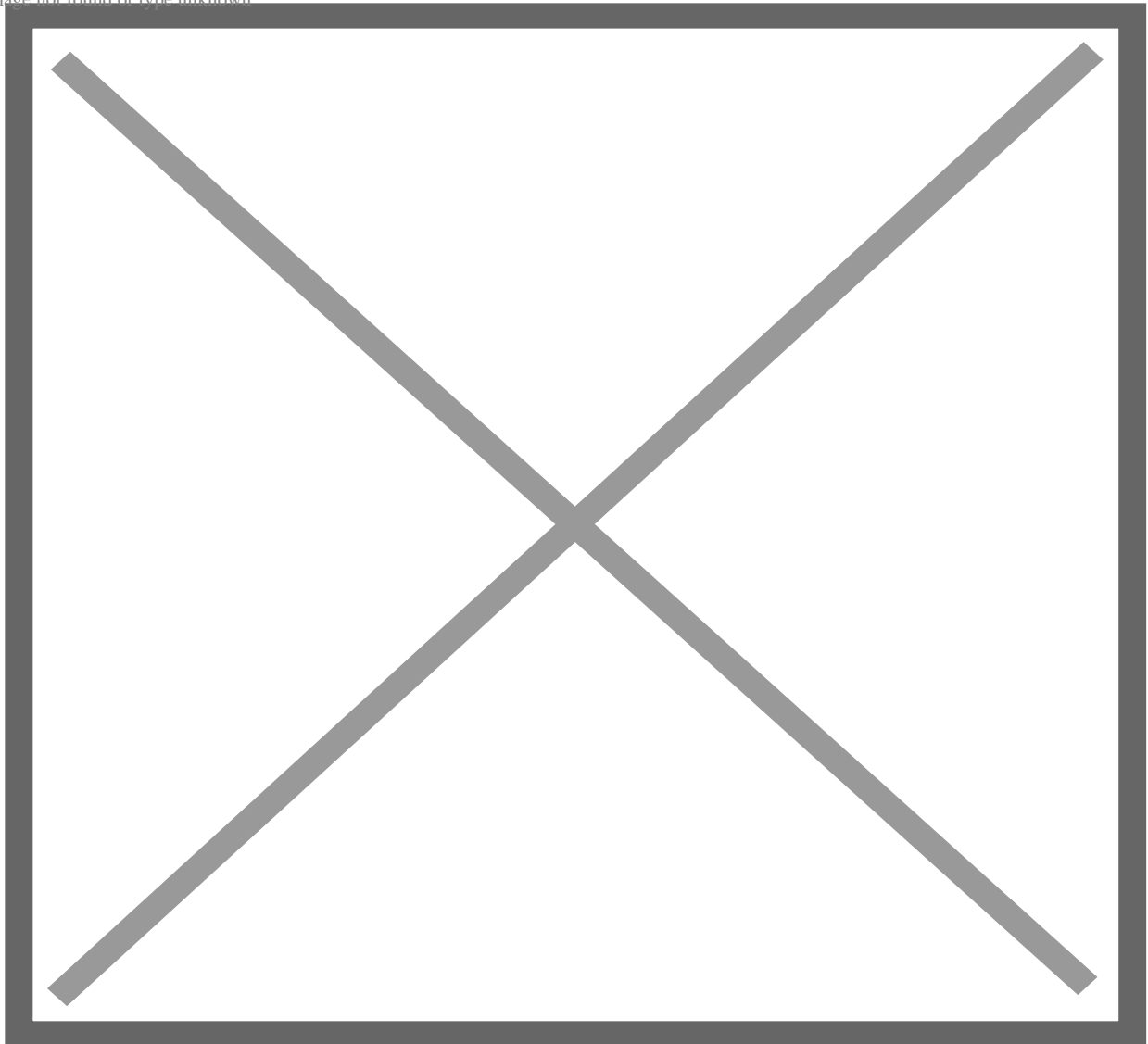
An investigation of official Government data has uncovered that fully vaccinated individuals are up to 3 times more likely to be infected with Covid-19, 2 times more likely to be hospitalised with Covid-19, and 3 times more likely to die of Covid-19 than unvaccinated individuals.

The question is, why?

One possibility is that as feared, the vaccinated are suffering Vaccine-Associated Enhanced Disease leading to conditions such as antibody-dependent enhancement, and cytokine storm. In effect, this means the Covid-19 injections cause a vaccinated person's immune system to go into overdrive when they come into contact with the virus, causing harm to the person and worsening disease.

But it turns out this possibility could actually be reality. Because the latest round of confidential Pfizer documents published 1st April 22, confirm that both Pfizer and the FDA knew Vaccine-Associated Enhanced Disease was a possible consequence of the mRNA Covid-19 injections, and they received evidence of it occurring, including several deaths, but swept it under the carpet and claimed "no new safety issues have been raised".

Image not found or type unknown



You will most likely now know many vaccinated people who have still gone on to be infected with the Covid-19 virus. And you have most likely heard many of them say something along the lines of –

“Thank God I had my jabs otherwise this would have killed me”.

Or maybe something like –

“If I am this bad after having two jabs, then I dread to think how you’ll be if you catch it, because you’re unvaccinated aren’t you?”.

You’ll have probably noticed that a lot of vaccinated people who have gone on to catch Covid-19 have actually been bed ridden, and unable to even perform the most basic duties; such as working from home.

But if you're one of the lucky ones who has remained unvaccinated and caught Covid-19, you're probably left wondering what all the fuss is actually about. Because you most likely found it was no worse than a mild dose of the common cold.

So why is it that you, who has remained unvaccinated, felt absolutely fine when you were exposed to the alleged Covid virus, but your fully vaccinated friends and family were extremely ill?

Well it could have something to do with antibody dependent enhancement, because that's precisely what official Government data suggests is now occurring.

The Evidence

The UK Health Security Agency (UKHSA); which is the brain child of ex- Health Secretary Matt Hancock, and recently replaced Public Health England, publishes a [weekly Covid-19 Vaccine Surveillance report](#) containing data on Covid-19 cases, hospitalisations and deaths by vaccination status.

Up until their [Week 3 – 2022 report](#), the UKHSA [had included](#) the Covid-19 case, hospitalisation and death rates per 100,000 for both unvaccinated, and double vaccinated people in England. But then they decided to exclude these figures and only publish the rates for the unvaccinated and triple vaccinated population.

The rates are calculated by dividing the total population size of each vaccination status group by 100,000; and then dividing the total number of cases, hospitalisations or deaths among each vaccinated group by the calculated figure.

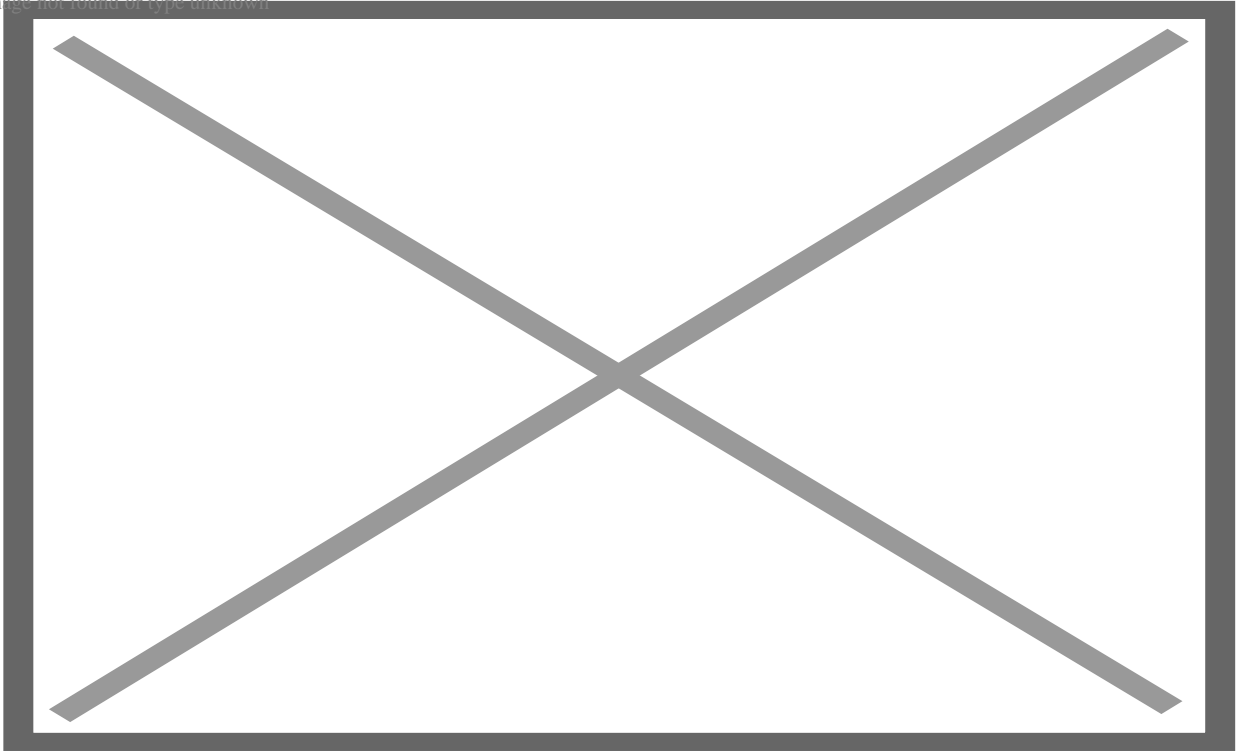
e.g. – 3 million Double Vaccinated / 100k = 30
500,000 cases among double vaccinated / 30 = 16,666.66 cases per 100,000 population.

