



UK Government refuses to publish further COVID-19 Data because it suggests the Triple Vaccinated are developing AIDS & the Double Vaccinated are suffering ADE

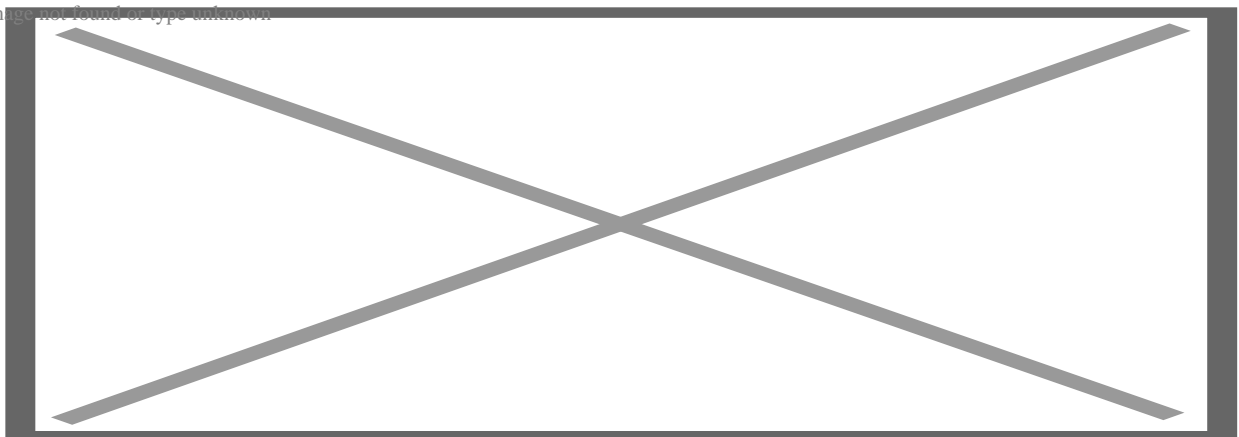
## Description

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**UK: The UK Health Security Agency is refusing to publish any further data on Covid-19 cases, hospitalisations and deaths by vaccination status because previous figures show that the triple vaccinated population are on the verge of developing Acquired Immunodeficiency Syndrome, and the double vaccinated are suffering Antibody-Dependent Enhancement.**

Back in October 2021, The Expose [exclusively revealed](#) how the UK Health Security Agency (UKHSA) data was showing that the Covid-19 injections has a real-world effectiveness against infection of minus-109%.

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[Source](#)

Not long after this, the UKHSA added a note to their reports stating *'case rates among vaccinated and unvaccinated populations should not be used to estimate vaccine effectiveness against COVID-19 infection*

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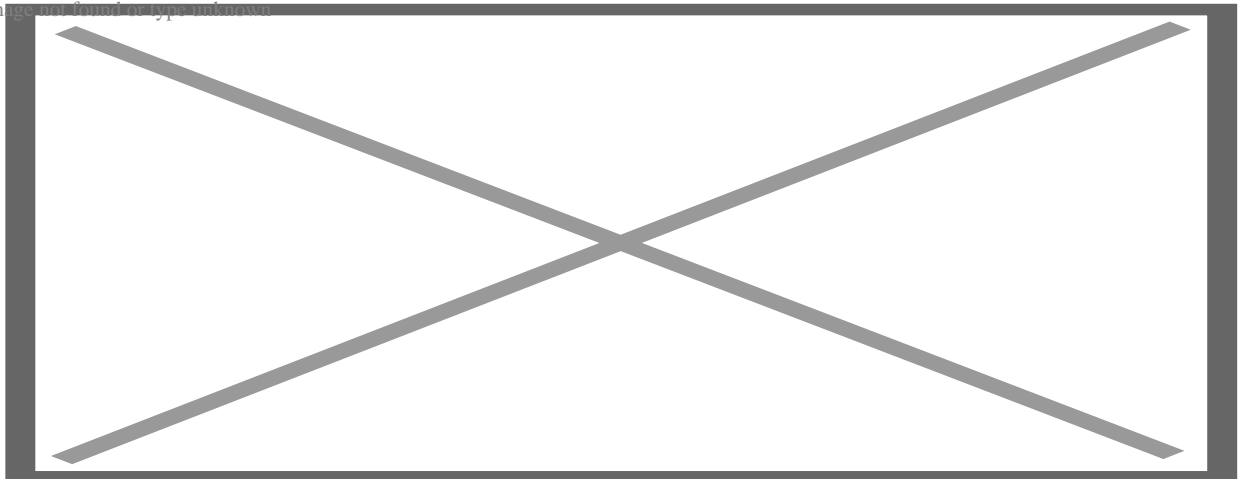
This was clearly done in response to our report, and also because they could no longer use their own data to show that the Covid-19 injections are effective. But it was perfectly okay when Pfizer used this exact method to falsely claim their mRNA Covid-19 injection was 95% effective of course.

Now, as we quite predicted, the UKHSA have gone one step further, and have announced that they will no longer publish the number of Covid-19 cases, hospitalisations, and deaths by vaccine status.

The reason?

The UKHSA claims this is because the UK Government has ended free universal Covid-19 testing and this therefore affects their “ability to robustly monitor Covid-19 cases by vaccination status”.

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However, this doesn't explain why they're no longer able to publish the data on Covid hospitalisations and deaths. If someone is hospitalised with Covid-19 then we're pretty sure the doctors and nurses are going to know about it, and if someone dies of Covid-19 we're pretty sure a doctor is going to know about it.

