

From: [HFC Donnie](#)
To: [Bass, Virginia](#)
Cc: [Bohn, Rex](#); [Bushnell, Michelle](#); [Madrone, Steve](#); [COB](#); [Eberhardt, Brooke](#); [Hayes, Kathy](#); [Wilson, Mike](#); [Turner, Nicole](#); [Planning Clerk](#); [Damico, Tracy](#); [Honsal, William](#)
Subject: TOP REASONS TO END THE STATE OF EMERGENCY IN HUMBOLDT CALIFORNIA REGARDING COVID-19
Date: Monday, January 10, 2022 9:41:05 PM

Hello Madam Chair Virginia Bass, the Board of Supervisors & copied county personnel,

My name is Donnie Creekmore from Humboldt Freedom Coalition sending in the following document to be added as part of the record after the fact on tomorrows agenda.

Please reply back and confirm you have received this as well as confirm it will be included as part of the record.

This is in regard to the January 11th Agenda, Item H.2. "Update on Local Conditions Surrounding COVID-19"

Please take some time tonight to read this as well as time tomorrow in the morning before the meeting so you can better understand why you are about to vote against the fraudulent state of emergency in regard to COVID-19.

Thank you for your thoughtful consideration.

(Document: <https://docs.google.com/document/d/1djfNFWFV99BbrliYnP-bU-BKai4YEZZnEi5Rjr44XA/edit?usp=sharing>)

Also pasted below for your convenience.

--Donnie, HFC - 209-550-1041

TOP REASONS TO END THE STATE OF EMERGENCY IN HUMBOLDT CALIFORNIA REGARDING COVID- 19

By Donnie Creekmore

CoFounder of Humboldt Freedom Coalition

<https://humboldtfc.com>

1. There is NOT an emergency in Humboldt County California in regard to COVID-19

How we define danger:

The relative danger any virus poses to humanity is based mainly on how many people become hospitalized, are mamed, or sadly die from the illness. Statistical information is utilized to determine the relative danger of illnesses like Covid-19 and others before it. The birds eye view of danger calculation is typically hospitalization and mortality ratios which can be calculated against the total active cases as well as contrasted against the population as a whole.

This way you can figure out how many of the total population contracts the virus within a timeframe, and of the ones who contracted the virus how many went to the hospital, and of those, how many died.

The former, a measure of contagiousness and transmissibility, and the latter, a measure of danger to the individual and community health care infrastructure.

Pretty straight forward stuff.

Example:

if 100,000 people get a virus in a population of 100,000 people. In this sample 300 need to be hospitalized and of those 100 sadly parish, there obviously isn't an emergency because the overwhelming majority recovered, the entire population was affected, and thus herd immunity was achieved.

The relative danger level of the virus would be considered low in the above hypothetical scenario, especially if the majority of those who were hospitalized and those who passed coincided with age and prevalence of comorbidities.

In the same scenario above, if 100,000 people in a population of 100,000 get a virus, 300 require Hospitalization, and of those 300 people 100 sadly parish. However, in this scenario imagine if only 10,000 of the total cases were collected by the State.

This fractional sample size is then defined as "Confirmed Cases" and utilized as the bases to calculate the Hospitalization and Death rates while excluding the 90,000 real world cases from these calculations.

Obviously the percentages would appear to be much higher and present the illusion of much graver danger.

The larger the delta between real world cases and the fractional sample size the state is using for its data projections, the higher the illusion of danger.

I present to you evidence of this being precisely the case in Humboldt County California in regard to COVID-19 Hospitalization and mortality projections:

Confirmed Cases" represent a fraction of total cases	Humboldt County CA Confirmed Cases v Real World Cases Dashboard
The State records COVID-19 test results	The results are stored in a State database if positive or negative.

Important Factors

- Rapid at home tests
- the sick who stayed home and were never tested
- mild symptom infections that went completely unnoticed

These are all "Real World Cases" that do not make it into the State Database.

• Why is this significant?

1. "Confirmed Cases" are only a fraction of the real world cases.
2. Since the Hospitalization and Death rates are percentages derived by dividing the total hospitalizations and total deaths by the "Confirmed Cases" when you factor in the additional real world cases it reduces the H and D percentages respectively.
3. The threat of Covid-19, or its relative danger level as compared to influenza and other deadly communicable diseases, when including the real word cases drops into statistical levels of their historical counterparts

4. According to the Centers for Disease Control and Prevention (CDC) on August 23, 2020, "For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death." [1]

1. Here we find that the Death rate is being inflated despite the fractional sample size of "Confirmed Case" exclusivity.

- **Science:**

1. Recent peer reviewed research study out of Santa Clara County found the amount of antibodies among unvaccinated COVID-19 recoveries was 50 to 85 fold the quantity of "Confirmed Cases" in the State Database

- *Humboldt Population: ~134,692*

- **Confirmed Cases: 11,805**

1. The delta between **Real World Cases** and **Confirmed Cases** in Humboldt can only reach a factor of **12.8** until the population total is reached and thus *herd immunity has been reached*

2. Clearly there is a necessity for a similar study in Humboldt County in order to determine the real world danger of COVID-19 in our community as well as our real world proximity to herd immunity.

- **STUDY:** [COVID-19 Antibody Seroprevalence in Santa Clara County, California](#)

1. **Results:**

The unadjusted prevalence of antibodies to SARS-CoV-2 in Santa Clara County was 1.5% (exact binomial 95CI 1.11-1.97%), and the population-weighted prevalence was 2.81% (95CI 2.24-3.37%). Under the three scenarios for test performance characteristics, the population prevalence of COVID-19 in Santa Clara ranged from 2.49% (95CI 1.80-3.17%) to 4.16% (2.58-5.70%). These prevalence estimates represent a range between 48,000 and 81,000 people infected in Santa Clara County by early April, 50- 85-fold more than the number of confirmed cases.