Questions were raised at the time as to why the UKHSA decided to stop publishing the rates for the double vaccinated, mainly because in the weeks prior they were beginning to look terrible for the double vaccinated population. But, as is usually the case, the UKHSA never provided a reason.

However, the UKHSA produces a separate report containing the overall population size by age group and vaccination status, meaning we can take these figures and actually calculate the case, hospitalisation and death rates per 100,000 among the double vaccinated ourselves.

Here's the table taken from the [Week 12 Influenza and Covid-19 Surveillance Report](#) –

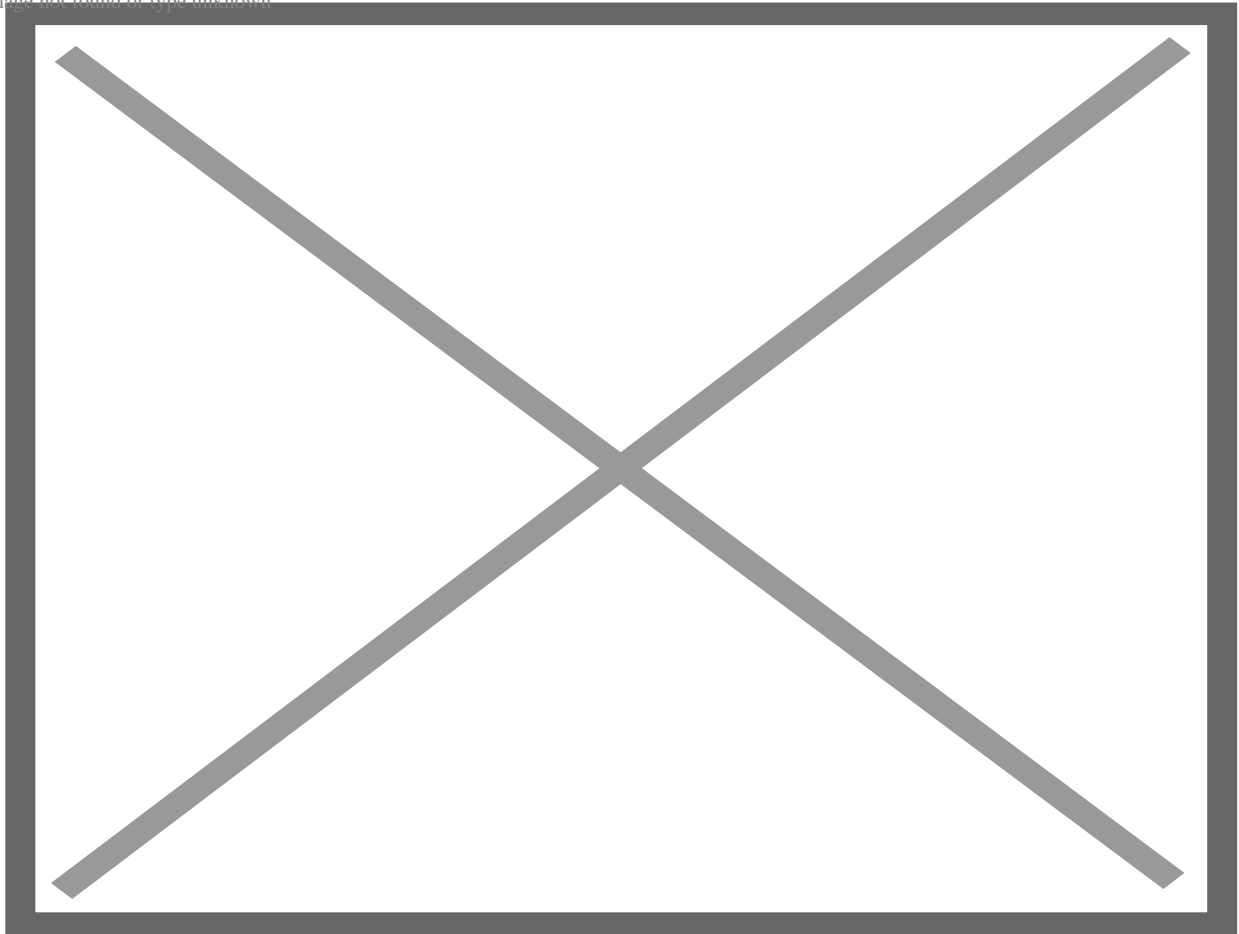
Image not found or type unknown



[Source – Page 85](#)

The following chart shows the actual double vaccinated population size by age group on the 20th March 2022, based on the figures provided by UKHSA above –