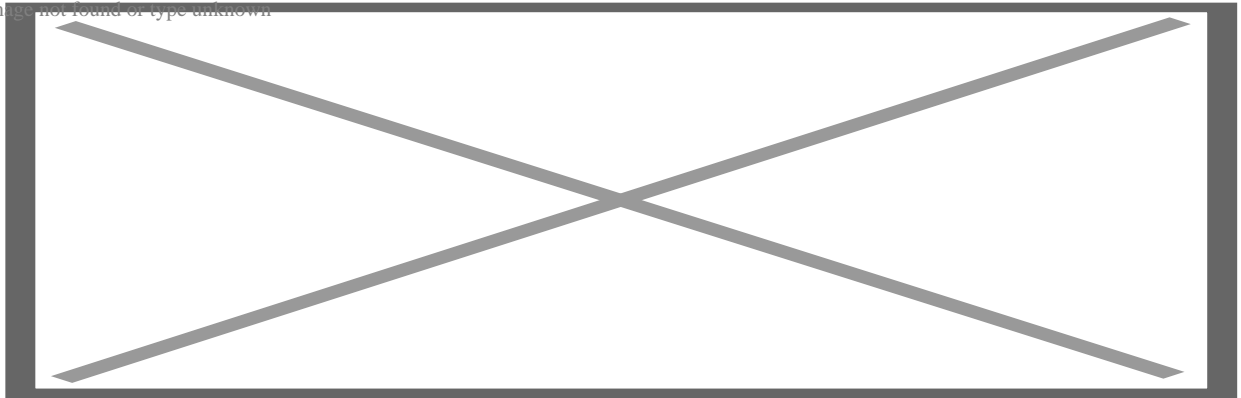
There's a good reason though as to why their excuse falls short, and it's because they are lying. The UK Health Security Agency has been looking for an excuse for months to stop publishing the data because it clearly shows that the triple vaccinated population are on the cusp of developing Acquired Immunodeficiency Syndrome (AIDS), and the double vaccinated population are suffering Vaccine-Associated Enhanced Disease (VAED) and Antibody-Dependent Enhancement (AED).

## The Evidence

The UKHSA claims that vaccine effectiveness wanes substantially over time and this is why it's

important to get a booster dose.

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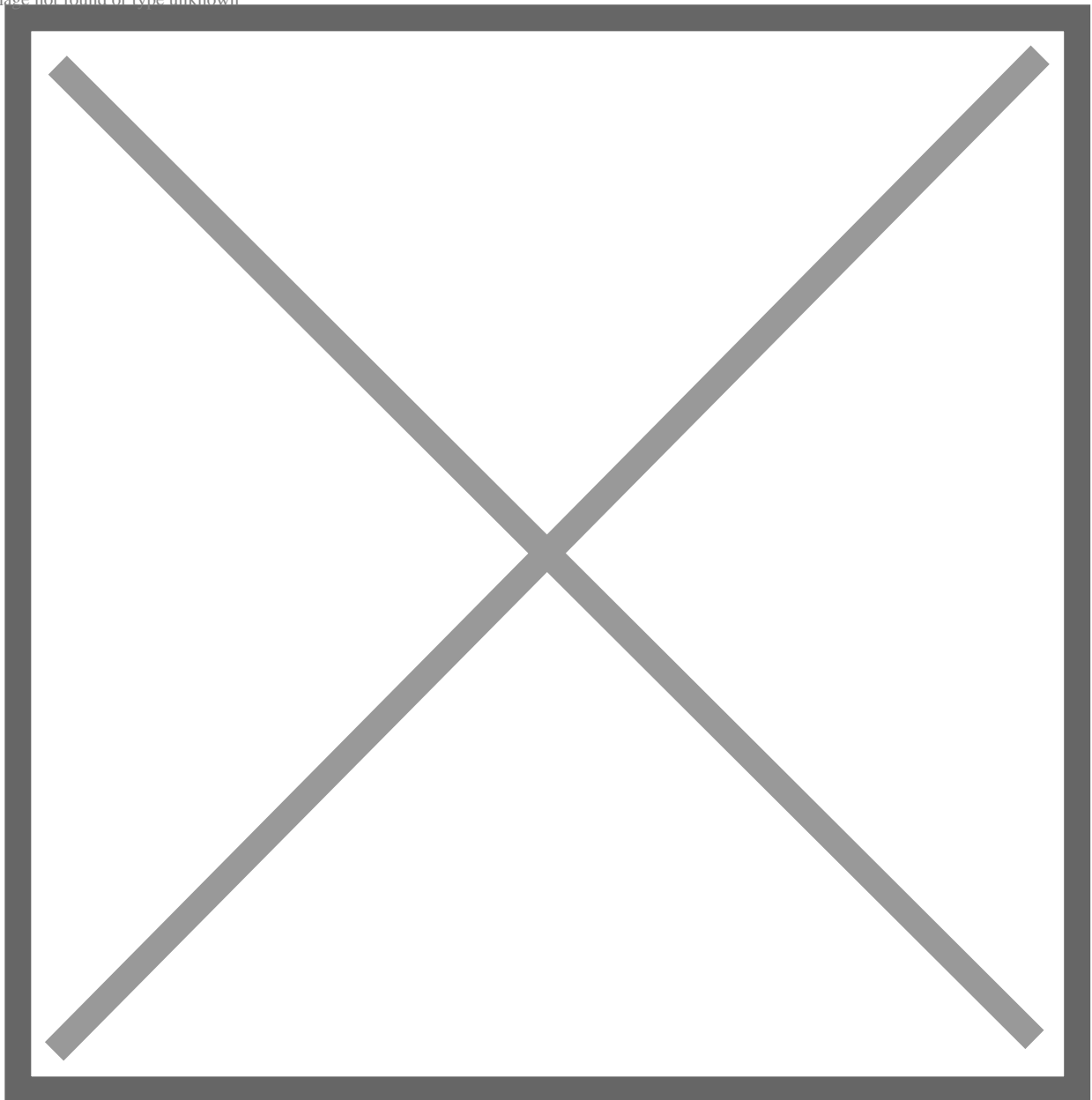
But this is a lie. Vaccine effectiveness doesn't wane. Immune system performance does.

Vaccine effectiveness isn't really a measure of a vaccine, it is a measure of a vaccine recipients immune system performance compared to the immune system performance of an unvaccinated person.

Vaccines allegedly help develop immunity by imitating an infection. Once the imitation infection induced by the vaccine goes away, the body is left with a supply of "memory" t-cells and antibodies that will remember how to fight that disease in the future.

So, when the authorities state that the effectiveness of the vaccines weaken over time, what they really mean is that the performance of your immune system weakens over time.

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A vaccine effectiveness of -50% would mean that immune system of the vaccinated is now performing at a worse rate than the natural immune system of the unvaccinated. It would mean the Covid-19 vaccines have damaged the immune system.

With that being said it should come as no surprise to anyone as to why the UKHSA no longer wish to publish the Covid-19 data by vaccination status, because it clearly shows in all areas that the Covid-19 injections are proving to have a negative vaccine effectiveness that is declining by the week, and therefore a negative immune system performance, which implies the fully vaccinated are developing Covid-19 vaccine induced Acquired Immune Deficiency Syndrome.