2. **Conclusions:** The population prevalence of SARS-CoV-2 antibodies in Santa Clara County implies that the infection is much more widespread than indicated by the number of confirmed cases.

Population prevalence estimates can now be used to calibrate epidemic and mortality projections.

If you are still following me, realize in the Covid-19 scenario locally the small amount of hospitalizations that did occur and a percentage of the subsequent deaths could have been prevented with the expansion and promotion of effective outpatient treatments like Monoclonal Antibodies, Ivermectin, Hydroxychloroquine, Zinc and high dose Vitamin regimens. [2]

Dr. Ian Hoffman himself proclaimed the success of Monoclonal Antibodies in many of his previous Health Officer's Reports as being 100% efficacious in this regard at only one authorized location in all of Humboldt County. [3]

Why didn't Ian Hoffman expand and promote Monoclonal Antibodies given the clear evidence they work so well?

"State of emergency" means the duly proclaimed existence of conditions of

disaster or of extreme peril to the safety of persons and property within the [COUNTY] caused by conditions such as air pollution, fire, flood, storm, **epidemic**, riot, drought, cyberterrorism, sudden and severe energy shortage, plant or animal infestation or disease, ... which, by reason of their magnitude, are or are likely to be beyond the control of the services, personnel, equipment, and facilities of any single county, city and county, or city and require the combined forces of a mutual aid region or regions to combat" [4]

Has this definition been met? No honest person could make such a claim.

2. Mandating Vaccination / Including it as an exemption to indoor masking is unethical, unconstitutional, and has been an absolute failure



Pandemic of the fully vaccinated and boosted. Source: Humboldtgov.org



By the Health Department's logic these people should be forced to wear masks now and to prove they ought to prove they are NOT vaccinated in order to enter indoor spaces unmasked, since they are the super spreaders now - you know, all things being equal.

Your at will employees think people should keep getting these vaccines that clearly do not work as advertised and are also not safe. [6]

3. Masks / Face Coverings Do Not Work - Cause more harm than good

CDC: "The filtration, effectiveness, fit, and performance of cloth masks are inferior to those of medical masks and respirators." [LINK](#)

Pubmed: medical masks & n95 "could not completely block the transmission of virus droplets/aerosols even when sealed." [LINK](#)

Dr. Roger W. Koops "there is no clear scientific evidence that masks work to mitigate risk .. as they are currently worn .. and specifically as we refer to Covid-19." [LINK](#)

Media covering masks honestly before the hysteria reached its peak [LINK](#)

Fauci speaking honestly about masks before hysteria peak [LINK](#)

Unknown Doctor "I wear a mask because so many people are afraid, because they don't actually work" [LINK](#)

Dr. Joseph Fair, "I had a mask on, I had gloves on, I did my normal wipes routine but obviously, you can still get it through your eyes," said on "TODAY" show from his hospital bed. [LINK](#)

Disposable medical masks (also known as surgical masks) are loose-fitting devices that were designed to be worn by medical personnel to protect accidental contamination of patient wounds, and to protect the wearer against splashes or sprays of bodily fluids (36). There is limited evidence for their effectiveness in preventing influenza virus transmission either when worn by the infected person for source control or when worn by uninfected persons to reduce exposure. Our systematic review found no significant effect of face masks on transmission of laboratory-confirmed influenza. [LINK](#)

Well sourced article that destroys the masking idea using videos released before the hysteria reached peak stupidity [LINK](#)

Even with the world's best masks, your eyes are still exposed!! ---Virologist Dr. Joseph Fair, an NBC News contributor who has been hospitalized with coronavirus despite being in good health and taking precautions against getting sick, said Thursday that he believes he contracted the virus through his eyes on a crowded flight. The 42-year-old virologist and epidemiologist, who has responded to multiple outbreaks around the world, got sick about [LINK](#)

three days after a flight to his home in New Orleans."I had a mask on, I had gloves on, I did my normal wipes routine ... but obviously, you can still get it through your eyes," Fair said on the "TODAY" show from his hospital bed.

Education Commissioner Richard Corcoran said schools should make mask-wearing voluntary in the 2021-2022 school year, saying in a memo he believes the mandatory orders "serve no remaining good at this point in our schools." Corcoran pointed to data that said mask policies "do not impact the spread of the virus" and noted mask policies "may impede instruction" for some students, such as disabled students and those who do not have English as a first language. [LINK](#)

Swiss research.. face masks don't work [LINK](#)

masks imported from China caused health issues for users in Canada - masks can potentially harm, when considering how much US imports from China [LINK](#)

cases on rise across all states, mask mandate or not, and her state doesn't mandate [LINK](#)

Fauci Said Masks 'Not Really Effective in Keeping Out Virus,' Email Reveals - Dr. Anthony Fauci wrote in February 2020 that store-bought face masks would not be very effective at protecting against the COVID-19 pandemic and advised a traveler not to wear one. [LINK](#)

Do physical measures such as hand-washing or wearing masks stop or slow down the spread of respiratory viruses? - Four studies were in healthcare workers, and one small study was in the community. Compared with wearing medical or surgical masks, wearing N95/P2 respirators probably makes little to no difference in how many people have confirmed flu (5 studies; 8407 people); and may make little to no difference in how many people catch a flu-like illness (5 studies; 8407 people) or respiratory illness (3 studies; 7799 people). [LINK](#)

Using face masks in the community: [LINK](#)

"Effectiveness in reducing transmission of COVID-19 - There is evidence of low to moderate certainty for the use of medical face masks providing a small to moderate protective effect against COVID-19 in the community, both in terms of personal protection as well as source control (protection of others). Most, but not all, studies show a favorable effect for medical face masks for protecting against COVID-19....