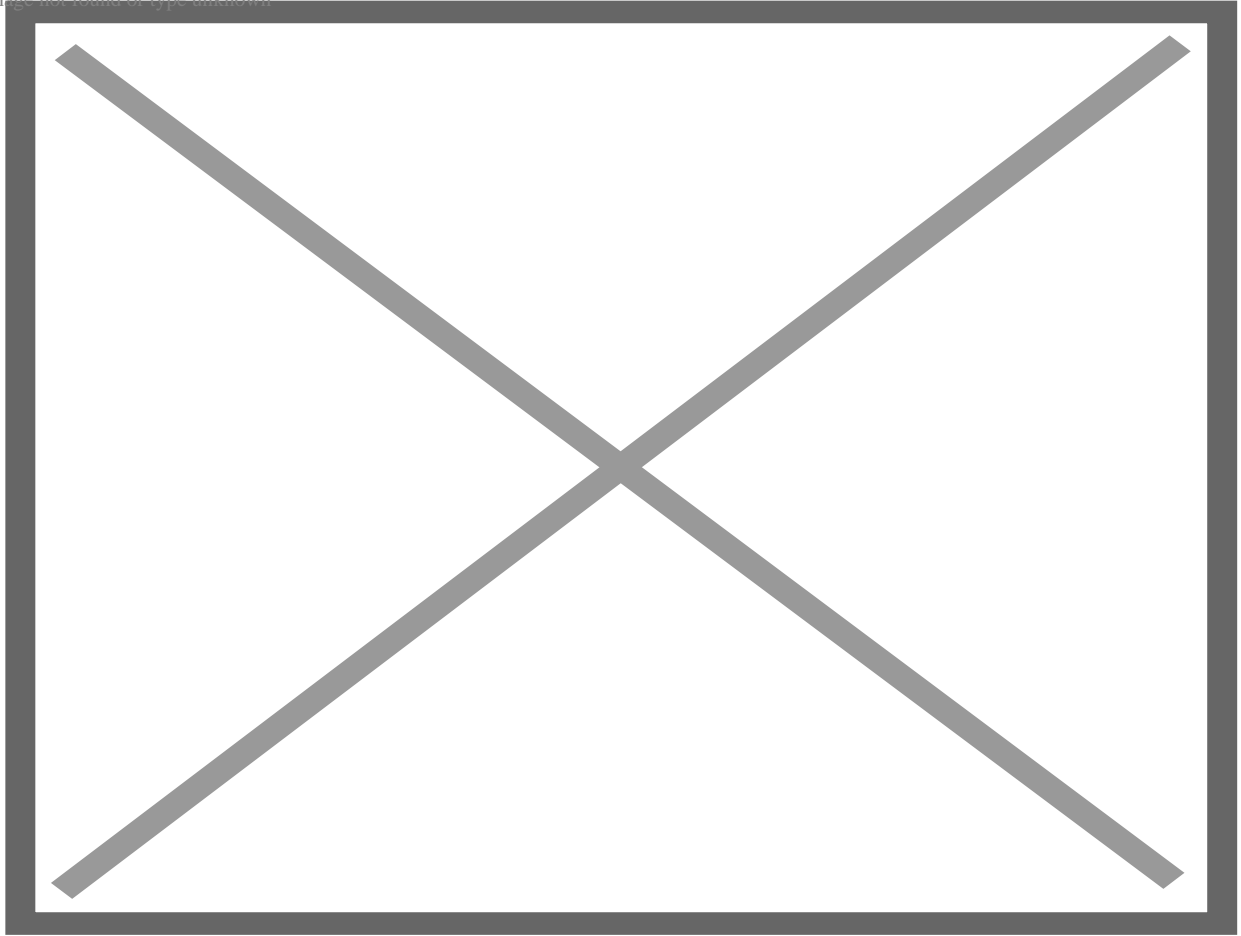
Image not found or type unknown



Now that we know the population size all we have to do is divide each population by 100,000; and then divide the number of cases, hospitalisations and deaths by the answer to that equation, to calculate the case, hospitalisation and death rates.

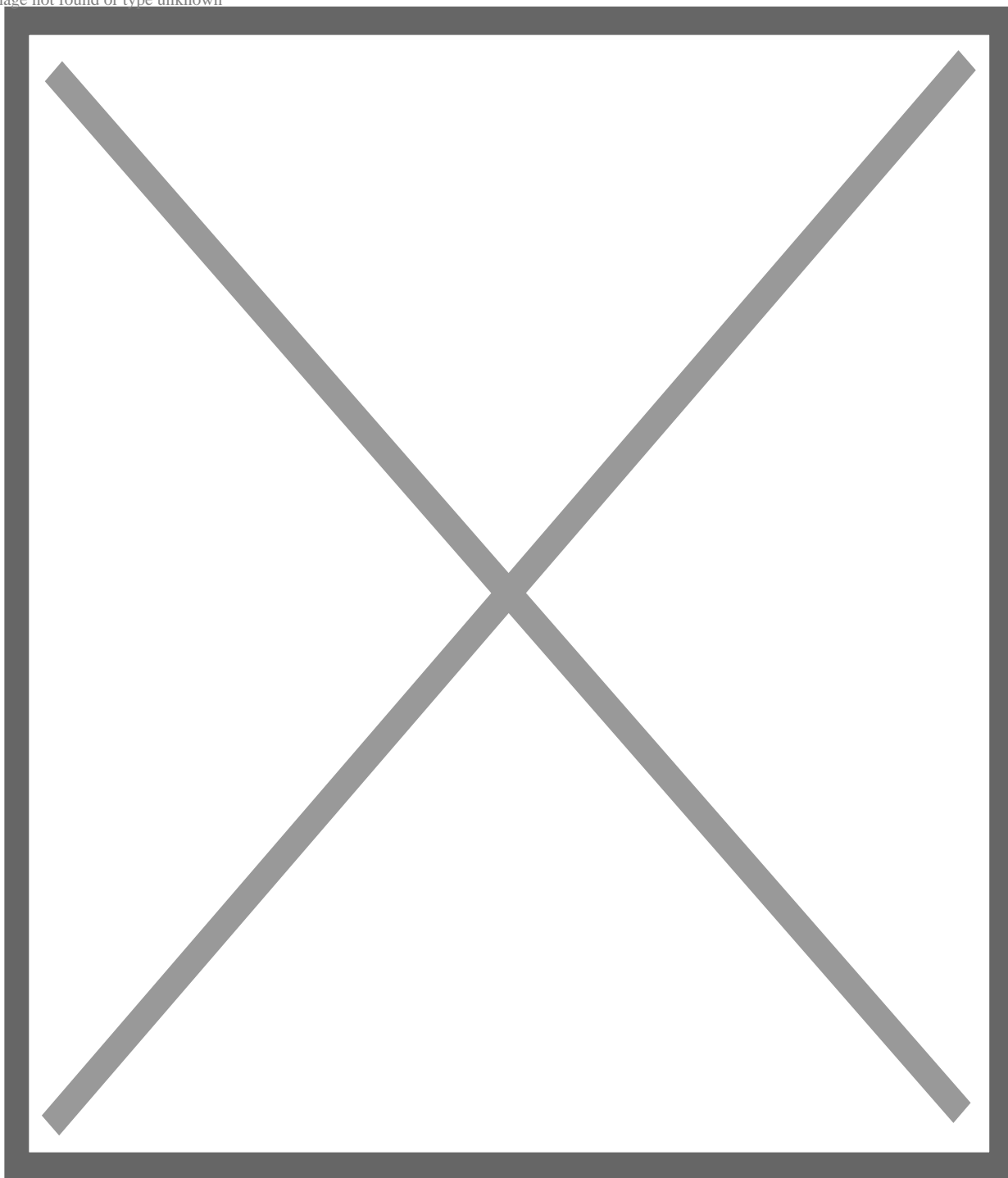
The following chart shows the Covid-19 case rate per 100,000 individuals by vaccination status between 28th Feb and 27th March 22. The unvaccinated case rate has been taken from page 45 of the [UKHSA Vaccine Surveillance Report – Week 13 – 2022](#), and the double vaccinated case rate has been calculated with the number of cases provided on page 40 of the same report –

Image not found or type unknown



This data shows that all double vaccinated people over the age of 18 are more likely to be infected with Covid-19 than unvaccinated people over the age of 18. This isn't a mistake, the case-rate is in fact significantly higher among the double vaccinated in all age groups. If you don't believe it then just look at the rates provided for the Triple vaccinated below, they're actually even higher.