The following table showing the number of cases by vaccination status between week 9 and week 12 of 2022, is taken from the UKHSA [Week 13 – 2022 – Vaccine Surveillance Report](#), the very last report

to contain figures on Covid-19 by vaccination status –

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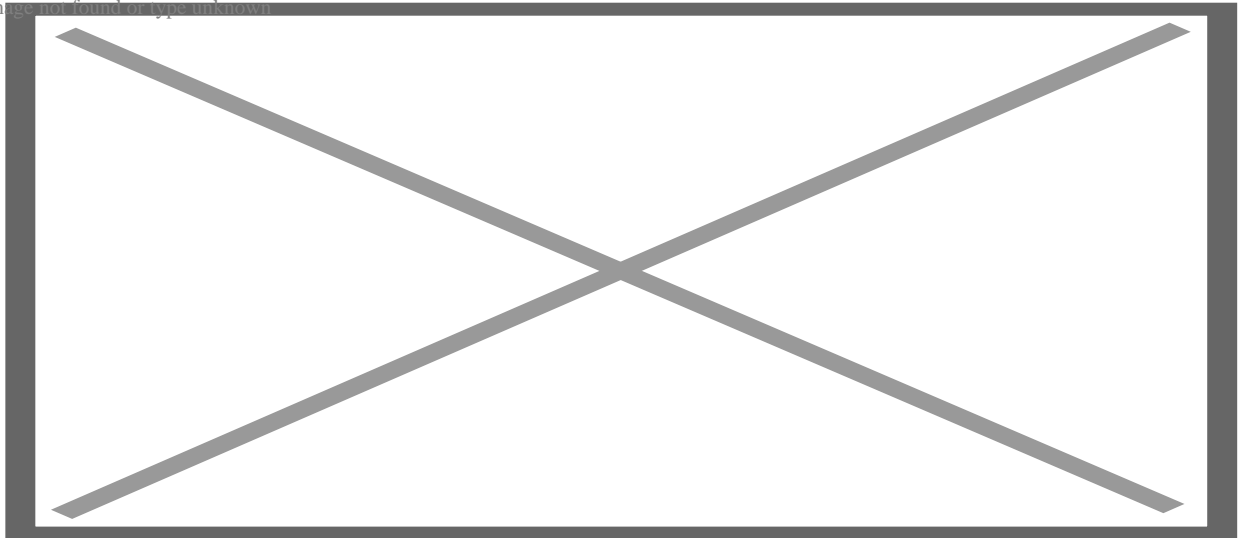
[Source – Page 40](#)

As you can see from the above, the triple vaccinated population accounted for the majority of Covid-19 cases in each age group by an extremely concerning amount, except for the under 18's.

The highest number of cases in those four weeks was recorded among triple jabbed 50-59-year olds, with 210,265 confirmed cases. This compares to just 7,669 cases among unvaccinated 50-59-year-olds.

The UKHSA also used to conveniently provide the case-rates per 100,000 individuals by vaccination status in their vaccine surveillance reports, and the following table has been stitched together from the case-rate tables found in the [Week 3](#), [Week 7](#) and [Week 13](#) Vaccine Surveillance Reports –

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As you can see from the above the case-rates per 100k have been highest among the triple vaccinated population over these 3 months, except for the 18-29-year-olds in the week 3 report only, and the under 18's in all 3 months.

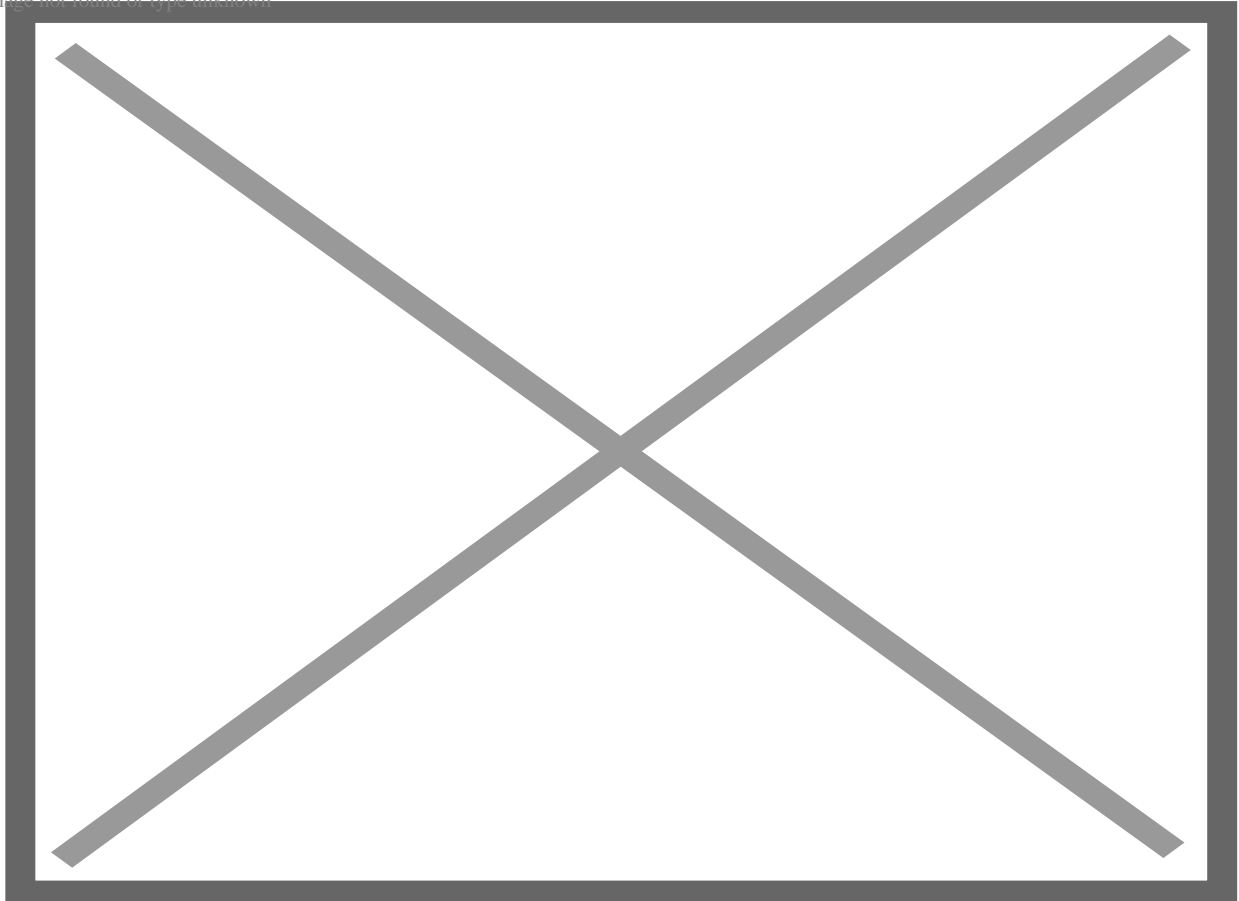
However, it is worth noting the rapid decline in rates among unvaccinated children compared to the small decline in rates among vaccinated children. This suggests that in just a few weeks the case rate will be highest among triple jabbed kids. But now we'll never know because the UKHSA is hiding it.