However, this effect was not statistically significant in several studies"

Mask mandate and use efficacy for COVID-19 containment in US States - [LINK](#)
Earlier mask mandates were not associated with lower total cases or lower maximum growth rates. Earlier mandates were weakly associated with lower minimum COVID-19 growth rates. Mask use predicted lower minimum but not lower maximum growth rates. Growth rates and total growth were comparable between US states in the first and last mask use quintiles during the Fall-Winter wave. These observations persisted for both natural logarithmic and fold growth models and when adjusting for differences in US state population density. **Conclusions: We did not observe association between mask mandates or use and reduced COVID-19 spread in US states.**

Effectiveness of Adding a Mask Recommendation to Other Public Health Measures to Prevent SARS-CoV-2 Infection in Danish Mask Wearers : A Randomized Controlled Trial - The recommendation to wear surgical masks to supplement other public health measures did not reduce the SARS-CoV-2 infection rate among wearers by more than 50% in a community with modest infection rates, some degree of social distancing, and uncommon general mask use. The data were compatible with lesser degrees of self-protection. [LINK](#)

A cluster randomized trial of cloth masks compared with medical masks in healthcare workers - This study is the first RCT of cloth masks, and the results caution against the use of cloth masks. This is an important finding to inform occupational health and safety. Moisture retention, reuse of cloth masks and poor filtration may result in increased risk of infection. Further research is needed to inform the widespread use of cloth masks globally. However, as a precautionary measure, cloth masks should not be recommended for HCWs, particularly in high-risk situations, and guidelines need to be updated. [LINK](#)

The Impact of Community Masking on COVID-19: [LINK](#)

A Cluster-Randomized Trial in Bangladesh -

A study of the Swedish Institute of Public Health did not observe a difference of infections in children and teachers in Sweden where schools were open without wearing masks as compared to children and teachers in Finland where schools were closed. [LINK](#)

An investigation into the leaching of micro and nano particles and chemical pollutants from disposable face masks - linked to the COVID-19 pandemic - [LINK](#)
The worldwide estimate is that disposable masks or face shields are discarded at a rate of 3.4 million per day. The presence of a diversity of plastics, toxic and cancerous compounds like perfluorocarbon, aniline, phthalate, formaldehyde, bisphenol A as well as heavy metals, biocides (zinc oxide, graphene oxide) and nanoparticles are found. An increasing number of environmental experts worry about the long-term effects. Most (85%) of the masks used worldwide are made in China where no environmental qualification is needed.

Preventing masks from becoming the next plastic problem - A total breakdown of these dangerous compounds is expected to last 450 years. Problems corresponding to the various sizes of plastics of PPE in the environment and the ecosystems could serve as potential vectors of pathogens and could lead to injuries and death.

[LINK](#)

Wearing masks - face coverings can be dangerous - "Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?" - The literature revealed relevant adverse effects of masks in numerous disciplines. In this paper, we refer to the psychological and physical deterioration as well as multiple symptoms described because of their consistent, recurrent and uniform presentation from different disciplines as a Mask-Induced Exhaustion Syndrome (MIES). We objectified evaluation evidenced changes in respiratory physiology of mask wearers with significant correlation of O2 drop and fatigue ($p < 0.05$), a clustered co-occurrence of respiratory impairment and O2 drop (67%), N95 mask and CO2 rise (82%), N95 mask and O2 drop (72%), N95 mask and headache (60%), respiratory impairment and temperature rise (88%), but also temperature rise and moisture (100%) under the masks. Extended mask-wearing by the general population could lead to relevant effects and consequences in many medical fields.

[LINK](#)

Face coverings for covid-19: from medical intervention to social practice - Moreover the WHO stated in their report of June 5 "At present, there is no direct evidence (from studies on Covid19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including Covid19 [10] Contamination of the upper respiratory tract by viruses and bacteria on the outside of medical face masks has been detected in several hospitals [11]. Another research shows that a moist mask is a breeding ground for (antibiotic resistant) bacteria and fungi, which can undermine mucosal viral immunity.

[LINK](#)

Is a Mask That Covers the Mouth and Nose Free from Undesirable Side Effects in Everyday Use and Free of Potential Hazards?

[LINK](#)

Researchers shoot holes in study touted for confirming 'masks work' in curbing COVID
Study of 342,000 adults finds masks effective against COVID based on 20 infections

[LINK](#)

Yinon Weiss
@yionw

[LINK](#)

Let's take a brief journey into the success (or lack thereof) of masks in preventing the spread of coronavirus.

Come with me on a tour of the wonderful world of mask mandates and their results.

Here is a preview of our journey.

4. Children and Young People [CYP] are NOT a vulnerable population to COVID-19

Unvaccinated Children at Lower Risk of COVID-19 Death Than Fully

[LINK](#)

Vaccinated Adults: England Report

According to the Centers for Disease Control and Prevention (CDC) on August 23, 2020, "For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death." [1] For a nation tormented by restrictive public health policies mandated for healthy individuals and small businesses, this is the most important statistical revelation of this crisis. This revelation significantly impacts the published fatalities count due to COVID-19. More importantly, it exposes major problems with the process by which the CDC was able to generate inaccurate data during a crisis. [LINK](#)

99.995% of CYP (children and young people) with a positive SARS-CoV-2 test survived. The 25 CYP who died of SARS-CoV-2 equates to a mortality rate of 2/million for the 12,023,568 CYP living in England [LINK](#)

The risk of severe illness and death from SARS-CoV-2, the virus that causes Covid-19, is extremely low in children and teenagers, according to the most comprehensive analyses of public health data, led by researchers at UCL, University of Bristol, University of York and the University of Liverpool. [LINK](#)