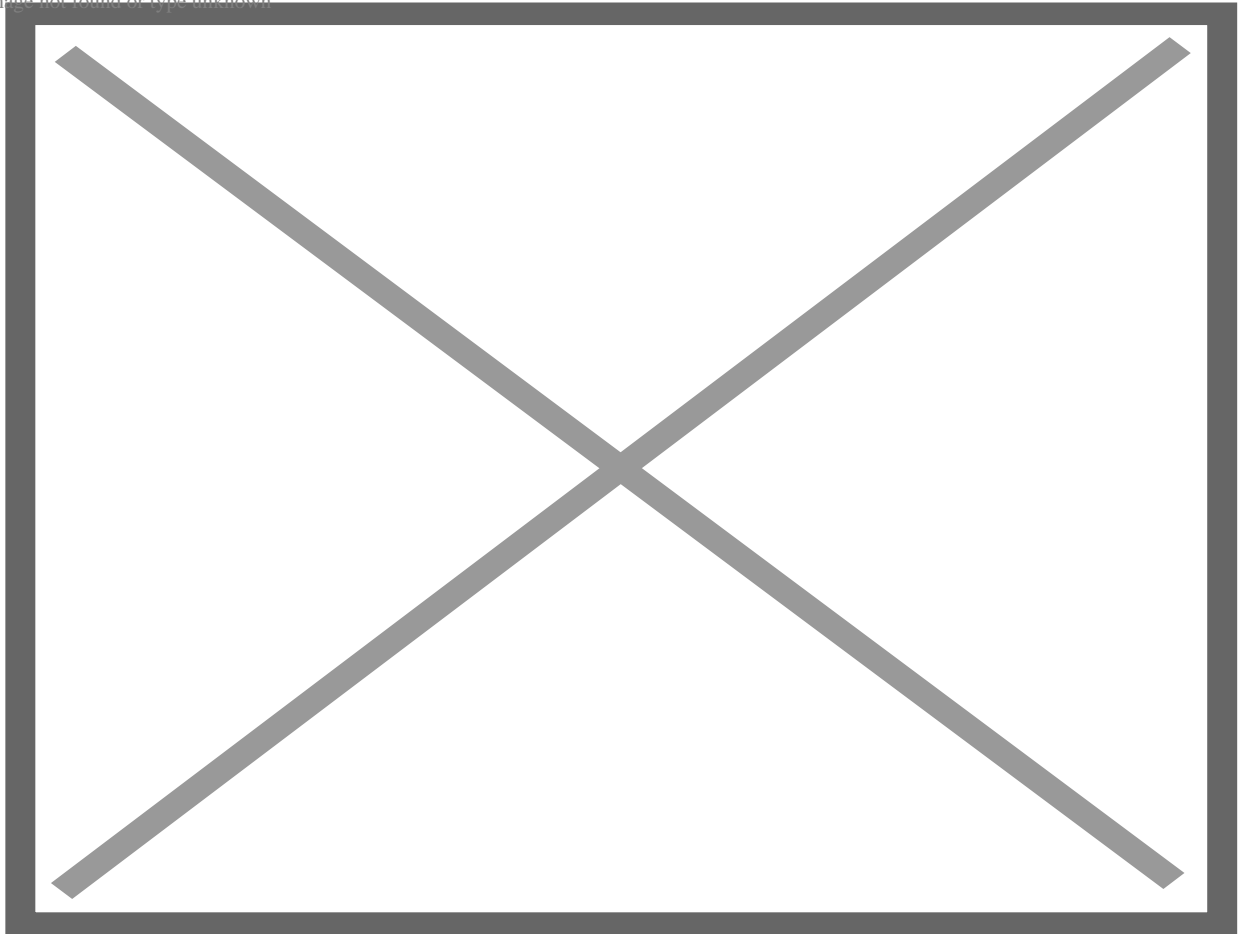
Image not found or type unknown



[Source](#)

The following chart shows the Covid-19 hospitalisation rate per 100,000 individuals by vaccination status between 28th Feb and 27th March 22. The unvaccinated case rate has been taken from page 45 of the [UKHSA Vaccine Surveillance Report – Week 13 – 2022](#), and the double vaccinated case rate has been calculated with the number of hospitalisations provided on page 41 of the same report –

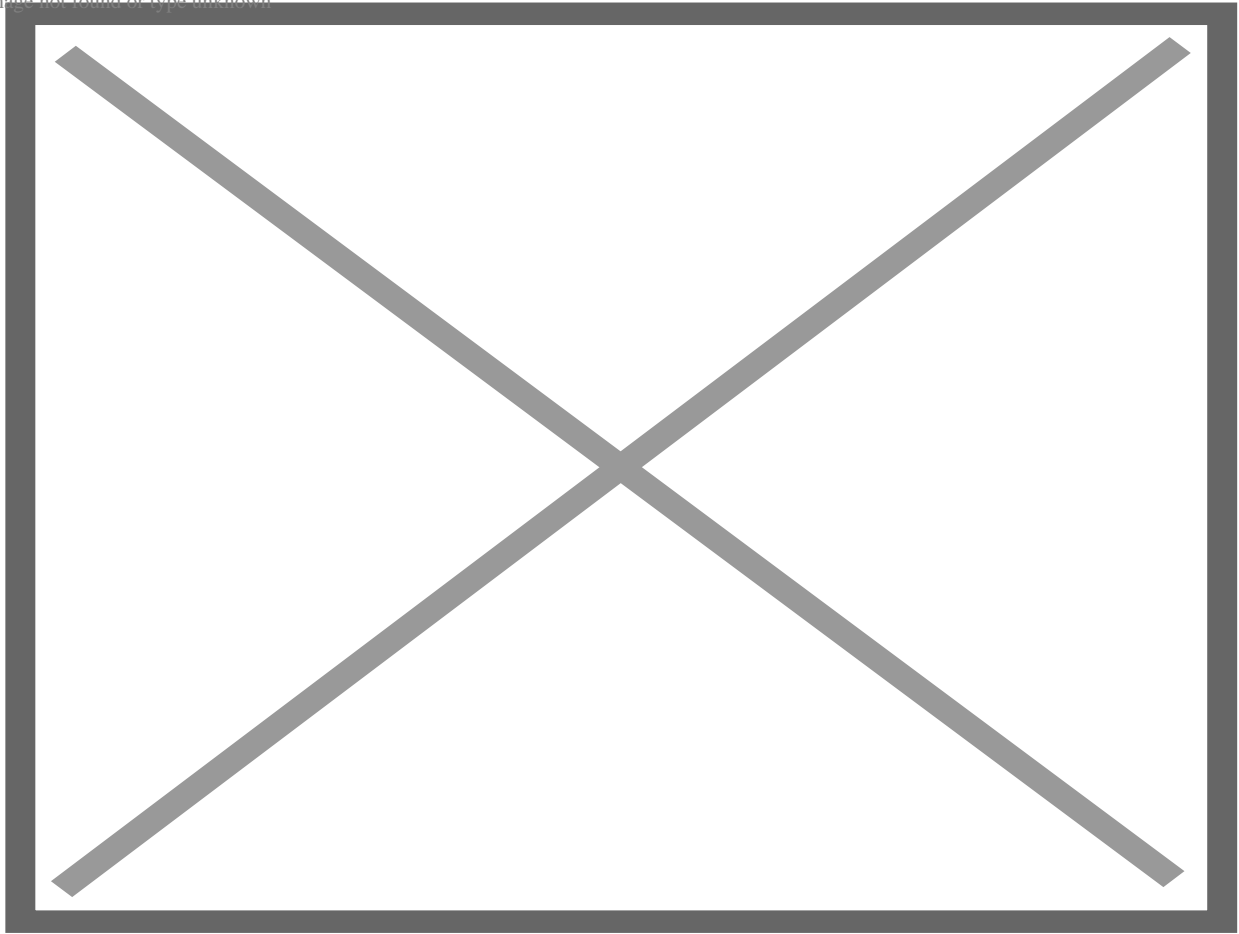
Image not found or type unknown



Again, the rates per 100,000 are highest among the double vaccinated in every age group except for the 18-29-year-olds. This data shows that all double vaccinated people aged 30 and over are more likely to be hospitalised with Covid-19 than unvaccinated people.

The following chart shows the Covid-19 death rate per 100,000 individuals by vaccination status between 28th Feb and 27th March 22. The unvaccinated case rate has been taken from page 45 of the [UKHSA Vaccine Surveillance Report – Week 13 – 2022](#), and the double vaccinated case rate has been calculated with the number of deaths provided on page 44 of the same report –

Image not found or type unknown



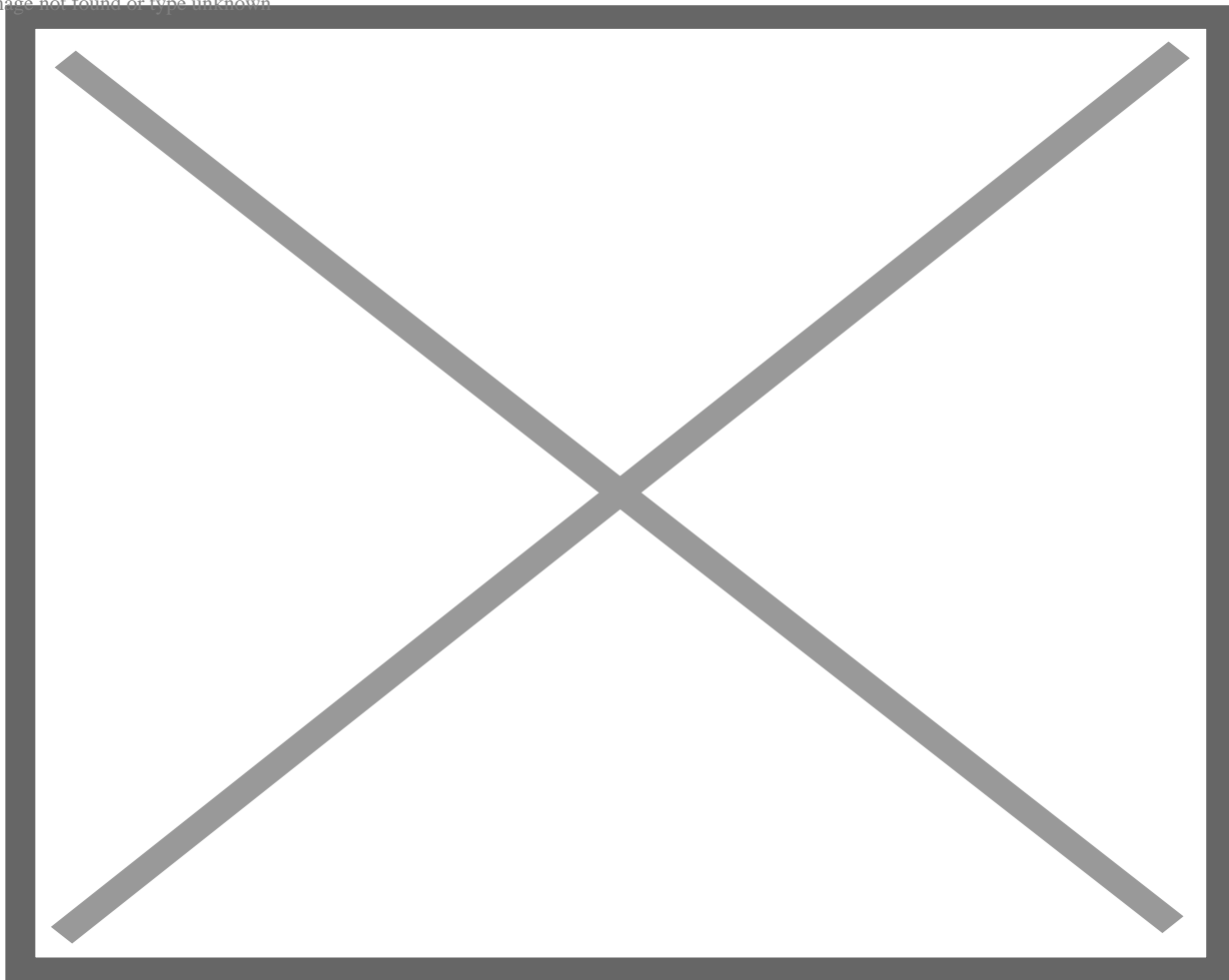
The death-rate per 100,000 is highest among the double vaccinated in all age groups excluding the 30-39 year olds where the death rate is the same as the unvaccinated, and the 18-29-year-olds where the death rate is lower. This data shows that all double vaccinated people aged 40 and over are more likely to die of Covid-19 than unvaccinated people.

