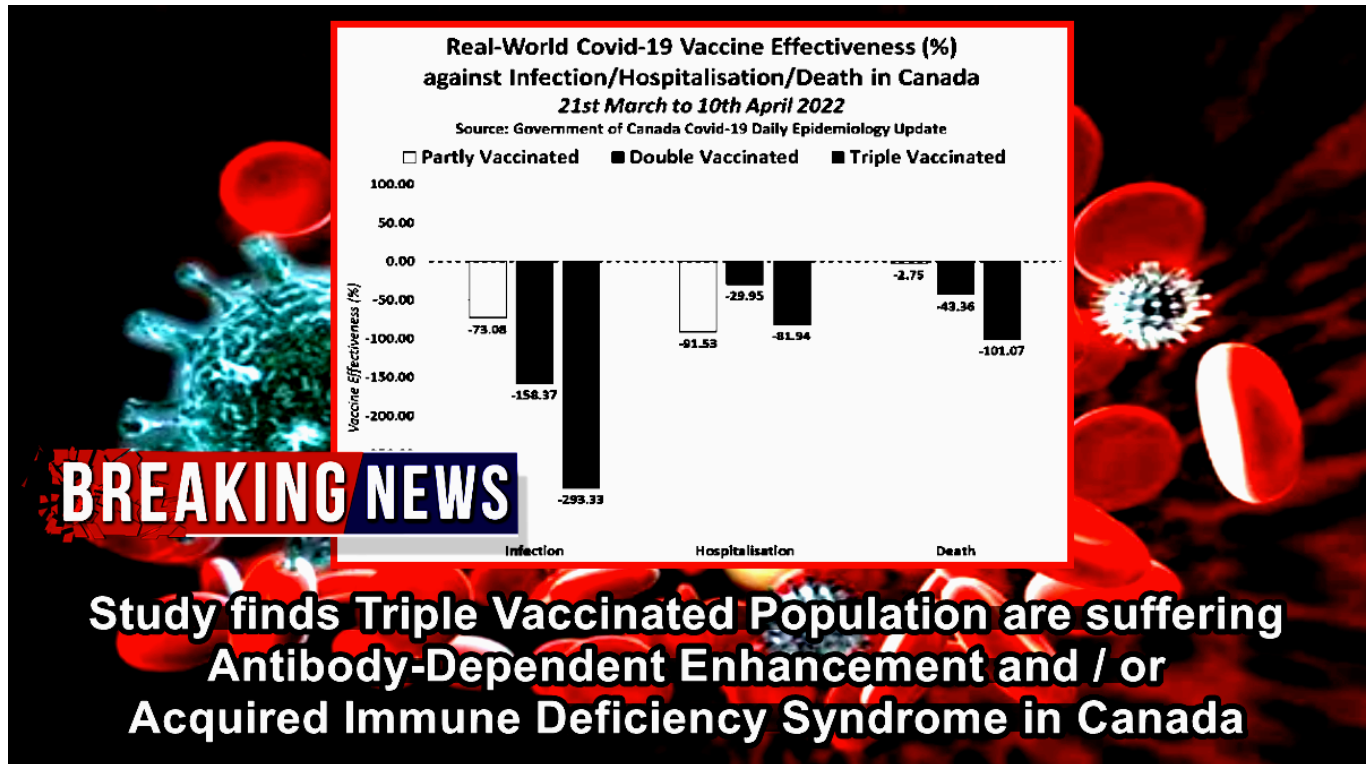


Study finds Triple Vaccinated are suffering Antibody-Dependent Enhancement and/or Acquired Immune Deficiency Syndrome in Canada

