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MONDAY, JUNE 28TH, 2021 |



BREAKING NEWS

# Evidence of Antibody Dependent Enhancement? – Majority of Covid deaths are the fully vaccinated and A&E attendance is breaking records

BY THE DAILY EXPOSE ON JUNE 20, 2021 • ( 18 COMMENTS )



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**Are we beginning to see evidence of ‘Antibody Dependent Enhancement’ (ADE) due to the Covid-19 vaccines in the United Kingdom? The latest data on hospitalisations and deaths allegedly due to Covid-19 certainly suggests so.**

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.

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BARRY BLOOM, MD, PhD, OF THE HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH explanation of ADE IS AS FOLLOWS –

“The cause of ADE is having antibodies to a virus that don’t neutralize it. That enables the virus to be gobbled up by cells that have receptors for antibodies, but not the virus. That’s the way of getting virus into cells that it ordinarily would not infect.”

ADE can also occur when neutralizing antibodies (which bind the virus and stop it from causing infection) are present at low enough levels that they don’t protect against infection. Instead, they can form **immune complexes** (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3008185/>) with viral particles, which in turn leads to worse illness.

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](https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/antibody-dependent-enhancement-and-vaccines) (<https://www.chop.edu/centers-programs/vaccine-education-center/vaccine-safety/antibody-dependent-enhancement-and-vaccines>) 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 (<https://clinicaltrials.gov/ct2/show/NCT04368728>) is not due to complete until April 6th 2023.



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Estimated Enrollment ⓘ : 4399 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  
 IMMUNOGENICITY, AND EFFICACY OF SARS-COV-2  
 Actual Study Start Date ⓘ : April 29, 2020  
 Estimated Primary Completion Date ⓘ : October 29, 2021  
 Estimated Study Completion Date ⓘ : April 6, 2023

**PFIZER**

Whilst the AstraZeneca phase three trial (<https://clinicaltrials.gov/ct2/show/NCT04516746>) is due to complete slightly earlier on February 14th 2023.

### Study Design

Study Type ⓘ : Interventional (Clinical Trial)  
 Actual Enrollment ⓘ : 32459 participants  
 Allocation: Randomized  
 Intervention Model: Parallel Assignment  
 Intervention Model Description: Participants are assigned to one of two or more groups in pa  
 Masking: Quadruple (Participant, Care Provider, Investigator, Outcome  
 Masking Description: Double Blind: two or more parties are unaware of the interve  
 Primary Purpose: Treatment  
 Official Title: A Phase III Randomized, Double-blind, Placebo-controlled M  
 Non-replicating ChAdOx1 Vector Vaccine, for the Prevention  
 Actual Study Start Date ⓘ : August 28, 2020  
 Actual Primary Completion Date ⓘ : March 5, 2021  
 Estimated Study Completion Date ⓘ : February 14, 2023

**ASTRAZENECA**

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This means that the current worldwide Covid vaccine roll-out can be described as the largest human experiment ever conducted in history. Anybody who takes this vaccine, which is only temporarily authorised for emergency use is essentially a lab rat taking part in a trial.

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According to the MHRA yellow card reports as of the 9<sup>th</sup> June 2021 there have been 949,287 adverse reactions reported alongside 1,332 deaths (<https://dailyexpose.co.uk/2021/06/19/how-can-the-uk-gov-make-these-mandatory-20th-update-on-adverse-reactions-to-the-covid-vaccines-shows-949287-adverse-reactions-1332-deaths/>). However only 1% – 10% of adverse reactions are reported and the MHRA state that 1 in every 142 people are suffering an adverse reaction. But in reality the actual rate could be as high as anywhere between 1 in every 14 people or 2 in every 3 people.

The adverse reactions suffered are not just things like a sore arm, or a headache. They include things like blindness, seizure, paralysis, brain damage, and stroke, and now we may be seeing evidence of antibody dependant enhancement courtesy of the latest data published by Public Health England on variants of concern in England.

The published government document which can be viewed [here](#)

([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/994839/Variants\\_of\\_Concern\\_VOC\\_Technical\\_Briefing\\_16.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994839/Variants_of_Concern_VOC_Technical_Briefing_16.pdf)) presents data within a table found on page 12 showing ‘Attendance to emergency care and deaths by vaccination status among Delta confirmed cases in England, 1<sup>st</sup> February 2021 to 14<sup>th</sup> June 2021’.