If the rates per 100,000 are higher among the vaccinated, which they are, then this means the Covid-19 injections are proving to have a negative effectiveness in the real-world. And by using Pfizer's vaccine effectiveness formula we can accurately decipher what the real world effectiveness among each age group actually is.

Pfizer's vaccine formula: Unvaccinated Rate per 100k – Vaccinated Rate per 100k / Unvaccinated Rate per 100k x 100 = Vaccine Effectiveness

The following chart shows the real world Covid-19 vaccine effectiveness against infection among the double vaccinated population in England, based on the case rates provided above –

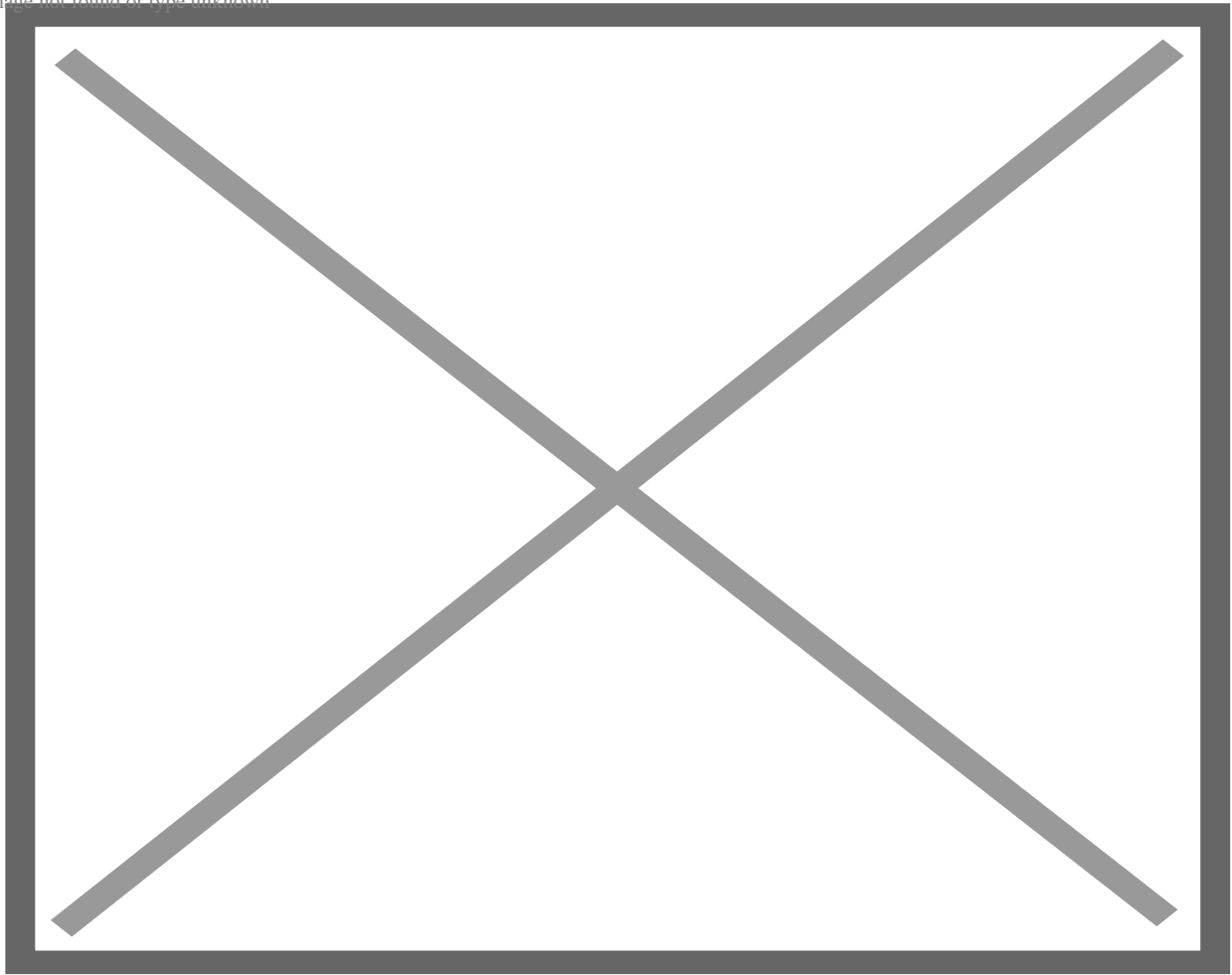
Image not found or type unknown



This data shows that all double vaccinated people over age 18 are between 2 and 3 times more likely to be infected, with a minus-87% vaccine effectiveness among 18 to 29 year olds, and a minus-178% vaccine effectiveness among the over 80's.

The following chart shows the real world Covid-19 vaccine effectiveness against hospitalisation among the double vaccinated population in England, based on the hospitalisation rates provided above –