dailyexpose.uk/2022/05/01/study-triple-jabbed-suffering-ade-aids-canada/

By The Exposé

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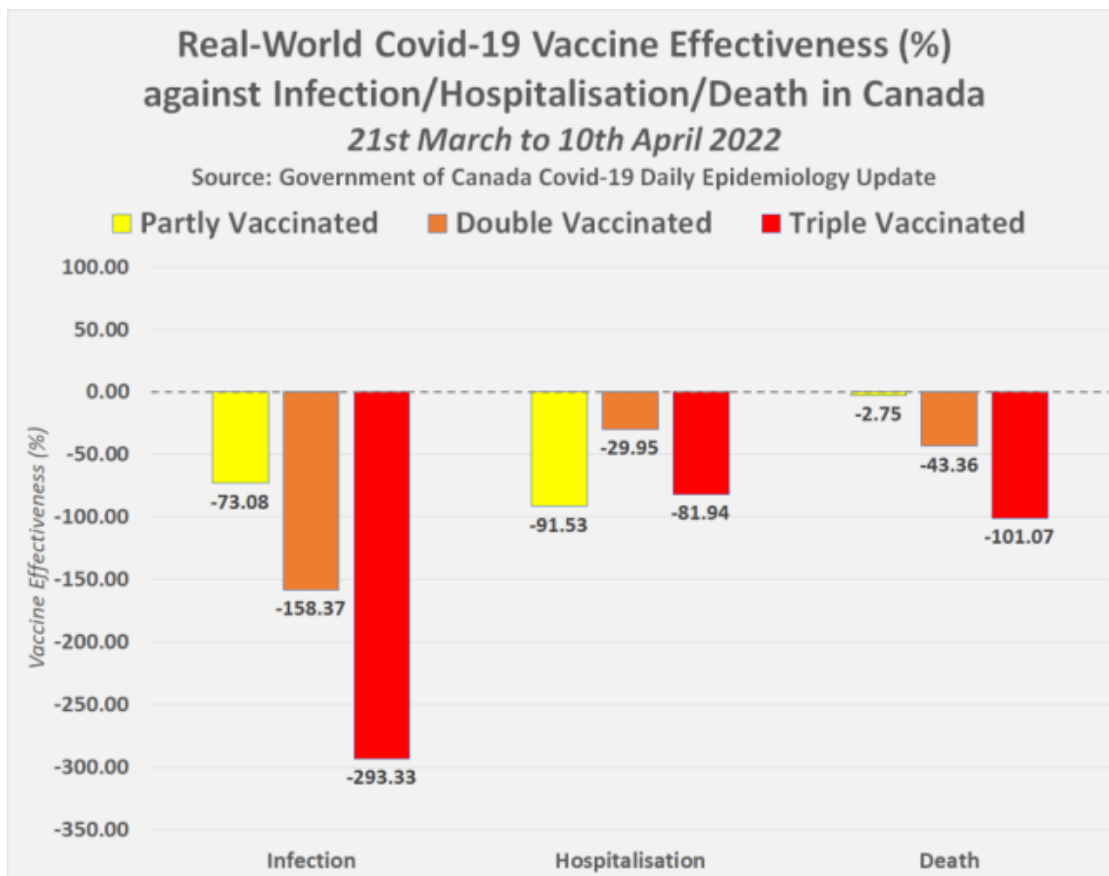


A study of official data published by the Government of Canada has found triple vaccinated individuals are now four times more likely to be infected with Covid-19, 2 times more likely to be hospitalised with Covid-19, and 2 times more likely to die of Covid-19 than unvaccinated individuals.

One reason why this could be occurring is that the Covid-19 injections are causing Vaccine-Associated Enhanced Disease and antibody-dependent enhancement. But this would not explain the increased risk of infection.

But there's another condition that would explain the increased risk of infection as well as the increased risk of hospitalisation and death.

And that condition is Acquired Immune Deficiency Syndrome.



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The figures on Covid-19 by vaccination status are produced by the Government of Canada, the latest of which are presented in the following table taken from their report –

▼ Figure 5: Text description

Characteristics and severe outcomes associated unvaccinated, partially vaccinated and fully vaccinated confirmed cases reported to PHAC, as of April 10, 2022

Status	Cases	Hospitalizations	Deaths
Unvaccinated	941,467	50,461	9,511
Cases not yet protected	51,730	3,263	783
Partially vaccinated	92,025	4,713	876
Fully vaccinated	715,700	17,207	2,770
Fully vaccinated with an additional dose	230,639	9,623	1,835

Among the twelve jurisdictions that have reported case-level vaccine history data to PHAC, a total of 25.0 million people have received at least one dose of the COVID-19 vaccine as of April 10, 2022.

Of these people:

- 25.0 million achieved partial vaccination status, of which 92,025 (0.37%) were diagnosed with COVID-19 while partially vaccinated
- 23.9 million achieved full vaccination status, of which 715,700 (2.99%) were diagnosed with COVID-19 while fully vaccinated
- 13.7 million achieved full vaccination with an additional dose status, of which 230,639 (1.68%) were diagnosed with COVID-19 while fully vaccinated with an additional dose

Source

The table makes it appear that the Covid-19 injections are clearly working but this is a deception. The Government of Canada has chosen to present the figures from as far back as 14th December 2020, meaning they include the largest wave of cases, hospitalisations and deaths to date in January 2021 when just 0.3 of the population of Canada was considered fully vaccinated.