People who test positive for the coronavirus can continue to do so long after they are no longer contagious, especially if they are not vaccinated — a pandemic wrinkle magnified during the delta surge that has created some confusion and concern for parents of unvaccinated school-age children who have returned to Bay Area classrooms. [LINK](#)

Of 117 hospitalizations, 46 (39.3%) were asymptomatic, 33 (28.2%) had mild to moderate disease,... Fifty-three (45%) admissions were categorized as unlikely to be caused by SARS-CoV-2 (kappa 0.78). Conclusion: ... reported hospitalization rates likely overestimate the true disease burden [LINK](#)

Some 5,800 children were admitted with the virus, compared to about 367,600 admitted for other emergencies (excluding injuries) [1.5%] Of that 1.5% of hospitalizations, "About 250 required intensive care [4.3% of admitted CYP] Though the absolute risks were still small, children living with multiple conditions, those who were obese, and young people with heart and neurological illnesses were most at risk [LINK](#)

While all children are capable of getting the virus that causes COVID-19, they don't become sick as often as adults. Most children have mild symptoms or no symptoms. [LINK](#)

90% of seniors are vaccinated against Covid-19 - since they are the unfortunate age group with the most casualties, and are now "protected" there is little justification mandating vaccines on populations that can handle the disease and acquired natural immunity if so desired [LINK](#)

Fortunately, our understanding of the virus is growing. We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza. As immunity builds in the population, the risk of infection to all – including the vulnerable – falls. We know that all populations will eventually reach herd immunity – i.e. the point at which the rate of new infections is stable – and that this can be assisted by (but is not dependent upon) a vaccine. Our goal should therefore be to minimize mortality and social harm until we reach herd immunity. [LINK](#)

Young children not only are at low risk for developing COVID-19 but also don't play a significant role in the spread of SARS-CoV-2 while attending school, finds a study recently published Trusted Source in the Journal of American Medical Association (JAMA). [LINK](#)

It appears that young children 0–9 have shown not only in this study but observationally over the last year of the pandemic that this group has little to do with spread of COVID,” Theodore Strange, MD, interim chair of medicine at Staten Island University Hospital in New York, told Healthline. [LINK](#)

Children in Humboldt County California statistically have less than a 0.01% chance of death from covid-19 [or a 99.99% chance of survival] and less than 0.18% chance of hospitalization - and this is with zero out-patient services for covid-19 available locally. Additionally this data is based on confirmed cases by the state of California - it is reasonable to expect the actual case count to be 2x to 4x higher while the hospitalizations and deaths - figures that are far less easy to miss - stay very low in general [LINK](#)

~6 children fatalities per 1,000,000 infections -- Nationwide data -- Infection fatality ratio (Estimated number of deaths per 1,000,000 infections) 0–17 years old: 6 - 18–49 years old: 150 - 50–64 years old: 1,800 - 65+ years old: 26,000 [LINK](#)

CDC: Underlying conditions were more common among school-aged children with severe outcomes related to COVID-19: among school-aged children who were hospitalized, admitted to an intensive care unit (ICU), or who died, 23%, 38%, and 33%, respectively, had at least one underlying condition. Hospitalized - 3,240 (1.2%) --- ICU admission - [LINK](#)

Education Commissioner Richard Corcoran said schools should make mask-wearing voluntary in the 2021-2022 school year, saying in a memo he believes the mandatory orders “serve no remaining good at this point in our schools.” Corcoran pointed to data that said mask policies “do not impact the spread of the virus” and noted mask policies “may impede instruction” for some students, such as disabled students and those who do not have English as a first language. [LINK](#)

Children are unlikely to be the main drivers of the COVID-19 pandemic - A systematic review [LINK](#)

Hospitalizations (24 states and NYC reported) - Among states reporting, children ranged from 1.6%-4.0% of their total accumulated hospitalizations, and 0.1%-1.9% of all their child COVID-19 cases resulted in hospitalization Mortality (45 states, NYC, PR and GU reported)* Among states reporting, children were 0.00%-0.27% of all COVID-19 deaths, and 7 states reported zero child deaths In states reporting, 0.00%-0.03 of all child COVID-19 cases resulted in death

[LINK](#)

They followed one infected child who visited three different schools and interacted with other children, teachers, and various adults. They reported no instances of secondary transmission despite close interactions. These data have been available to the CDC and other health experts for over a year

[LINK](#)

Swedish researchers published a paper in the New England Journal of Medicine in January 2021 on COVID-19 among children 1 to 16 years of age and their teachers in Sweden. From the nearly 2 million children in school in Sweden, it was reported that with no mask mandates, there were zero deaths from COVID-19 and a few instances of transmission and minimal hospitalization.

[LINK](#)

No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020

[LINK](#)

We investigated data from severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infected 0-19 year olds, who attended schools/childcare facilities, to assess their role in SARS-CoV-2 transmission after these establishments' reopening in May 2020 in Baden-Württemberg, Germany. Child-to-child transmission in schools/childcare facilities appeared very uncommon.

[LINK](#)

children and teachers did not contribute significantly to COVID-19 transmission via attendance in educational settings. These findings could be used to inform modeling and public health policy regarding school closures during the COVID-19 pandemic.

[LINK](#)

A GRAPH from the Government's top scientists has suggested teachers are at a very low risk of catching coronavirus from children.

[LINK](#)

: This paper assesses the age specificity of the infection fatality rate (IFR) for COVID-19 using seroprevalence results from eight national studies and fifteen regional studies as well as five countries that have engaged in comprehensive tracing of COVID-19 infections. The estimated IFR is close to zero for children and younger adults but rises exponentially with age, reaching 0.4% at age 55, 1.3% at age 65, 4.5% at age 75, and 15% at age 85. We find that differences in the age structure of the population and the age-specific prevalence of COVID-19 explain 90% of the geographical variation in population IFR. Consequently, protecting vulnerable age groups could

[LINK](#)

substantially reduce the incidence of mortality.