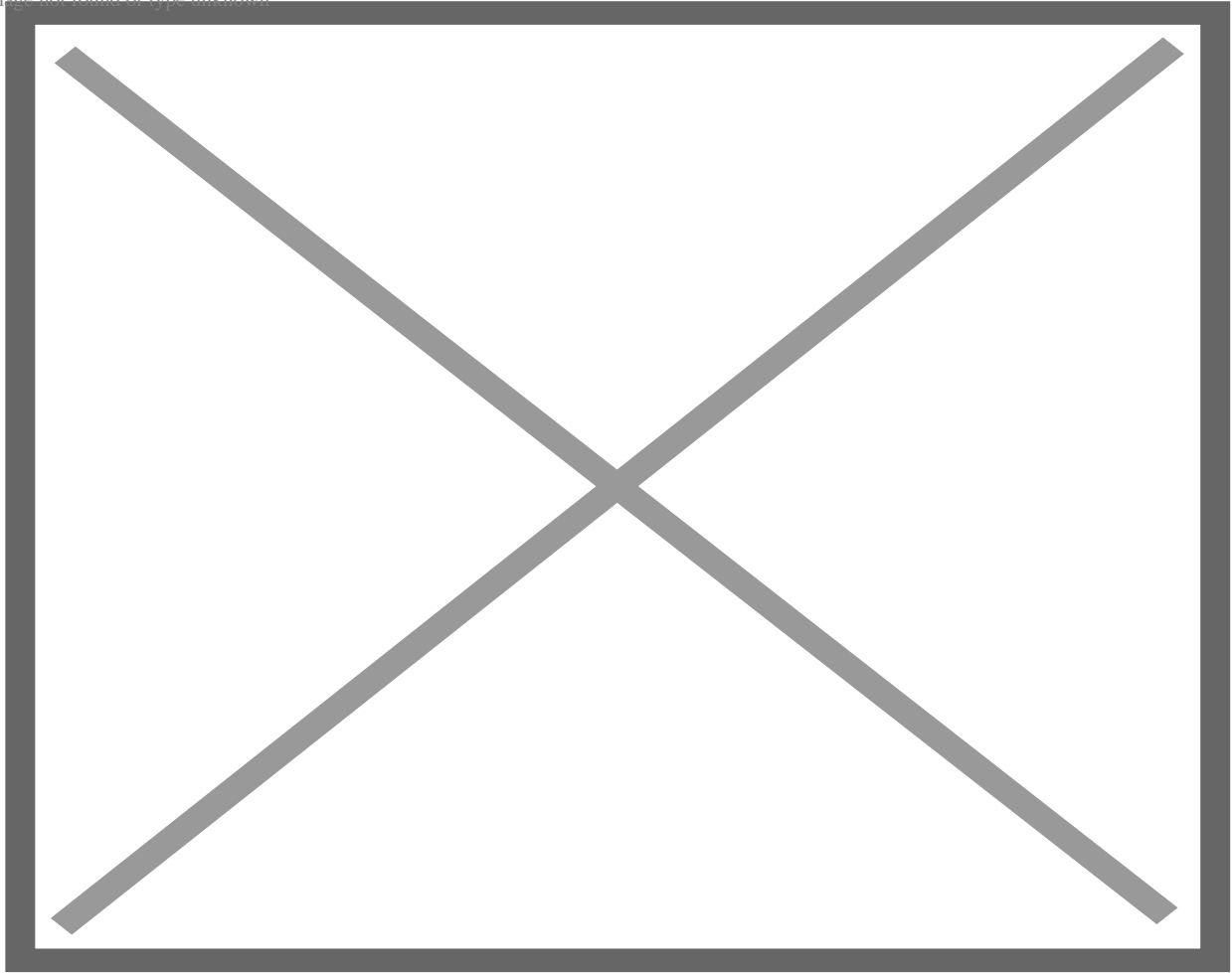
Image not found or type unknown



This data shows that all double vaccinated people over age 30 are between 0.2 and 2 times more likely to be hospitalised, with a minus-1% vaccine effectiveness among 30 to 39 year olds, and a minus-76% vaccine effectiveness among the over 80's.

The following chart shows the real world Covid-19 vaccine effectiveness against death among the double vaccinated population in England, based on the death rates provided above –

Image not found or type unknown



This data shows that all double vaccinated people over age 40 are between 2 and 3 times more likely to die of Covid-19, with a minus-90% vaccine effectiveness among 30 to 39 year olds, and a minus-156% vaccine effectiveness among the over 80's.

But why are all double vaccinated people more likely to be infected, and why are most double vaccinated people more likely to be hospitalised, and more likely to die of Covid-19 than unvaccinated people?

Antibody-Dependent Enhancement

Intensive research conducted by health experts throughout the years has brought to light increasing concerns about “Antibody-Dependent Enhancement” (ADE), a phenomenon where vaccines make the disease far worse by priming the immune system for a potentially deadly overreaction.

ADE can arise in several different ways but the best-known is dubbed the ‘Trojan Horse Pathway’. This occurs when non-neutralizing antibodies generated by past infection or vaccination fail to shut down the pathogen upon re-exposure.

Instead, they act as a gateway by allowing the virus to gain entry and replicate in cells that are usually

off limits (typically immune cells, like macrophages). That, in turn, can lead to wider dissemination of illness, and over-reactive immune responses that cause more severe illness.

Even Dr Anthony Fauci, the Chief Medical Adviser to the President of the United States, admitted when discussing the Covid-19 vaccine, that this would not be the first time a vaccine that initially looked good, actually made people worse.

In 2016, a dengue virus vaccine was designed to protect against all four serotypes of the virus. The hope was that by inducing immune responses to all four serotypes at once, the vaccine could circumvent the issues related to ADE following disease with dengue virus. [The vaccine was given to children](#) in the Philippines. However, fourteen vaccinated children died after encountering dengue virus in the community as they had developed antibody responses that were not capable of neutralizing the natural virus circulating in the community.

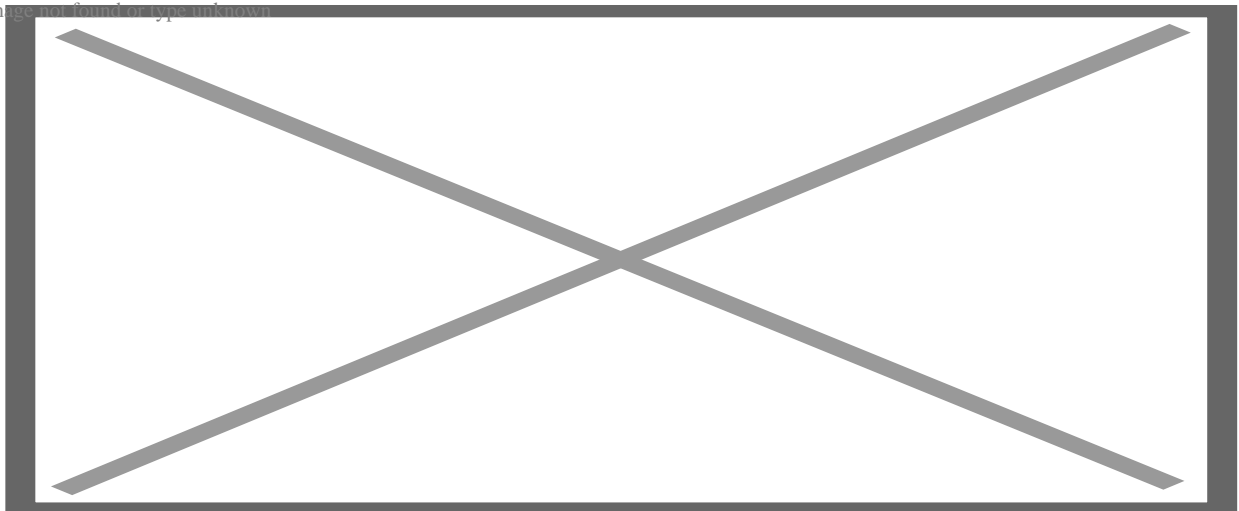
In previous clinical trials of vaccine candidates to combat SARS and MERS, the studies each failed during the animal phase due to ADE also known as pathogenic priming or a cytokine storm.

Phase three clinical trials are designed to uncover frequent or severe side effects before a vaccine is approved for use, including ADE.

But here in lies the problem, none of the Covid-19 vaccines have completed phase three clinical trials.

The [Pfizer phase three trial](#) is not due to complete until February 8th 2024, after previously being estimated to complete in April 2023.

Image not found or type unknown



Confidential Pfizer Documents

However, of the information collated by Pfizer so far from the ongoing study they have conducted, it is plain to see that they are fully aware antibody-dependent enhancement is a possible consequence of their Covid-19 injection, and it looks like they may even know the consequence has killed people.

Pfizer, the company hit with the largest healthcare fraud settlement and criminal fine to date in 2009;

which also happens to be the same company behind the first every mRNA gene therapy injection administered to the general public under emergency use authorisation in the name of Covid-19, has admitted in confidential documents, that it desperately tried to keep from going public, that its Covid-19 mRNA gene therapy may cause Vaccine-Associated Enhanced Disease.

The [US Food and Drug Administration](#) (FDA) attempted to delay the release of Pfizer's COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of safety review on [December 11th, 2020](#).

The FDA originally said that they were prepared to release [500 pages per month](#) in a response to the Freedom of Information (FOI) request filed on behalf of [Public Health and Medical Professionals for Transparency](#) (PHMPT) requesting the safety data.