Here's a table taken from a previous report courtesy of the 'Wayback Machine' –

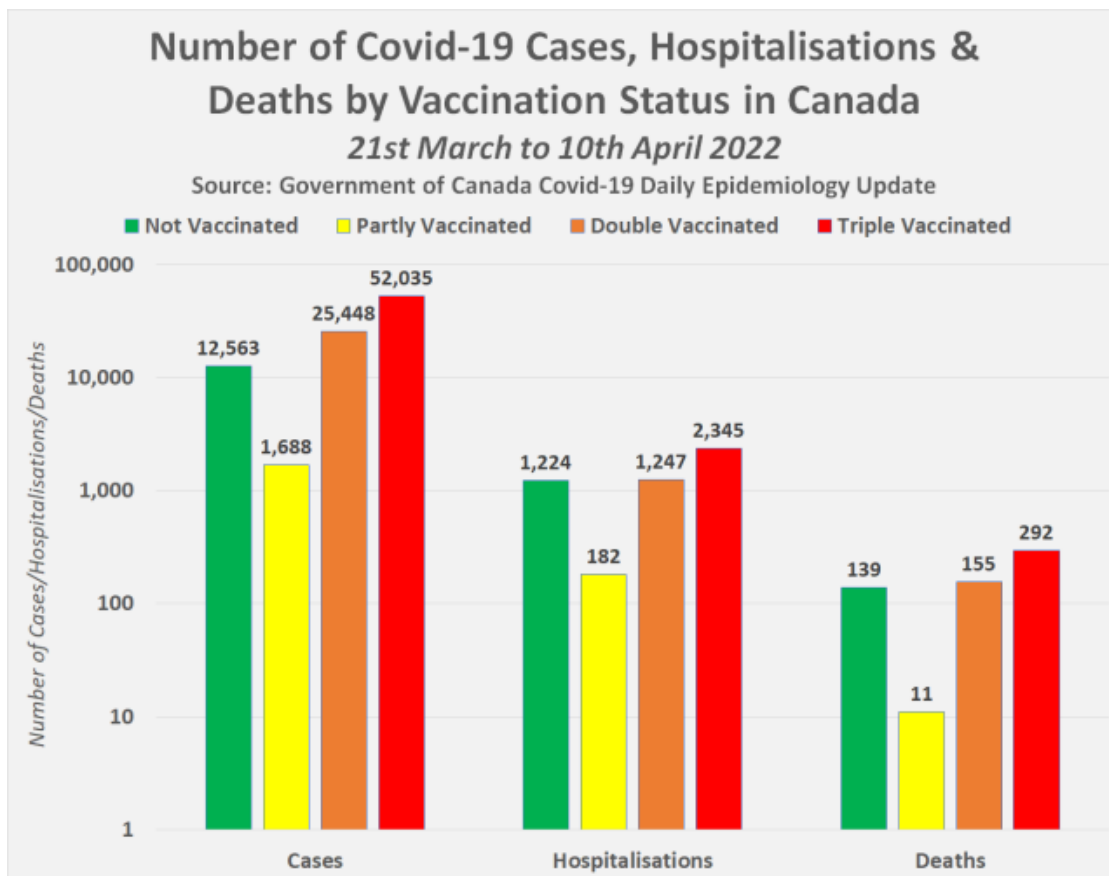
▼ Figure 5: Text description

Characteristics and severe outcomes associated unvaccinated, partially vaccinated and fully vaccinated confirmed cases reported to PHAC, as of March 20, 2022

Status	Cases	Hospitalizations	Deaths
Unvaccinated	928,904	49,237	9,372
Cases not yet protected	51,640	3,237	781
Partially vaccinated	90,427	4,557	867
Fully vaccinated	690,252	15,960	2,615
Fully vaccinated with an additional dose	178,604	7,278	1,543