**Table 4. Attendance to emergency care and deaths by vaccination status among Delta confirmed cases (sequencing and genotyping) in England, 1 February 2021 to 14 June 2021.**

	Total	Cases with specimen date in past 28 days*	Unlinked	Unvaccinated	<21 days post dose 1	≥21 days post dose 1	≥14 days post dose 2
Delta cases since 1 Feb 2021 †	60,624	53,177	7,461	35,521	4,094	9,461	4,087
Cases with an A&E visit§ (excluding cases with the same specimen and attendance dates)‡	1,555	NA	14	1,038	116	285	102
Cases with an A&E visit§ (including cases with the same specimen and attendance dates)	2,176	NA	24	1,446	155	378	173
Cases where presentation to A&E resulted in overnight inpatient admission§ (excluding cases with the same specimen and admission dates)‡	488	NA	7	324	30	87	40
Cases where presentation to A&E resulted in overnight inpatient admission§ (including cases with the same specimen and admission dates)	806	NA	10	527	50	135	84
Deaths^	73	NA	2	34	1	10	26

Data sources: Emergency care attendance and admissions from Emergency Care Dataset (ECDS), deaths from PHE daily death data series (deaths within 28 days)

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But here's where things get both interesting and concerning. Since the 1<sup>st</sup> February 2021 there have been 73 alleged Covid deaths within 28 days of a positive test result due to the Delta Covid variant. However only 46.5% of these deaths were people who had not been vaccinated. Whilst 36.6% of the deaths were people who had been fully vaccinated for at least two weeks. A further 13.7% of the deaths were people who'd had one dose of a Covid vaccine at least 21 days prior to infection.

In all 50.68% of the deaths occurred in people who had received at least one dose of the Covid-19 vaccine. A further two deaths occurred in which Public Health England had not ascertained whether the person had received a dose of the Covid vaccine.

There are multiple conclusions we can come to due to this data –

- 1 – These people did not die to Covid-19 but instead died due to other causes and were just labelled as Covid-19 because they happened to test positive 28 days prior to their death.
- 2 – The vaccines do not work.
- 3 – The vaccines are causing antibody dependant enhancement, as has been proven to happen in trials for SARS and MERS vaccine candidates.

But there is further evidence the vaccines are causing serious issues in the wider population.

A&E departments across the UK are [currently at breaking point with record numbers of patients](https://www.independent.co.uk/news/health/nhs-emergency-hospital-patients-safety-b1868711.html) (<https://www.independent.co.uk/news/health/nhs-emergency-hospital-patients-safety-b1868711.html>) seeing numbers rise up by 50% compared with levels seen prior to the alleged pandemic.

At least 30 hospitals across England have seen record levels of patients during June, stretching from Exeter and Plymouth in the south to hospitals in Middlesbrough, Manchester and elsewhere in the north of England.

On Tuesday, the North Middlesex Hospital in north London declared an internal incident after 700 patients attended its A&E department – the highest level since January 2020, when 684 were recorded in a single day.

The University Hospitals of Leicester trust also recorded its busiest day ever on Tuesday, with 925 patients, as did the University Hospitals of North Midlands trust in Stoke, which saw 866 patients.

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At the University Hospitals Birmingham trust, which runs three A&E departments in the region, attendances have jumped from an average of around 900 per day in December 2019 to 1,350 this month. One clinician at the trust said patients were waiting at least nine hours to be seen on some occasions.

At Leeds General Infirmary, the average daily attendance was 350 before the pandemic but has now exceeded 400 patients a day. The trust has publicly warned patients on its Facebook page that they face long waits.

At the Royal Liverpool Hospital the A&E department was described as “at full stretch” with the situation labelled “unsustainable” by one consultant.

Other hospitals declaring record demand include the Royal Free in London, Addenbrooke’s Hospital in Cambridge, and the John Radcliffe Hospital in Oxford.

Pressure is also being felt by paramedics. In a leaked briefing to [West Midlands Ambulance Service](https://www.independent.co.uk/topic/west-midlands-ambulance-service) (<https://www.independent.co.uk/topic/west-midlands-ambulance-service>) staff, the trust said the problem of delays at hospital was now “the biggest risk to patient safety”.

“Seven of the top 10 busiest days the trust has experienced from a call perspective have come in June 2021! The situation is quite unprecedented and is being repeated across the country.”

For the first two weeks of the month, calls rose 30 per cent compared to the same month in 2019,

The briefing said – “The trust has not seen sustained pressure like it is currently experiencing in a very long time, if ever. Hospital delays are extensive and growing; members of the public are getting angry at delays in ambulances arriving and are taking it out on staff over the phone and in person.”

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Are we beginning to see evidence of Antibody Dependent Enhancement? It's hard to tell due to the fact we are in the middle of Summer, a season which throughout history has kept respiratory viral infections at bay. We will find out once Winter arrives, and it is only a few short months away, but we've a feeling based on the evidence that it isn't going to be pretty.

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