Here's what I'm seeing treating Covid Dr. Dhand's latest FRONTLINE Diary - [LINK](#)
min 7:00 "Children not at risk.. focus on elderly and comorbidity groups"

Wallstreet Journal - "According to the Centers for Disease Control and Prevention, 30 children under age 15 have died from Covid-19. In a typical year 190 children die of the flu, 436 from suicide, 625 from homicide, and 4,114 from unintentional deaths such as drowning." [LINK](#)



5. COVID-19 Vaccines ARE NOT Safe & Effective

Breakthrough Cases / Community Transmission

Adverse Reactions / Side Effects

Hospitalizations

Deaths

COVID vaccination and age-stratified all-cause mortality risk

[LINK](#)

Abstract 10712: Mrna COVID Vaccines Dramatically Increase Endothelial Inflammatory Markers and ACS Risk as Measured by the PULS Cardiac Test: a Warning

[LINK](#)

These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac. We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

Israel Reports COVID Vaccine Effectiveness Against Infection Down to 40%; Data Might Be Skewed Same Israeli data shows effectiveness of COVID vaccine in preventing hospitalizations and severe symptoms at 88 percent and 91 percent, respectively

[LINK](#)

During the same time, CDC received reports from 49 U.S. states and territories of 14,115 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died

[LINK](#)

Moderna report that people vaccinated within the last eight months had 36% fewer breakthrough infections than those who were vaccinated a year ago. That suggests vaccine-induced immunity is likely highest shortly after people get their recommended two doses of the vaccine, and starts to drop afterward.

[LINK](#)

Recent data from Israel and the United States (as described in Section 1.1 below) in the context of the delta Variant of Concern (VOC) predominant circulation suggest that vaccine protection against COVID-19 infection wanes approximately 6 to 8 months following the second dose.

[LINK](#)

Based on more than three million nose and throat swabs taken across Britain, the Oxford University study found that 90 days after a second shot of the Pfizer or Astrazeneca vaccine, their efficacy in preventing infections had slipped to 75% and 61% respectively. That was down from 85% and 68%, respectively, seen two weeks after a second dose.

[LINK](#)

Carnival Cruise Covid-19 Outbreak: 27 Vaccinated People Test Positive For Coronavirus

[LINK](#)

Passengers test positive for COVID on fully-vaxxed Royal Caribbean cruise

[LINK](#)

100 Vaccinated Royal Navy Crewmembers Infected With COVID

[LINK](#)

Onboard The HMS Queen Elizabeth Warcraft

9 vaccinated Yankees players and staff tested positive for Covid [LINK](#)

Boris Johnson ditches UK's COVID-19 vaccine passport plan [LINK](#)

Dozens of Vaccinated Residents Have Died of COVID in Mass.: What to Know About Breakthrough Cases [LINK](#)

The CDC's study also found, the Washington Post noted, individuals "carried as much virus in their noses as unvaccinated individuals." [LINK](#)

Don't Panic, But Breakthrough Cases May Be a Bigger Problem Than You've Been Told Current public-health messaging may understate the scale and risk. [LINK](#)

PART 1: Federal Govt HHS Whistleblower Goes Public With Secret Recordings "Vaccine is Full of Sh*t" [LINK](#)

Mayo clinic suggested the efficacy against infection had fallen as far as 42 percent. [LINK](#)

At least 125,000 fully vaccinated Americans have tested positive for Covid and 1,400 of those have died, according to data collected by NBC News. [LINK](#)

Reports of death after COVID-19 vaccination are rare. More than 380 million doses of COVID-19 vaccines were administered in the United States from December 14, 2020, through September 13, 2021. During this time, VAERS received 7,653 reports of death (0.0020%) among people who received a COVID-19 vaccine. FDA requires healthcare providers to report any death after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause [LINK](#)

"[Biden's] executive order villainizes employees for reasonable concerns and hesitations and inserts the federal government into individual medical decisions. People should not be made to feel uncomfortable for making a reasonable medical choice," "We will continue to review the legal landscape for this order and act as appropriate to support our members and voice their concerns. We are a nation built on freedom. We are law enforcement officers who defend that freedom. And we deserve the freedom to make our own health decisions," Larry Cosme, President of the Federal Law Enforcement Officers Association (FLEOA) wrote. [LINK](#)

Neutralizing antibody levels are highly predictive of immune protection from symptomatic SARS-CoV-2 infection - essentially this shows vaccination and immunity from infection are essentially equivalent [LINK](#)

Breakthrough SARS-CoV-2 infections have been reported in fully vaccinated individuals, in spite of the high efficacy of the currently available vaccines, proven in trials and real-world studies. Several variants of concern (VOC) have been proffered to be associated with breakthrough infections following immunization. In this study, we investigated 378 breakthrough infections recorded between January and July 2021 and compared the distribution of SARS-CoV-2 genotypes identified in 225 fully vaccinated individuals to the frequency of circulating community lineages in the region of South Limburg (The Netherlands) in a week-by-week comparison. [LINK](#)

Illinois Department of Public Health's Vaccine Breakthrough Dashboard [LINK](#)