Now that we know the case-rates we can use Pfizer's simple vaccine effectiveness formula to calculate the real-world Covid-19 vaccine effectiveness among the triple vaccinated.

*Unvaccinated Case Rate – Vaccinated Case Rate / Unvaccinated Case Rate x 100*

The following chart shows the Covid-19 vaccine effectiveness among the triple vaccinated population in England in the [Week 3](#), [Week 7](#) and [Week 13](#) reports of 2022 –

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*Click to enlarge*

This is nowhere near the claimed 95% effectiveness by Pfizer is it?

As you can clearly see the vaccine effectiveness has been falling month on month, with the lowest effectiveness recorded among 60-69-year-olds at a shocking minus-391%. This age group has experienced the sharpest decline, falling from minus-104.69% in week 3.

But one of the more concerning declines in vaccine effectiveness has been recorded among 18-29-year-olds, falling to minus-231% by Week 12 of 2022 from +10.19% in Week 3.

However, vaccine effectiveness isn't really a measure of a vaccine, it is a measure of a vaccine recipients immune system performance compared to the immune system performance of an unvaccinated person.

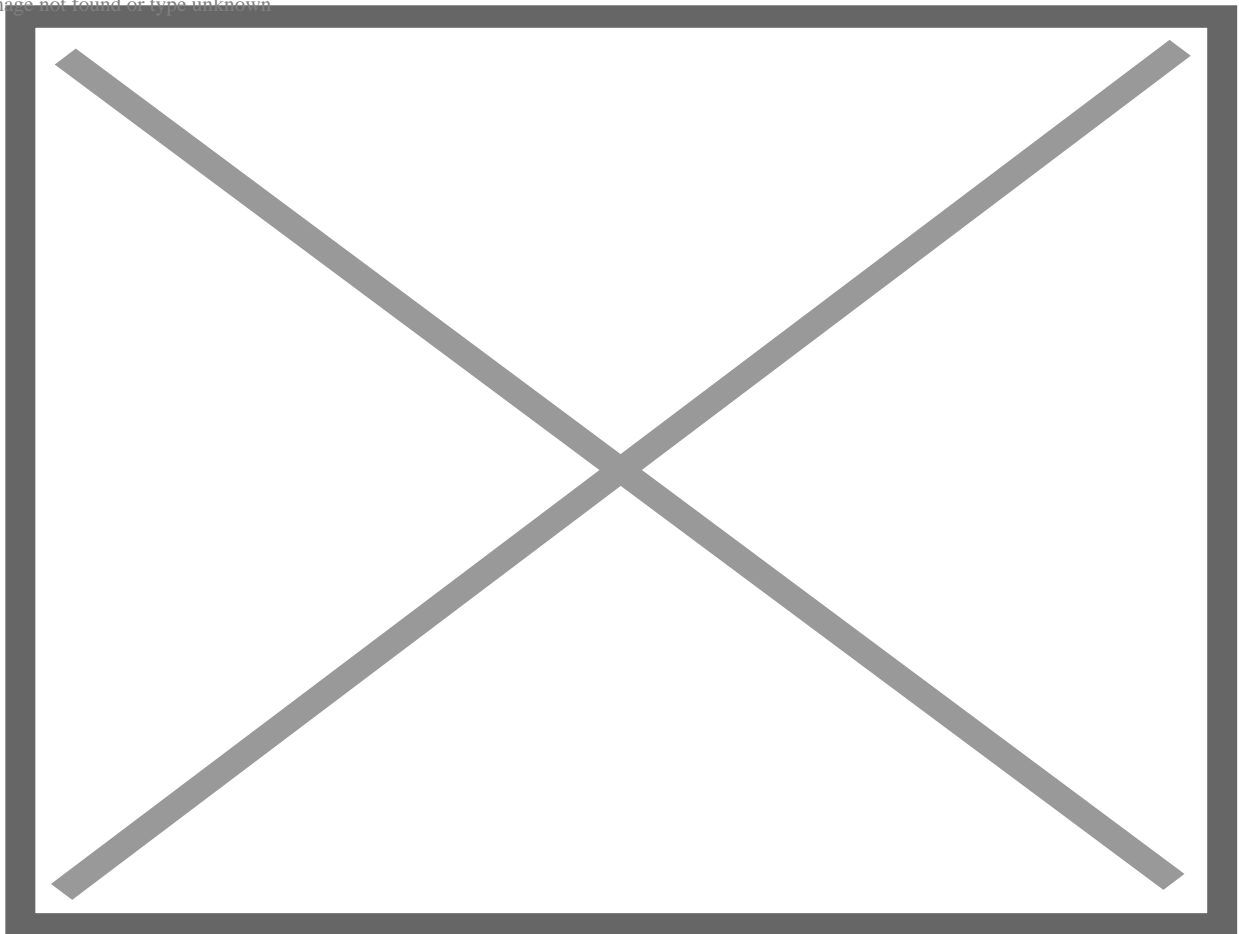
Using the case rates provided by UKHSA, we can also calculate the immune system performance. All we need to do is alter the vaccine effectiveness formula slightly for a negative immune system performance, and use the same formula for a positive immune system performance –

Positive Immune System Performance =  $\frac{\text{Unvaccinated Case Rate} - \text{Vaccinated Case Rate}}{\text{Unvaccinated Case Rate}} \times 100$

Negative Immune System Performance =  $\frac{\text{Unvaccinated Case Rate} - \text{Vaccinated Case Rate}}{\text{Vaccinated Case Rate}} \times 100$

The following chart shows the immune system performance of the triple vaccinated population in England by age group in four week periods, compared to the natural immune system of the unvaccinated population –

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*Click to enlarge*

The lowest immune system performance is currently among 60-69-year-olds at a shocking minus-80%, but all triple vaccinated people aged 30 to 59 are not far behind, with an immune system performance ranging from minus-75% to minus-76%.