Source

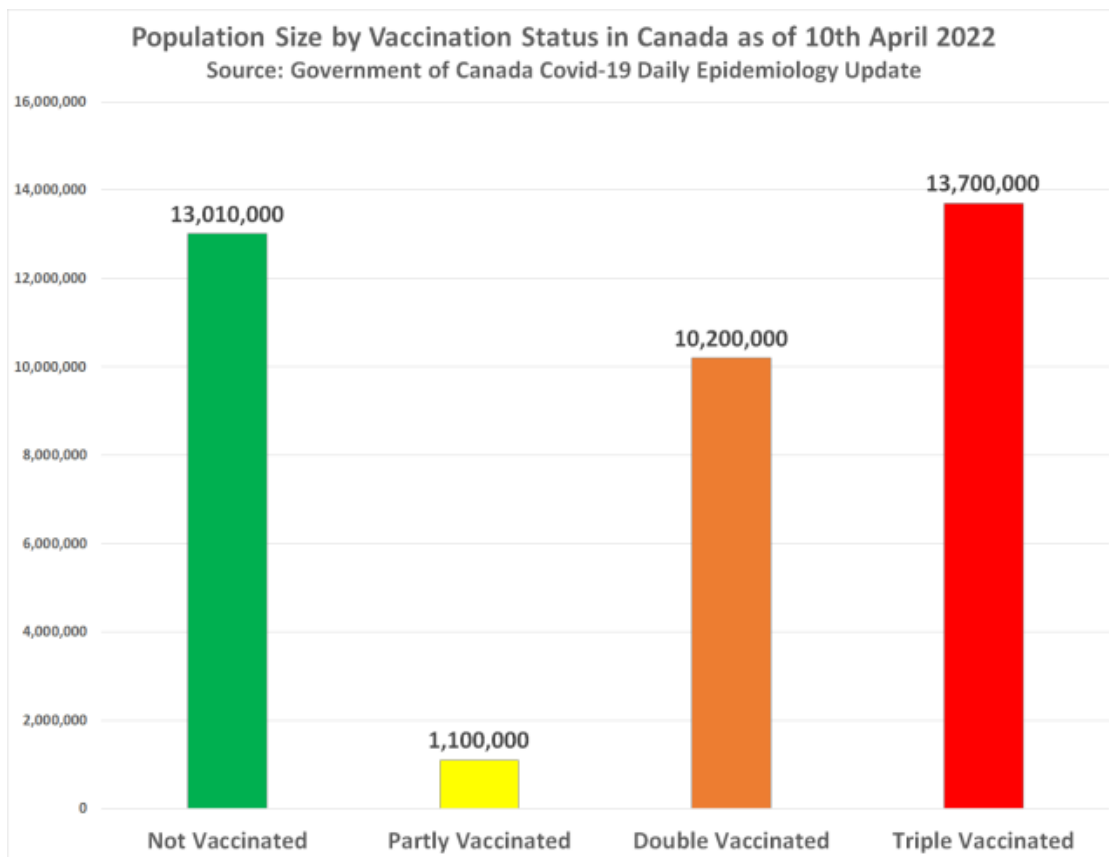
And here's a chart showing the true number of cases, hospitalisations and deaths by vaccination status in Canada between 21st March and 10th April 2022 (*The numbers have been calculated by performing simple subtraction on the two tables above*) –



Between 21st March and 10th April 2022, there were 91,734 confirmed cases, 4,998 hospitalisations, and 597 deaths. As you can see from the above the triple vaccinated accounted for the majority of cases, hospitalisations and deaths. You may be thinking that this is to be expected with so many people being vaccinated? But the rates per 100,000 prove otherwise.

The population of Canada is 38.01 million. The Government of Canada provides the total population size by vaccination status below the cases, hospitalisations and deaths table within their report.

According to the Government of Canada, 25 million people have had at least 1 dose of the Covid-19 vaccine. This means 13.01 million people have not. Here's a chart showing the population size by vaccination status in Canada as of 10th April 2022 –