Predominance of antibody-resistant SARS-CoV-2 variants in vaccine breakthrough cases from the San Francisco Bay Area, California - Differences in viral loads were non-significant between unvaccinated and fully vaccinated persons overall ($p = 0.99$) and according to lineage ($p = 0.09 - 0.78$). Viral loads were significantly higher in symptomatic as compared to asymptomatic vaccine breakthrough cases ($p < 0.0001$), and symptomatic vaccine breakthrough infections had similar viral loads to unvaccinated infections ($p = 0.64$). In 5 cases with available longitudinal samples for serologic analyses, vaccine breakthrough infections were found to be associated with low or undetectable neutralizing antibody levels attributable to immunocompromised state or infection by an antibody-resistant lineage. These findings suggest that vaccine breakthrough cases are preferentially caused by circulating antibody-resistant SARS-CoV-2 variants, and that symptomatic breakthrough infections may potentially transmit COVID-19 as efficiently as unvaccinated infections, regardless of the infecting lineage. [LINK](#)

Antibody levels decrease after two doses of Pfizer vaccine - study - Antibody levels decrease rapidly after two doses of the Pfizer coronavirus vaccine, a study by researchers at the Sheba Medical Center published Wednesday in the New England Journal of Medicine showed. [LINK](#)

The research also showed the probability that different groups of individuals – based on age and general health status – will find themselves below a certain antibody threshold after a period of six months.

New England Journal of Medicine - Severity of SARS-CoV-2 Reinfections as Compared with Primary Infections - Reinfections had 90% lower odds of resulting in hospitalization or death than primary infections. Four reinfections were severe enough to lead to acute care [LINK](#)

hospitalization. None led to hospitalization in an ICU, and none ended in death. Reinfections were rare and were generally mild, perhaps because of the primed immune system after primary infection.

Transmission potential of vaccinated and unvaccinated persons infected with the SARS-CoV-2 Delta variant in a federal prison, July—August 2021 - A total of 978 specimens were provided by 95 participants, of whom 78 (82%) were fully vaccinated and 17 (18%) were not fully vaccinated. No significant differences were detected in duration of RT-PCR positivity among fully vaccinated participants (median: 13 days) versus those not fully vaccinated (median: 13 days; $p=0.50$), or in duration of culture positivity (medians: 5 days and 5 days; $p=0.29$). Among fully vaccinated participants, overall duration of culture positivity was shorter among Moderna vaccine recipients versus Pfizer ($p=0.048$) or Janssen ($p=0.003$) vaccine recipients.

[LINK](#)

Israel showed that “SARS-CoV-2-naïve vaccinees had a 13-fold (95% CI, 8-21) increased risk for breakthrough infection with the Delta variant compared to those previously infected.” When adjusting for the time of disease/vaccine, there was a 27-fold increased risk (95% CI, 13-57).

[LINK](#)

Ignoring the risk of infection, given that someone was infected, Acharya et al. found “no significant difference in cycle threshold values between vaccinated and unvaccinated, asymptomatic and symptomatic groups infected with SARS-CoV-2 Delta.”

[LINK](#)

Riemersma et al. found “no difference in viral loads when comparing unvaccinated individuals to those who have vaccine “breakthrough” infections. Furthermore, individuals with vaccine breakthrough infections frequently test positive with viral loads consistent with the ability to shed infectious viruses.” Results indicate that “if vaccinated individuals become infected with the delta variant, they may be sources of SARS-CoV-2 transmission to others.” They reported “low Ct values (<25) in 212 of 310 fully vaccinated (68%) and 246 of 389 (63%) unvaccinated individuals. Testing a subset of these low-Ct samples revealed infectious SARS-CoV-2 in 15 of 17 specimens (88%) from unvaccinated individuals and 37 of 39 (95%) from vaccinated people.”

[LINK](#)

In a study from Qatar, Chemaitelly et al. reported vaccine efficacy (Pfizer) against severe and fatal disease, with efficacy in the 85-95% range at least until 24 weeks after the second dose. As a contrast, the efficacy against infection waned down to around 30% at 15-19 weeks after the second dose.

From Wisconsin, Riemersma et al. reported that vaccinated individuals who get infected with the Delta variant can transmit SARS-CoV-2 to others. They found an elevated viral load in the unvaccinated and vaccinated symptomatic persons (68% and 69% respectively, 158/232 and 156/225). Moreover, in the asymptomatic persons, they uncovered elevated viral loads (29% and 82% respectively) in the unvaccinated and

[LINK](#)

the vaccinated respectively. This suggests that the vaccinated can be infected, harbor, cultivate, and transmit the virus readily and unknowingly.

Subramanian reported that “at the country-level, there appears to be no discernable relationship between percentage of population fully vaccinated and new COVID-19 cases.” When comparing 2947 counties in the United States, there were slightly less cases in more vaccinated locations. In other words, there is no clear discernable relationship [LINK](#)

Chau et al. looked at transmission of SARS-CoV-2 Delta variant among vaccinated healthcare workers in Vietnams. Of 69 healthcare workers that tested positive for SARS-CoV-2, 62 participated in the clinical study, all of whom recovered. For 23 of them, complete-genome sequences were obtained, and all belonged to the Delta variant. “Viral loads of breakthrough Delta variant infection cases were 251 times higher than those of cases infected with old strains detected between March-April 2020”. [LINK](#)

In Barnstable, Massachusetts, Brown et al found that among 469 cases of COVID-19, 74% were fully vaccinated, and that “the vaccinated had on average more virus in their nose than the unvaccinated who were infected.” [LINK](#)

Reporting on a nosocomial hospital outbreak in Finland, Hetemäli et al. observed that “both symptomatic and asymptomatic infections were found among vaccinated health care workers, and secondary transmission occurred from those with symptomatic infections despite use of personal protective equipment.” [LINK](#)

In a hospital outbreak investigation in Israel, Shitrit et al. observed “high transmissibility of the SARS-CoV-2 Delta variant among twice vaccinated and masked individuals.” They added that “this suggests some waning of immunity, albeit still providing protection for individuals without comorbidities.” [LINK](#)