Even the 18 to 29-year-olds are within this region at minus-70%, falling from an immune system performance of +11.35% between week 51 and week 2, meaning they have suffered the fastest decline in immune system performance.



AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged.

People with acquired immune deficiency syndrome are at an increased risk for developing certain cancers and for infections that usually occur only in individuals with a weak immune system.

If that immune system performance was to hit around the -95% mark then this would strongly suggest the triple vaccinated population have developed some new form of Covid-19 vaccine induced acquired immunodeficiency syndrome, and unfortunately based on the current trend seen over the past 3 months, the youngest age groups do not have long to wait.

But we won't be able to officially confirm it because the UK Health Security Agency have decided to sweep it under the carpet and hide the official data.

That isn't the only terrible outcome that the UKHSA are attempting to conceal though. Because UKHSA data also suggests the double vaccinated are suffering Antibody-Dependent Enhancement.

## Antibody-Dependent Enhancement

The UKHSA have been trying to hide this revelation since the turn of the year, when they decided to stop publishing the rates per 100,000 for the double jabbed and instead only publish the rates for the triple jabbed.

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.

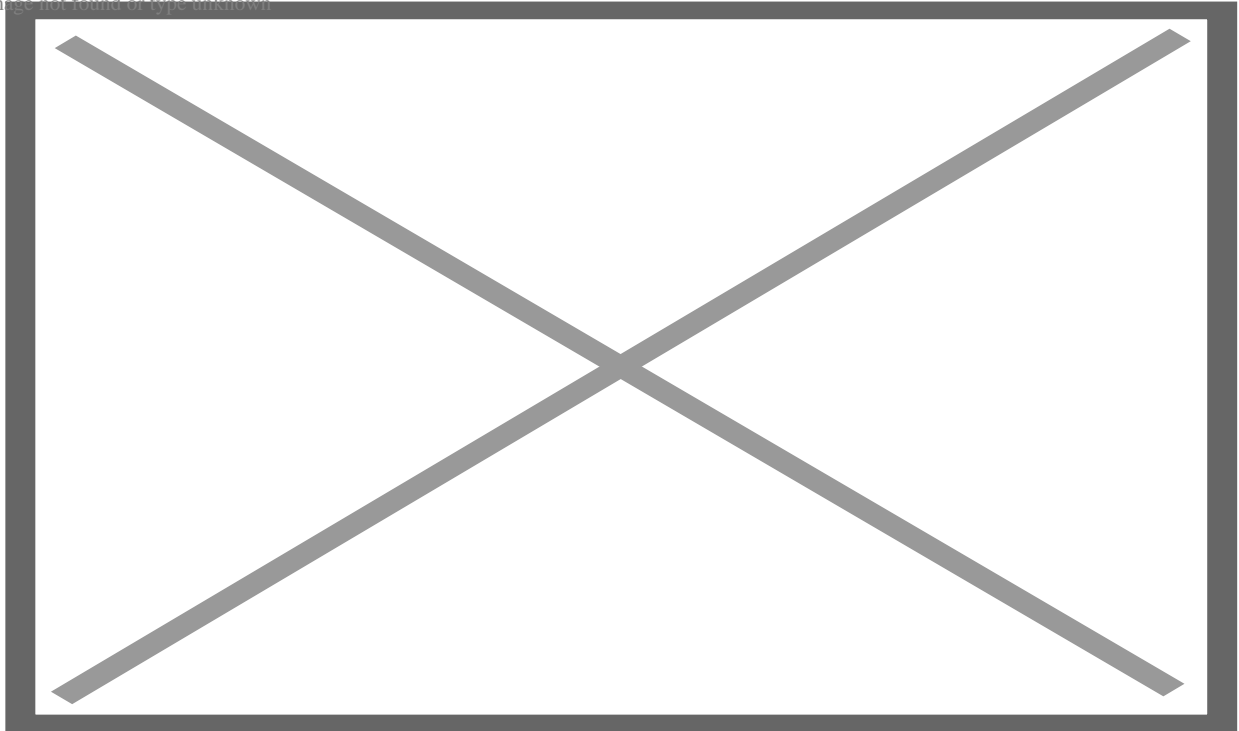
e.g. – 3 million Double Vaccinated / 100k = 30  
500,000 cases among double vaccinated / 30 = 16,666.66 cases per 100,000 population.

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.