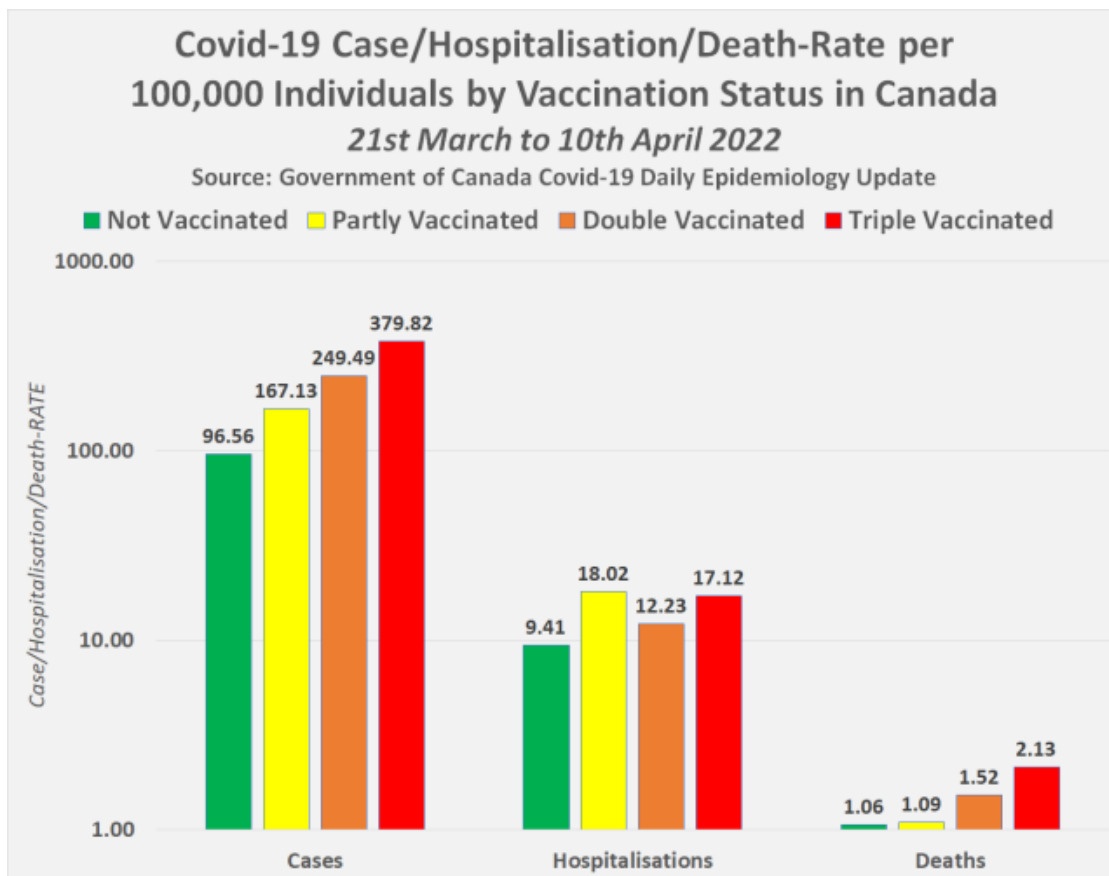
Now that we know this, all we need to do is divide each population size by 100,000 and then the number of cases/hospitalisations/deaths among each population by the answer to the previous equation. This will give us the rates per 100,000 population.

e.g. –

13.01 million Unvaccinated / 100,000 = 130.1

12,563 Unvaccinated Cases / 130.1 = 96.56 cases per 100,000 population

Here's a chart showing the Covid-19 cases/hospitalisation/death-rate per 100,000 population by vaccination status in Canada between 21st March and 10th April 2022 based on the figures above –



All three rates are actually the lowest among the unvaccinated population. This means the unvaccinated are the least likely to be infected with Covid-19, least likely to be hospitalised with Covid-19, and least likely to die of Covid-19.

The triple vaccinated population are actually the most likely to be infected with Covid-19, and the most likely to die of Covid-19. Whilst the partly vaccinated are the most likely to be hospitalised with a rate of 18.02 per 100k. But the triple vaccinated are not far behind with a rate of 17.12 per 100k.

You didn't expect to see these numbers did you? Why would you when you've been fed propaganda and lies by your own Government for the past two years?