Instead, in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

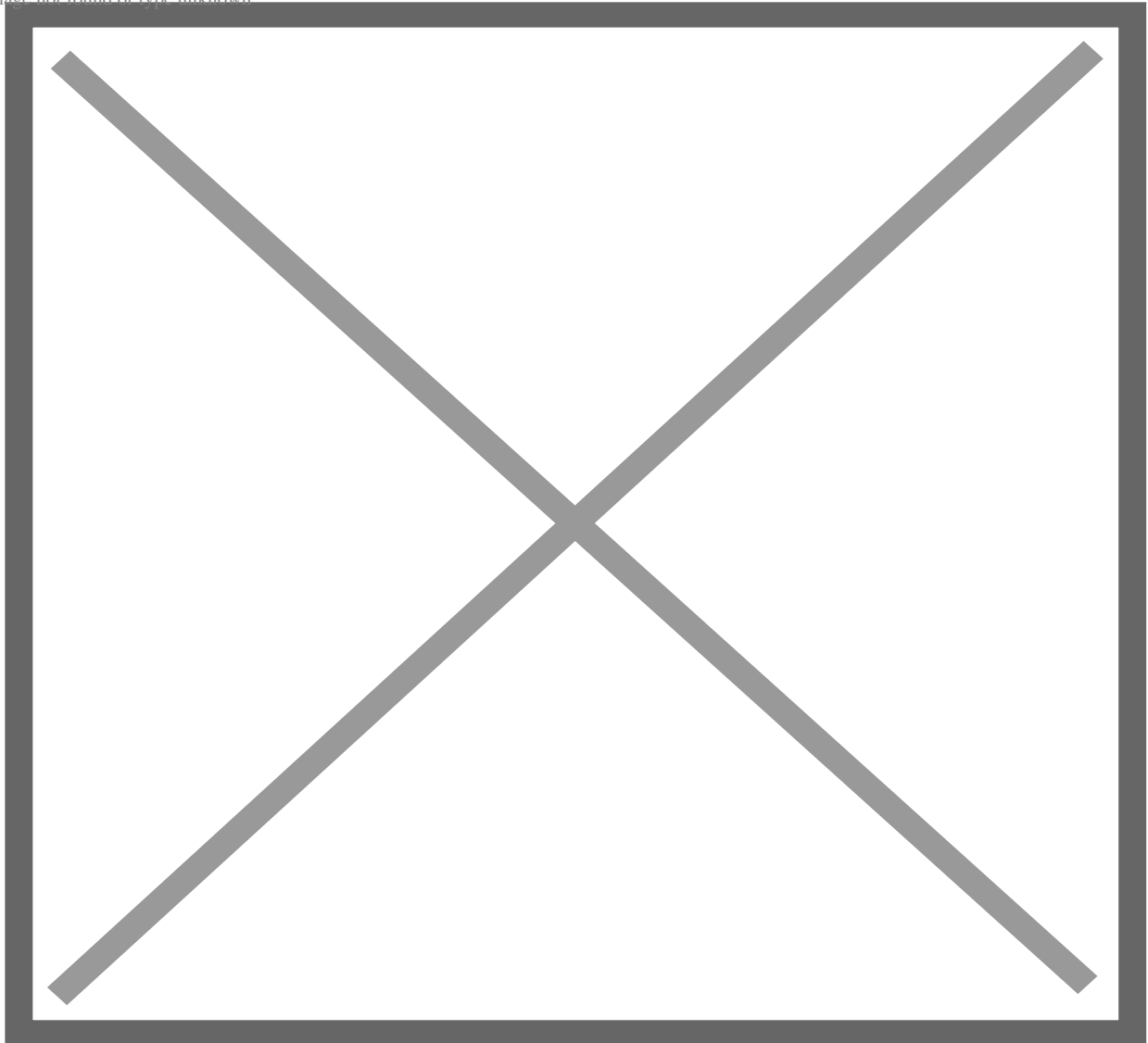
Since then, PHMPT has posted all of the [documents](#) to their website. The latest drop happened on 1st April 22.

One of the documents contained in the latest data dump is '[reissue_5.3.6 postmarketing experience.pdf](#)'. Table 5, found on page 11 of [the document](#) shows an 'Important Potential Risk', and that risk is listed as 'Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Reporatory Disease (VAERD)'.

Vaccine-associated enhanced diseases (VAED) are modified presentations of clinical infections affecting individuals exposed to a wild-type pathogen after having received a prior vaccination for the same pathogen. Whereas, Vaccine-associated enhanced respiratory (VAERD) disease refers to disease with predominant involvement of the lower respiratory tract.

Enhanced responses are triggered by failed attempts to control the infecting virus, and VAED typically presents with symptoms related to the target organ of the infection pathogen. [According to scientists](#) VAED occurs as two different immunopathologies, antibody-dependent enhancement (ADE) and vaccine-associated hypersensitivity (VAH).

Image not found or type unknown



[Source – Page 11](#)

Pfizer claim in their confidential document that up to 28th Feb 2021, they had received 138 cases reporting 317 potentially relevant events indicative of Vaccine-Associated Enhanced Disease. Of these 71 were medically significant resulting in 8 disabilities, 13 were life-threatening events, and 38 of the 138 people died.

Of the 317 relevant events reported by 138 people, 135 were labelled as 'drug ineffective', 53 were labelled as dyspnoea (struggling to breathe), 23 were labelled as Covid-19 pneumonia, 8 were labelled as respiratory failure, and 7 were labelled as seizure.

Pfizer also admitted that 75 of the 101 subjects with confirmed Covid-19 following vaccination, had severe disease resulting in hospitalisation, disability, life-threatening consequences of death.

But Pfizer still definitively concluded, for the purposes of their submitted safety data to the Food and Drug Administration, the very data that was needed to gain emergency use authorisation and make them billions and billions of dollars, that 'None of the 75 cases could be definitively considered as

VAED’.

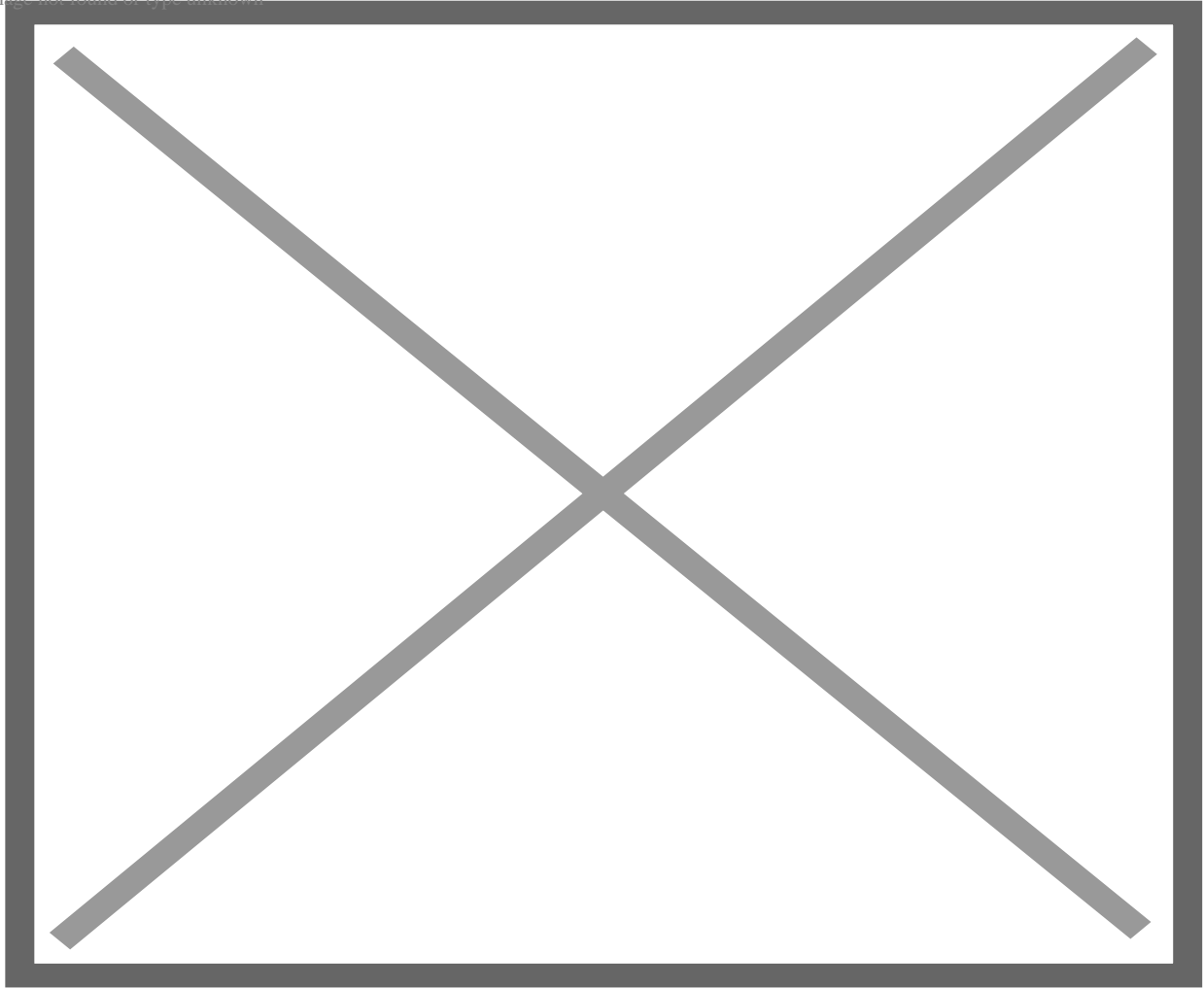
But Pfizer then went on to confirm that based on the current evidence, VAED remains a theoretical risk.