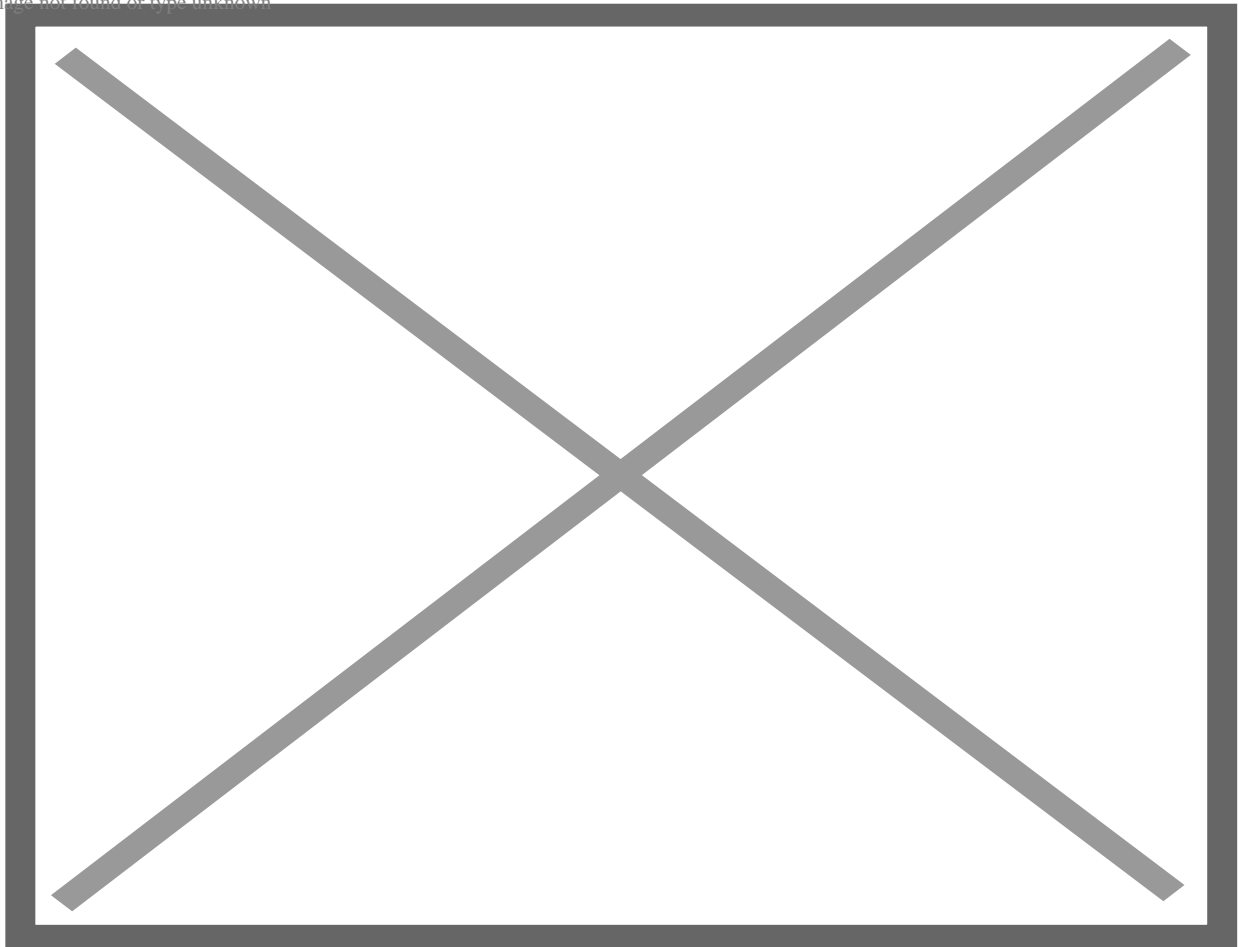
Here's the table taken from the [Week 12 Influenza and Covid-19 Surveillance Report](#) –

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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 –

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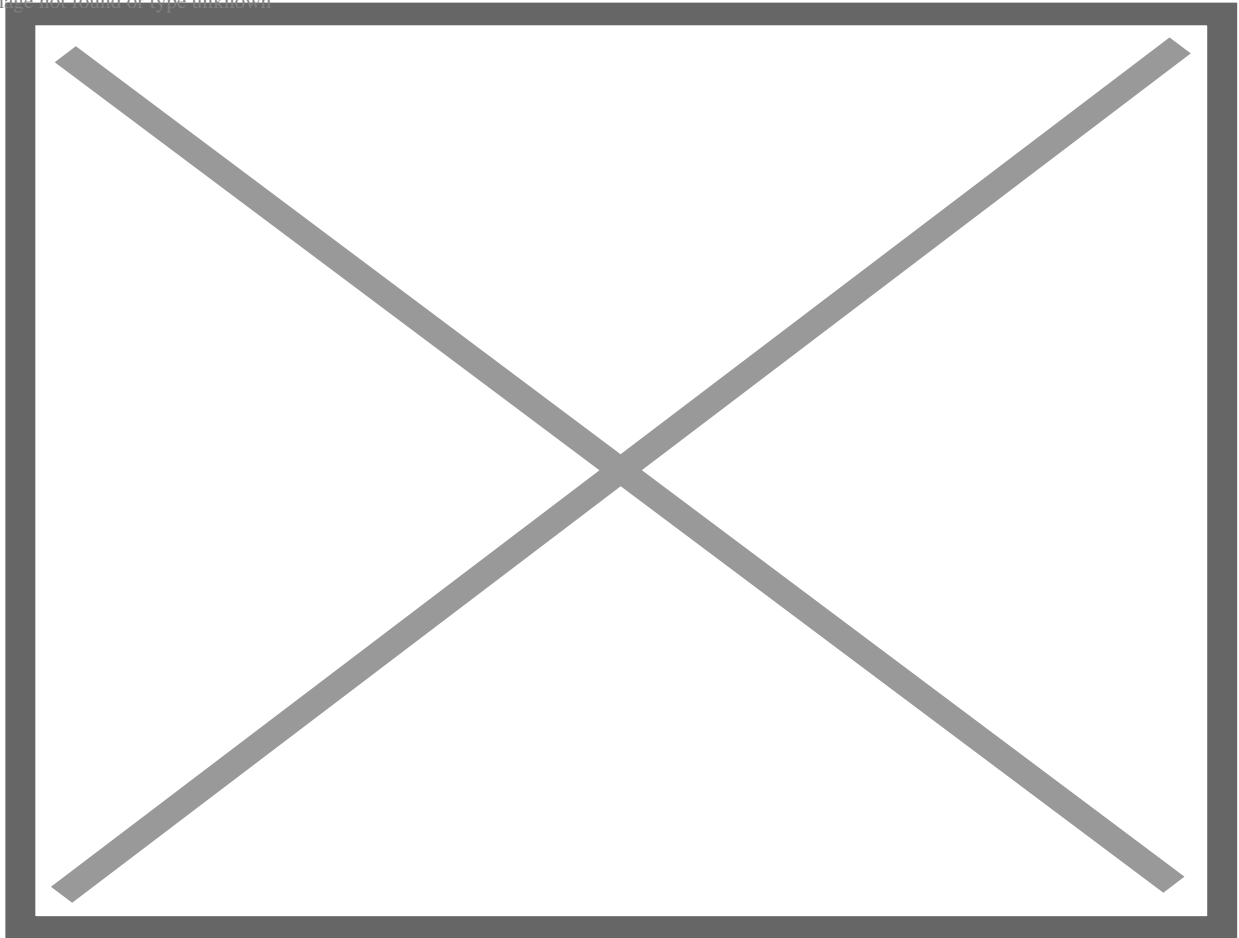


[Source – Page 85](#)

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 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 –