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

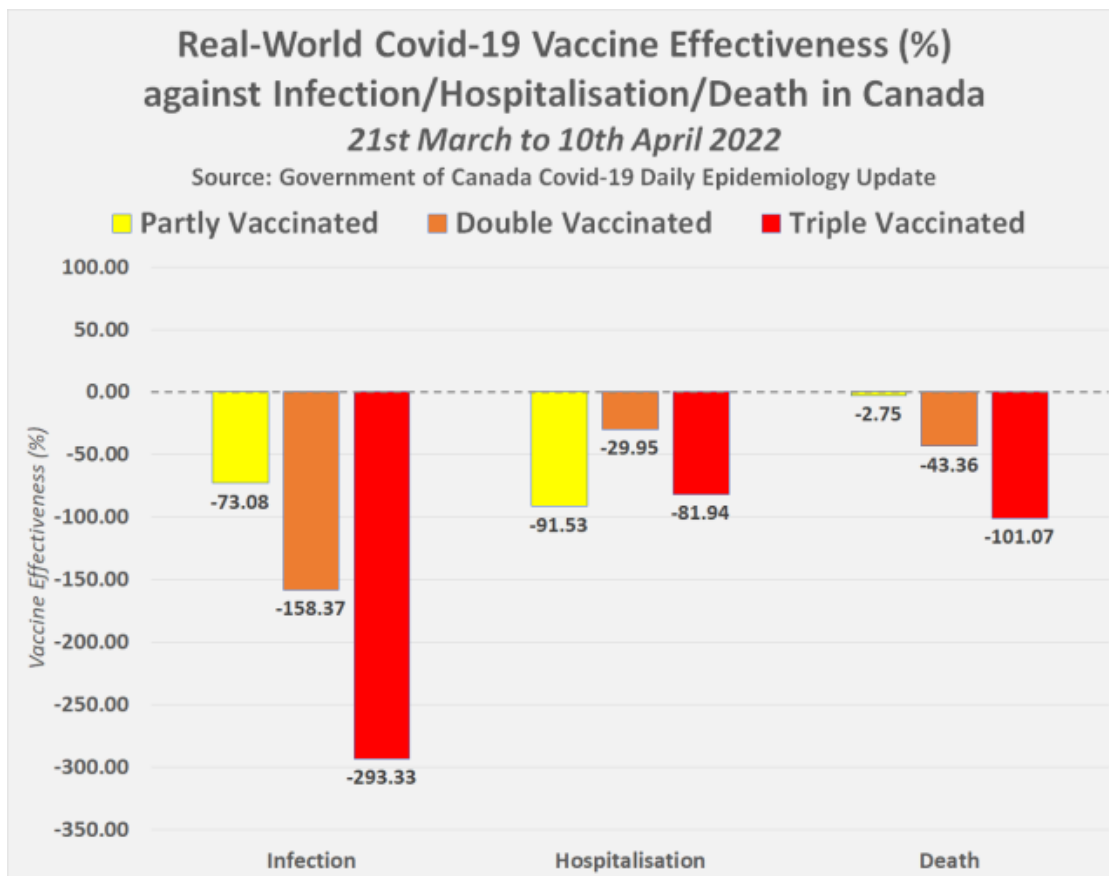
The formula is as follows –

Unvaccinated Rate per 100k – Vaccinated Rate per 100k / Unvaccinated Rate per 100k = Vaccine Effectiveness

e.g.

Unvax 96.56 cases per 100k – Double Vax 249.49 cases per 100k / Unvax 96.56 cases per 100k = VE of minus-158.37%

Here's a chart showing the real-world Covid-19 vaccine effectiveness in Canada against infection, hospitalisation and death between 21st March and 10th April 2022 –



Covid-19 vaccine effectiveness against infection is as low as minus-293.33% among the triple jabbed, and as high as minus-73.08% among the partly jabbed.

Covid-19 vaccine effectiveness against hospitalisation is as low as minus-91.53% among the partly jabbed, and as high as minus-30% among the double jabbed.

Covid-19 vaccine effectiveness against death is as low as minus-101.07% among the triple jabbed, and as high as minus-2.75% among the partly jabbed.

This isn't anywhere near the 95% effectiveness you've been lied to about for the past year is it?

This data shows that the triple vaccinated are 4x more likely to be infected with Covid-19, 2x more likely to be hospitalised with Covid-19, and 2x more likely to die of Covid-19.

The question is, why?

Antibody-Dependent Enhancement?

One possibility is that we could be witnessing the much feared antibody-dependent enhancement (ADE).

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 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 herein 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.

Study Type ⓘ : **Interventional (Clinical Trial)**
Estimated Enrollment ⓘ : **43998 participants**
Allocation: **Randomized**
Intervention Model: **Parallel Assignment**
Masking: **Triple (Participant, Care Provider, Investigator)**
Primary Purpose: **Prevention**
Official Title: **A PHASE 1/2/3, PLACEBO-CONTROLLED, RANDOM**
Actual Study Start Date ⓘ : **April 29, 2020**
Estimated Primary Completion Date ⓘ : **February 8, 2024**
Estimated Study Completion Date ⓘ : **February 8, 2024**

However, of the information collated by Pfizer so far in the ongoing study they have conducted, it is clear to see that they were fully aware in February 2021 that antibody-dependent enhancement was a possible consequence of their Covid-19 injection, and it appears they also knew by April 2021 that the phenomenon was killing people.