Now, at the time of this report being written in April 2021, Pfizer was claiming that their Covid-19 injection was 95% effective at preventing infection. As we have demonstrated this is clearly not the case, and official Government data shows the vaccines actually have negative effectiveness.

However, if Pfizer were claiming this at the time, and gained emergency use authorisation from the FDA because of this claim, how on earth could they not definitively conclude that VAED was to blame when 75% of the confirmed “break-through” cases reported to them were severe disease resulting in hospitalisation, disability, life-threatening consequences of death?

Further evidence from the confidential document also shows that both the FDA and Pfizer knew the Covid-19 injection has killed at least 12 people who developed an autoimmune disorder, by February 2021. That doesn’t mean these are the only people to have died due to autoimmune conditions induced by the jabs, these are just the ones that were officially reported to Pfizer in the first two months of their vaccine roll-out.

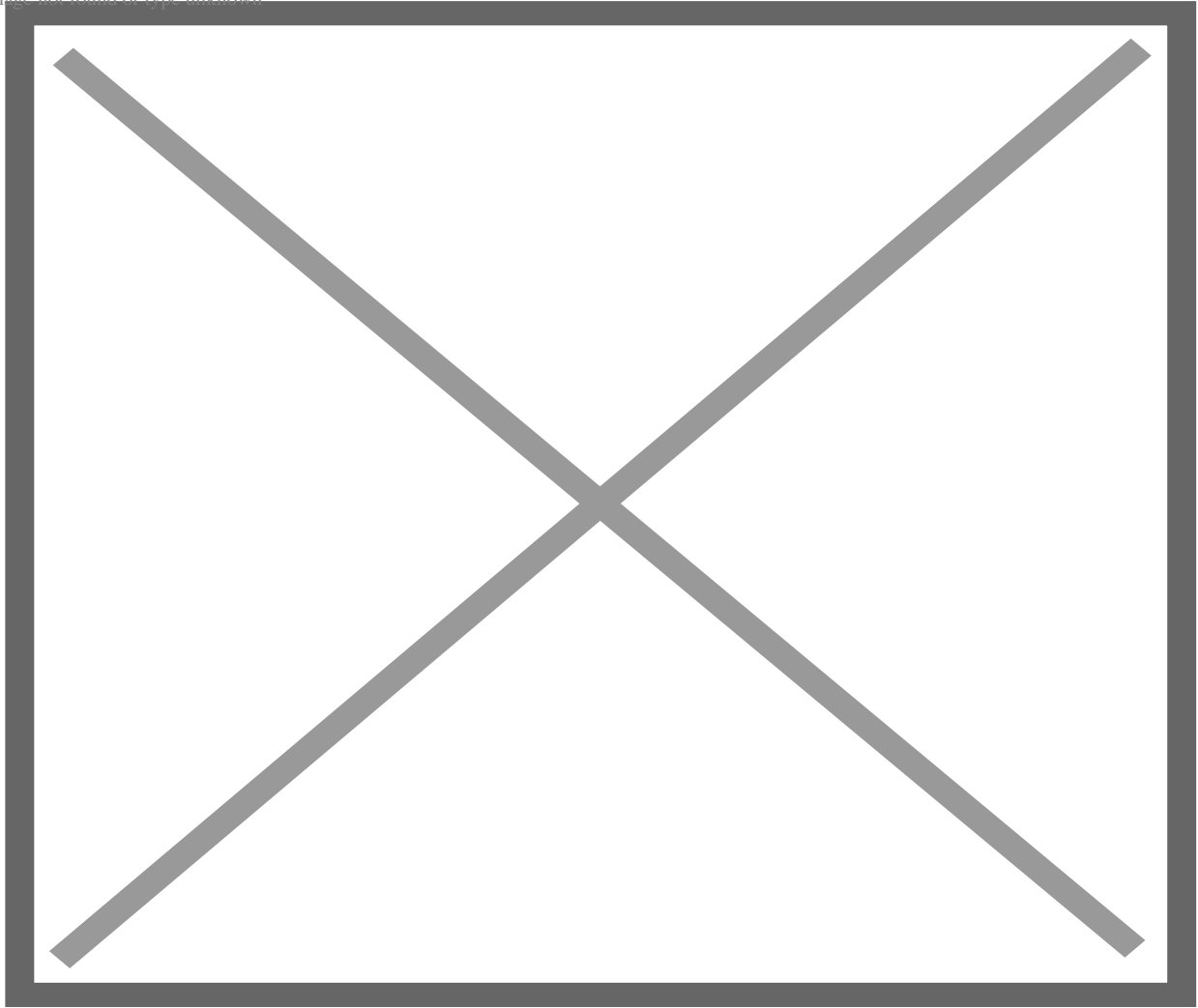
Image not found or type unknown



[Source – Page 20](#)

Then we also have further data on Covid-19 cases reported to Pfizer following vaccination within the confidential document –

Image not found or type unknown



[Source – Page 17](#)

Pfizer claimed they received 3,067 reports of cases up to 28th Feb 21, of which 1,013 were medically confirmed. At the time of their report, 547 were not resolved, and 558 were resolved, whilst 136 proved fatal. Of the medically confirmed cases this equates to a death rate of 13.4%.

Pfizer concluded that ‘This cumulative case review does not raise new safety issues’. How on earth did they conclude that when the average death rate prior to the introduction of a Covid-19 vaccine to the population equated to 0.2%?

It's not about Health, It's about Wealth

This confidential data proves that the Covid-19 injections should never have been granted emergency use authorisation, and should have been pulled from distribution by the FDA as soon as they sighted the figures. You only have to look at what happened in the 70's to see why.

In February 1976, [several soldiers at a US army post in New Jersey](#) fell ill with an unrecognised form of swine flu, which was later found to have spread to more than 200 people. By March, President Gerald Ford had announced a vaccine programme intending to [“immunise every man, woman and child in the US](#)

" in the autumn of the same year.

The program was suspended after at least 25 people died from vaccine reactions. Other estimates put the death toll at 32 people, while a Los Angeles Times article [states](#): "More than 500 people are thought to have developed Guillain-Barré syndrome [GBS] after receiving the vaccine; 25 died."

How have we gone from pulling the approved Swine Flu vaccine from distribution in the 70's following two dozen reported deaths, to offering an experimental Covid-19 injection to children as young as 5 in 2022 following tens of thousands of reported deaths?

So there you have it, an investigation of official Government data has uncovered that fully vaccinated individuals are up to 3 times more likely to be infected with Covid-19, 2 times more likely to be hospitalised with Covid-19, and 3 times more likely to die of Covid-19 than unvaccinated individuals.

The question was, why?

It would appear the vaccinated are suffering Vaccine-Associated Enhanced Disease leading to conditions such as antibody-dependent enhancement, and cytokine storm.

And the latest round of confidential Pfizer documents published 1st April 22, confirm that both Pfizer and the FDA knew Vaccine-Associated Enhanced Disease was a possible consequence of the mRNA Covid-19 injections, and they received evidence of it occurring, including several deaths, but swept it under the carpet and claimed "no new safety issues have been raised".

If being more likely to be infected with, hospitalised with, and die of Covid-19 following vaccination isn't indicative of antibody-dependent enhancement, then we don't know what is.

The medical world has been completely and utterly corrupted. It's no longer about health, it's about wealth.

Category

1. Health-Wellness-Healing-Nutrition & Fitness
2. Main
3. RECOMMENDED
4. Science-Tech-AI-Medical & Gen. Research

Date Created

04/03/2022