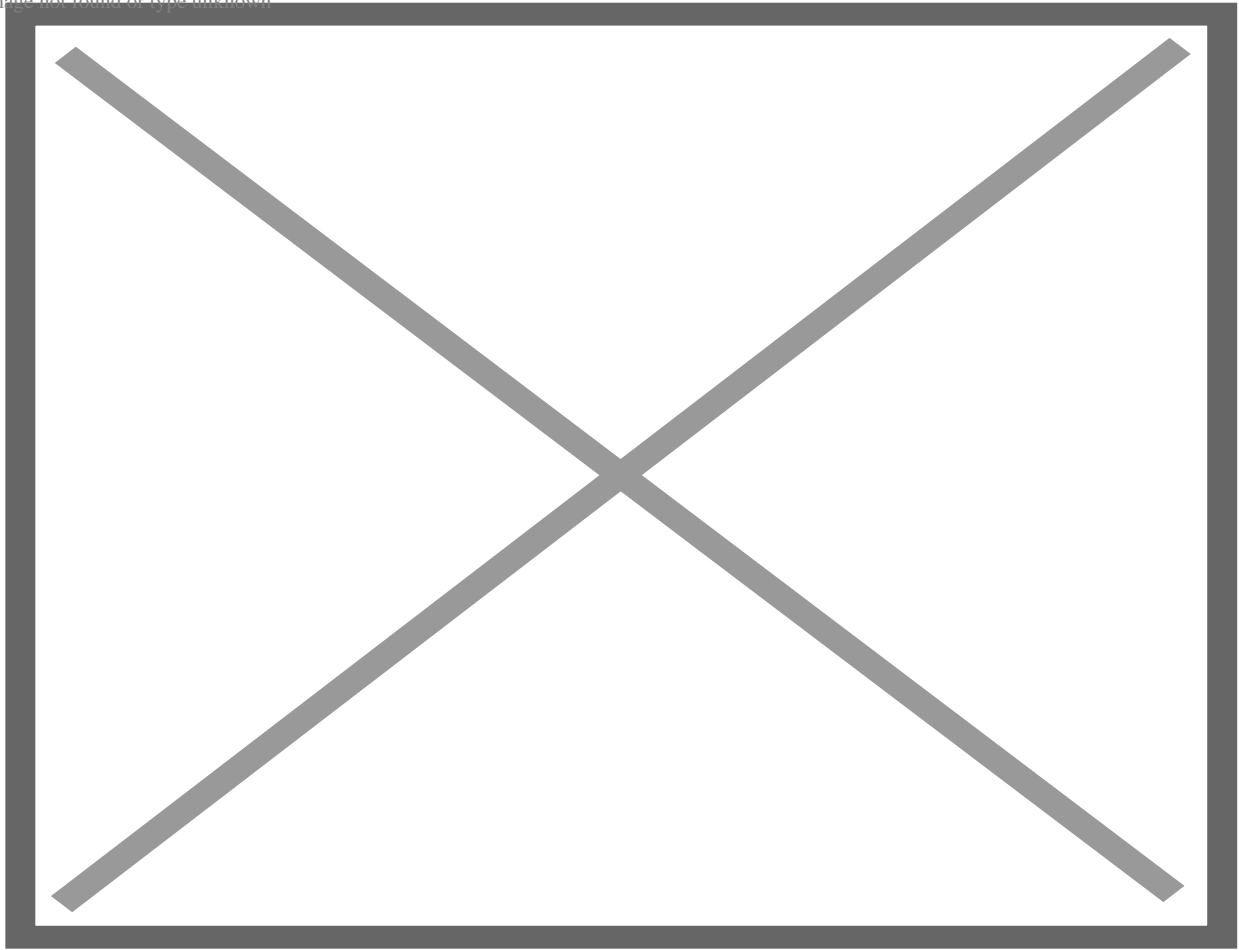
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the rates per 100,000 are highest among the double vaccinated in every age group except for the 18-29-year-olds. This data shows that all double vaccinated people aged 30 and over are more likely to be hospitalised with Covid-19 than unvaccinated people.

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 –

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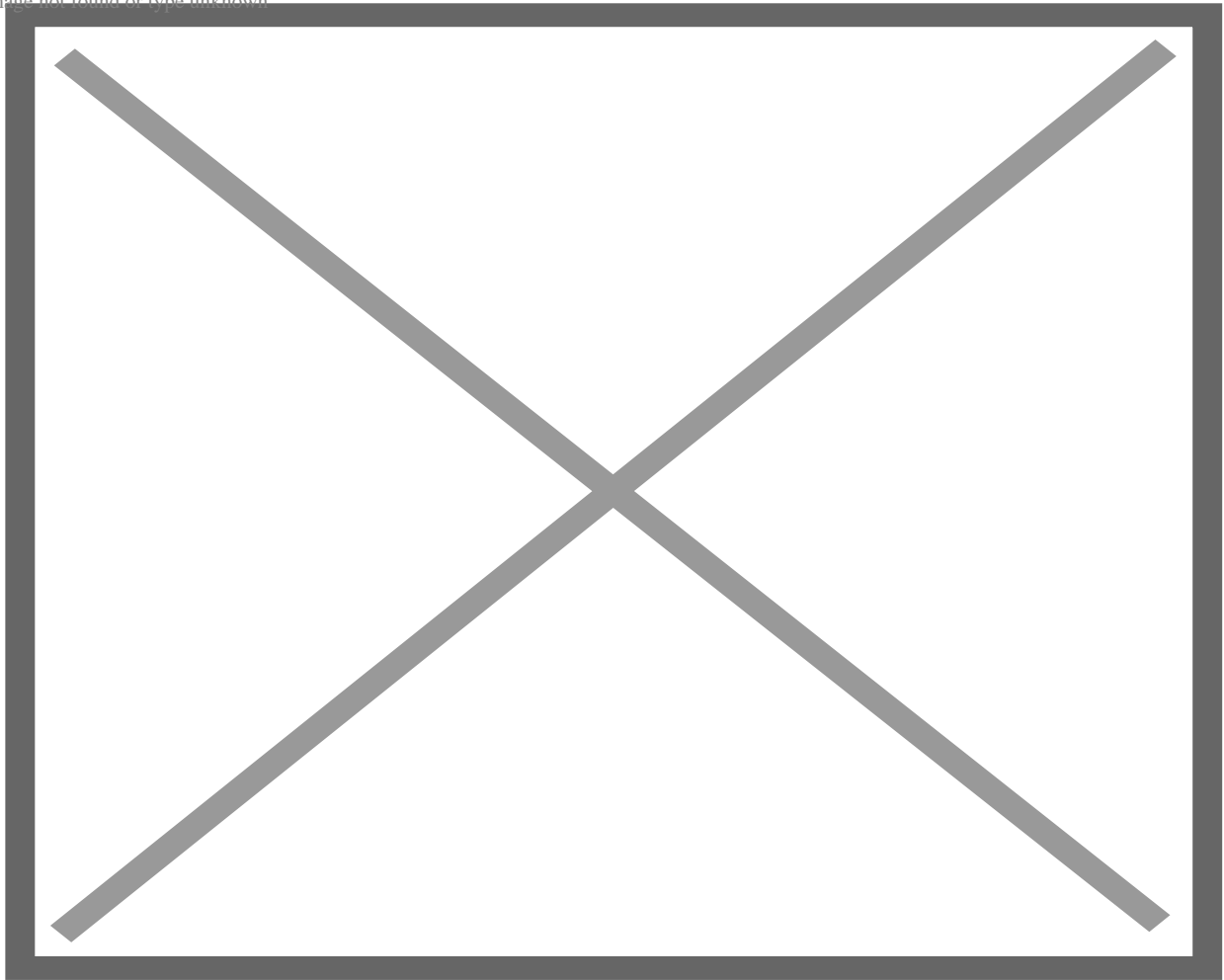
The death-rate per 100,000 is highest among the double vaccinated in all age groups excluding the 30-39 year olds where the death rate is the same as the unvaccinated, and the 18-29-year-olds where the death rate is lower. This data shows that all double vaccinated people aged 40 and over are more likely 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:  $\text{Unvaccinated Rate per 100k} - \text{Vaccinated Rate per 100k} / \text{Unvaccinated Rate per 100k} \times 100 = \text{Vaccine Effectiveness}$*