The US Food and Drug Administration (FDA) has been forced by court order to publish all confidential documents sent to them by Pfizer in regard to emergency use approval of the Pfizer Covid-19 injection.

The latest round of documents were published 1st April 22, and one of those documents 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 Respiratory Disease (VAERD)'.

BNT162b2
5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

Table 5. Important Potential Risk

Topic	Description
Important Potential Risk	Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)
Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)	<p>The search criteria utilised to identify potential cases of VAED for this report includes PTs indicating a lack of effect of the vaccine and PTs potentially indicative of severe or atypical COVID-19^a.</p> <p>Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 138 cases [0.33% of the total PM dataset], reporting 317 potentially relevant events were retrieved:</p> <p>Country of incidence: UK (71), US (25), Germany (14), France, Italy, Mexico, Spain, (4 each), Denmark (3); the remaining 9 cases originated from 9 different countries; Cases Seriousness: 138; Seriousness criteria for the total 138 cases: Medically significant (71, of which 8 also serious for disability), Hospitalization required (non-fatal/non-life threatening) (16, of which 1 also serious for disability), Life threatening (13, of which 7 were also serious for hospitalization), Death (38). Gender: Females (73), Males (57), Unknown (8); Age (n=132) ranged from 21 to 100 years (mean = 57.2 years, median = 59.5); Case outcome: fatal (38), resolved/resolving (26), not resolved (65), resolved with sequelae (1), unknown (8); Of the 317 relevant events, the most frequently reported PTs (≥2%) were: Drug ineffective (135), Dyspnoea (53), Diarrhoea (30), COVID-19 pneumonia (23), Vomiting (20), Respiratory failure (8), and Seizure (7).</p> <p>Conclusion: VAED may present as severe or unusual clinical manifestations of COVID-19. Overall, there were 37 subjects with suspected COVID-19 and 101 subjects with confirmed COVID-19 following one or both doses of the vaccine; 75 of the 101 cases were severe, resulting in hospitalisation, disability, life-threatening consequences or death. None of the 75 cases could be definitively considered as VAED/VAERD. In this review of subjects with COVID-19 following vaccination, based on the current evidence, VAED/VAERD remains a theoretical risk for the vaccine. Surveillance will continue.</p>

Source – Page 11

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).

Antibody-Dependent Enhancement would certainly explain why the vaccinated population are twice as likely to be hospitalised with and die of Covid-19 than the unvaccinated population, but we're not sure it would explain why the vaccinated are up to five times more likely to be infected with Covid-19.

Another extremely serious condition that would explain the higher case-rate as well as the higher hospitalisation/death rate is Acquired Immune Deficiency Syndrome (AIDS)

Acquired Immune Deficiency Syndrome?

It's a common misconception that Acquired Immunodeficiency Syndrome (AIDS) is only caused by the HIV virus. This simply isn't true.

Acquired (or secondary) immunodeficiency is one of the major causes of infections in adults. These immunodeficiency disorders affect your immune system partially or as a whole, making your body an easy target for several diseases and infections. (*Source*)

When immunodeficiency disorders affect your immune system, your body can no longer fight bacteria and diseases. (*Source*)

Several factors in the environment can cause secondary immunodeficiency disorders. (*Source*)

Some common ones are:

- Radiation or chemotherapy, which can lead to a secondary immunodeficiency disorder known as neutropenia
- Infections due to human immunodeficiency virus (HIV) can result in acquired immune deficiency syndrome (AIDS)
- Leukaemia, a cancer that begins in the cells of the bone marrow that can lead to hypogammaglobulinemia—a type of secondary immunodeficiency
- Malnutrition, which affects up to 50% of populations in underdeveloped countries and leaves people vulnerable to respiratory infections and diarrhoea

But some of the less common causes include **Drugs or medications**. (*Source*)

So it's perfectly possible for a medication or drug to cause acquired immunodeficiency syndrome, and data published by the Government of Canada strongly suggests the Covid-19 injections should be added to the list.

Authorities claim that vaccine effectiveness wanes substantially over time and this is why it's important to get a booster dose. 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 recipient's immune system performance compared to the immune system performance of an unvaccinated person.

A vaccine effectiveness of -50% would mean that the 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, and that's precisely what these figures are showing.