In the UK COVID-19 vaccine Surveillance Report for week #42, it was noted that there is “waning of the N antibody response over time” and “that N antibody levels appear to be lower in individuals who acquire infection following 2 doses of vaccination.” The same report (Table 2, page 13), shows the in the older age groups above 30, the double vaccinated persons have greater infection risk than the unvaccinated, presumably because the latter group include more people with stronger natural immunity from prior Covid disease. As a contrast, the vaccinated people had a lower risk of death than the unvaccinated, across all age groups, indicating that vaccines provide more protection against death than against infection. [LINK](#)

In Israel, Levin et al. “conducted a 6-month longitudinal prospective [LINK](#)

study involving vaccinated health care workers who were tested monthly for the presence of anti-spike IgG and neutralizing antibodies". They found that "six months after receipt of the second dose of the BNT162b2 vaccine, humoral response was substantially decreased, especially among men, among persons 65 years of age or older, and among persons with immunosuppression."

In a study from New York State, Rosenberg et al. reported that "During May 3–July 25, 2021, the overall age-adjusted vaccine effectiveness against hospitalization in New York was relatively stable 89.5%–95.1%). The overall age-adjusted vaccine effectiveness against infection for all New York adults declined from 91.8% to 75.0%." [LINK](#)

Suthar et al. noted that "Our data demonstrate a substantial waning of antibody responses and T cell immunity to SARS-CoV-2 and its variants, at 6 months following the second immunization with the BNT162b2 vaccine." [LINK](#)

In a study from Umeå University in Sweden, Nordström et al. observed that "vaccine effectiveness of BNT162b2 against infection waned progressively from 92% (95% CI, 92-93, P<0.001) at day 15-30 to 47% (95% CI, 39-55, P<0.001) at day 121-180, and from day 211 and onwards no effectiveness could be detected (23%; 95% CI, -2-41, P=0.07)." [LINK](#)

Yahi et al. have reported that "in the case of the Delta variant, neutralizing antibodies have a decreased affinity for the spike protein, whereas facilitating antibodies display a strikingly increased affinity. Thus, antibody dependent enhancement may be a concern for people receiving vaccines based on the original Wuhan strain spike sequence." [LINK](#)

Goldberg et al. (BNT162b2 Vaccine in Israel) reported that "immunity against the delta variant of SARS-CoV-2 waned in all age groups a few months after receipt of the second dose of vaccine." [LINK](#)

Singanayagam et al. examined the transmission and viral load kinetics in vaccinated and unvaccinated individuals with mild delta variant infection in the community. They found that (in 602 community contacts (identified via the UK contract-tracing system) of 471 UK COVID-19 index cases were recruited to the Assessment of Transmission and Contagiousness of COVID-19 in Contacts cohort study and contributed 8145 upper respiratory tract samples from daily sampling for up to 20 days) "vaccination reduces the risk of delta variant infection and accelerates viral clearance. Nonetheless, fully vaccinated individuals with breakthrough infections have peak viral load similar to unvaccinated cases and can efficiently transmit infection in household settings, including to fully vaccinated contacts." [LINK](#)

Keehner et al. in NEJM, has recently reported on the resurgence of SARS-CoV-2 infection in a highly vaccinated health system workforce. [LINK](#)

Vaccination with mRNA vaccines began in mid-December 2020; by March, 76% of the workforce had been fully vaccinated, and by July, the percentage had risen to 87%. Infections had decreased dramatically by early February 2021..."coincident with the end of California's mask mandate on June 15 and the rapid dominance of the B.1.617.2 (delta) variant that first emerged in mid-April and accounted for over 95% of UCSDH isolates by the end of July, infections increased rapidly, including cases among fully vaccinated persons...researchers reported that the "dramatic change in vaccine effectiveness from June to July is likely to be due to both the emergence of the delta variant and waning immunity over time."

Juthani et al. sought to describe the impact of vaccination on admission to hospital in patients with confirmed SARS-CoV-2 infection using real-world data collected by the Yale New Haven Health System. "Patients were considered fully vaccinated if the final dose (either second dose of BNT162b2 or mRNA-1273, or first dose of Ad.26.COV2.S) was administered at least 14 days before symptom onset or a positive PCR test for SARS-CoV-2. In total, we identified 969 patients who were admitted to a Yale New Haven Health System hospital with a confirmed positive PCR test for SARS-CoV-2"...Researchers reported "a higher number of patients with severe or critical illness in those who received the BNT162b2 vaccine than in those who received mRNA-1273 or Ad.26.COV2.S..."

[LINK](#)

A very recent study published by the CDC reported that a majority (53%) of patients who were hospitalized with Covid-19-like illnesses were already fully vaccinated with two-dose RNA shots. Table 1 reveals that among the 20,101 immunocompromised adults hospitalized with Covid-19, 10,564 (53%) were fully-vaccinated with the Pfizer or Moderna vaccine (Vaccination was defined as having received exactly 2 doses of an mRNA-based COVID-19 vaccine ≥ 14 days before the hospitalization index date, which was the date of respiratory specimen collection associated with the most recent positive or negative SARS-CoV-2 test result before the hospitalization or the hospitalization date if testing only occurred after the admission). This highlights the ongoing challenges faced with Delta breakthrough when vaccinated.

[LINK](#)

Eyre, 2021 looked at The impact of SARS-CoV-2 vaccination on Alpha & Delta variant transmission. They reported that "while vaccination still lowers the risk of infection, similar viral loads in vaccinated and unvaccinated individuals infected with Delta question how much vaccination prevents onward transmission... transmission reductions declined over time since second vaccination, for Delta reaching similar levels to unvaccinated individuals by 12 weeks for ChAdOx1 and attenuating substantially for BNT162b2. Protection from vaccination in contacts also declined in the 3 months after second vaccination... vaccination reduces transmission of Delta, but by less than the Alpha variant."