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 –

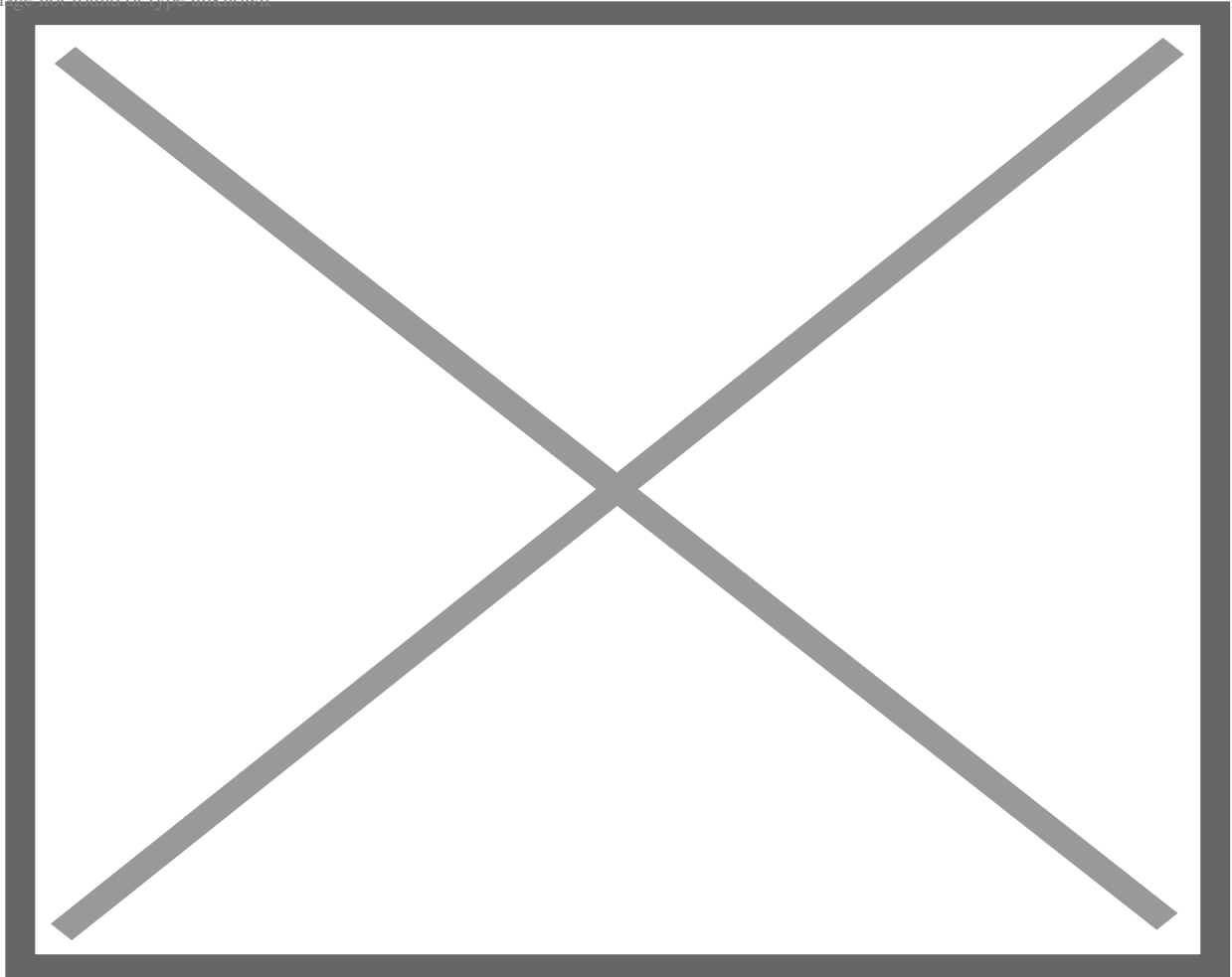
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This data shows that all double vaccinated people over age 30 are between 0.2 and 2 times more likely to be hospitalised, with a minus-1% vaccine effectiveness among 30 to 39 year olds, and a minus-76% vaccine effectiveness among the over 80's.

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 –

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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 most double vaccinated people more likely to be hospitalised, and more likely to die of Covid-19 than unvaccinated people?

## Vaccine-Associated Enhanced Disease

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.

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](#).

But 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.

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).

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 signifiant 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 dysponoea (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.

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.

But the FDA failed to act, and that is precisely why the UK Health Security Agency has been looking for, and found an inadequate excuse not to publish any further data on Covid-19 cases, hospitalisations and deaths by vaccination status.

### **Category**

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

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