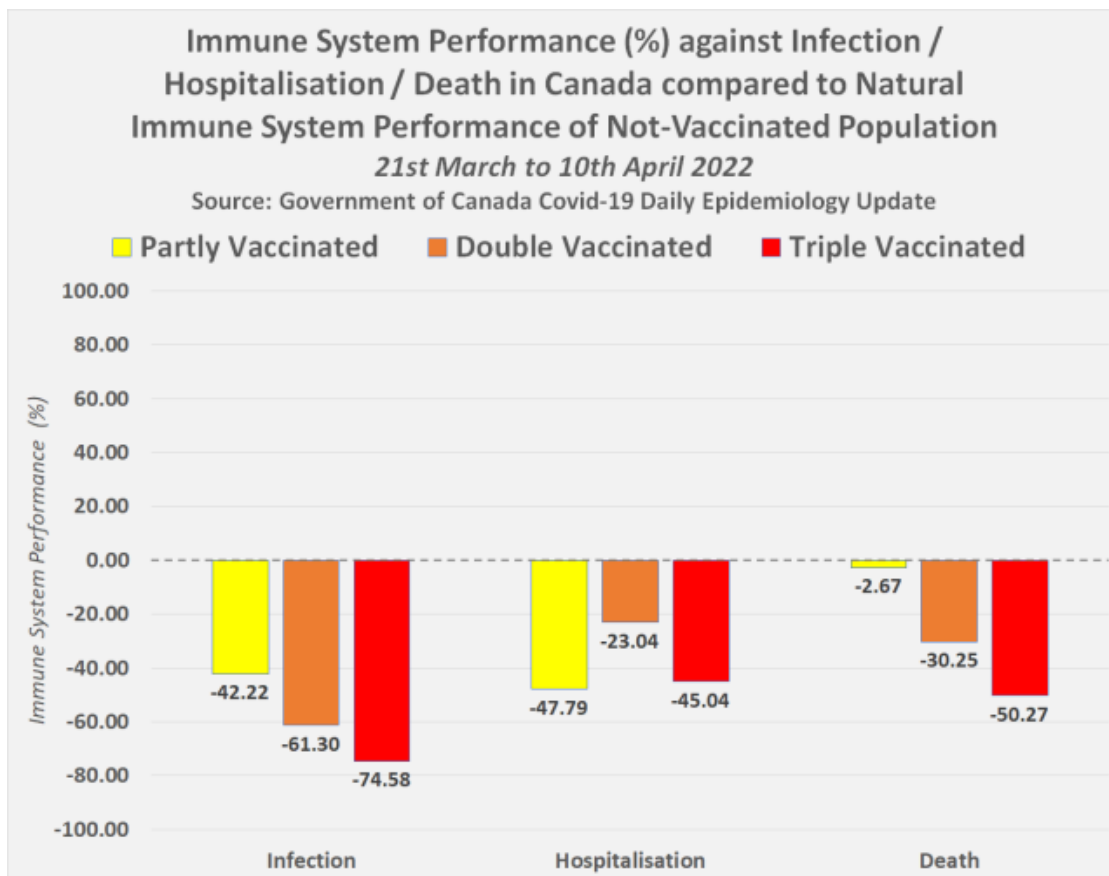
Using the rates per 100,00 we can also calculate the immune system performance of the vaccinated compared to the natural immune system of the unvaccinated.

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 = $\frac{\text{Unvaccinated Rate} - \text{Vaccinated Rate}}{\text{Unvaccinated Rate}} \times 100$

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

Here's a chart showing the immune system performance against infection, hospitalisation and death in Canada between 21st March and 10th April 2022 –



This data shows that the triple vaccinated have lost 75% of their ability to fight infection, 45% of their ability to prevent hospitalisation, and 50% of their ability to prevent their death compared to the immune system capability of the unvaccinated population.

Both the infection and death data seem to suggest that the more doses you have, the more damage you do to your immune system.

The real-world data does not lie.

The Covid-19 injection makes recipients more likely to be infected with Covid-19, more likely to be hospitalised with Covid-19, and more likely to die of Covid-19.

What's up for debate is the reason why. Antibody-Dependent Enhancement would certainly explain the increased risk of hospitalisation and death, and Acquired Immune Deficiency Syndrome would certainly explain the reason for the increased risk in cases, hospitalisation and death.

But there's nothing to say we're not witnessing both conditions unfold at the same time.

Sources/References

- COVID-19 daily epidemiology update (10th April Figures)
- COVID-19 daily epidemiology update (20th March Figures)
- Confidential Pfizer Data – reissue_5.3.6 postmarketing experience.pdf
- Fact Sheet – What to Know About Secondary Immunodeficiency Disorders?