[LINK](#)

Levine-Tiefenbrun, 2021 looked at Viral loads of Delta-variant SARS-CoV-

[LINK](#)

2 breakthrough infections after vaccination and booster with BNT162b2, and reported the viral load reduction effectiveness declines with time after vaccination, “significantly decreasing at 3 months after vaccination and effectively vanishing after about 6 months.”

Puranik, 2021 looked at a Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Alpha and Delta variant prevalence, reporting “In July, vaccine effectiveness against hospitalization has remained high (mRNA-1273: 81%, 95% CI: 33–96.3%; BNT162b2: 75%, 95% CI: 24–93.9%), but effectiveness against infection was lower for both vaccines (mRNA-1273: 76%, 95% CI: 58–87%; BNT162b2: 42%, 95% CI: 13–62%), with a more pronounced reduction for BNT162b2.”

[LINK](#)

Saade, 2021 looked at Live virus neutralization testing in convalescent patients and subjects vaccinated against 19A, 20B, 20I/501Y.V1 and 20H/501Y.V2 isolates of SARS-CoV-2, and reported as “Assessed the neutralizing capacity of antibodies to prevent cell infection, using a live virus neutralization test with different strains [19A (initial one), 20B (B.1.1.241 lineage), 20I/501Y.V1 (B.1.1.7 lineage), and 20H/501Y.V2 (B.1.351 lineage)] in serum samples collected from different populations: two-dose vaccinated COVID-19-naïve healthcare workers (HCWs; Pfizer-BioNTech BNT161b2), 6-months post mild COVID-19 HCWs, and critical COVID-19 patients... finding of the present study is the reduced neutralizing response observed towards the 20H/501Y.V2 variant in fully immunized subjects with the BNT162b2 vaccine by comparison to the wild type and 20I/501Y.V1 variant.”

[LINK](#)

Canaday, 2021 looked at Significant reduction in humoral immunity among healthcare workers and nursing home residents 6 months after COVID-19 BNT162b2 mRNA vaccination, reporting “Anti-spike, anti-RBD and neutralization levels dropped more than 84% over 6 months’ time in all groups irrespective of prior SARS-CoV-2 infection. At 6 months post-vaccine, 70% of the infection-naïve NH residents had neutralization titers at or below the lower limit of detection compared to 16% at 2 weeks after full vaccination. These data demonstrate a significant reduction in levels of antibody in all groups. In particular, those infection-naïve NH residents had lower initial post-vaccination humoral immunity immediately and exhibited the greatest declines 6 months later.”

[LINK](#)

Israel, 2021 looked at Large-scale study of antibody titer decay following BNT162b2 mRNA vaccine or SARS-CoV-2 infection, and reported as “To determine the kinetics of SARS-CoV-2 IgG antibodies following administration of two doses of BNT162b2 vaccine, or SARS-CoV-2 infection in unvaccinated individuals...In vaccinated subjects, antibody titers decreased by up to 40% each subsequent month while in convalescents they decreased by less than 5% per month. Six months after BNT162b2 vaccination 16.1% subjects had antibody levels below the sero-positivity threshold of <50 AU/mL, while only 10.8% of convalescent patients were below <50 AU/mL threshold after 9 months from SARS-CoV-2 infection.”

[LINK](#)

Eyran, 2020 examined The longitudinal kinetics of antibodies in COVID-19 recovered patients over 14 months, and found “a significantly faster decay in naïve vaccinees compared to recovered patients suggesting that the serological memory following natural infection is more robust compared to vaccination. Our data highlights the differences between serological memory induced by natural infection vs. vaccination.” [LINK](#)

Salvatore et al. examined the transmission potential of vaccinated and unvaccinated persons infected with the SARS-CoV-2 Delta variant in a federal prison, July-August 2021. They found a total of 978 specimens were provided by 95 participants, “of whom 78 (82%) were fully vaccinated and 17 (18%) were not fully vaccinated....clinicians and public health practitioners should consider vaccinated persons who become infected with SARS-CoV-2 to be no less infectious than unvaccinated persons.” [LINK](#)

Andeweg et al. analyzed 28,578 sequenced SARS-CoV-2 samples from individuals with known immune status obtained through national community testing in the Netherlands from March to August 2021. They found evidence for an “increased risk of infection by the Beta (B.1.351), Gamma (P.1), or Delta (B.1.617.2) variants compared to the Alpha (B.1.1.7) variant after vaccination. No clear differences were found between vaccines. However, the effect was larger in the first 14-59 days after complete vaccination compared to 60 days and longer. In contrast to vaccine-induced immunity, no increased risk for reinfection with Beta, Gamma or Delta variants relative to Alpha variant was found in individuals with infection-induced immunity.” [LINK](#)

6. Early Out-Patient Treatment

- **Ivermectin**
- **[HCQ] Hydroxychloroquine**
- **FDA Approved Monoclonal Antibodies**
- **Vitamins**

A new study suggests that almost half of those hospitalized with COVID-19 have mild or asymptomatic cases. [LINK](#)

During the same time, CDC received reports from 49 U.S. states and territories of 14,115 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died [LINK](#)

Laboratory Confirmed Covid-19 Hospitalization Cases [LINK](#)

The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 in vitro [LINK](#)

India's Ivermectin Blackout - Part III: The Lesson of Kerala [LINK](#)

Uttar Pradesh government says early use of Ivermectin helped to keep positivity, deaths low [LINK](#)

Uttar Pradesh: 23 districts are now Covid-19 free, recovery rate over 98% [LINK](#)

Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 (COVID-19) Infection [LINK](#)

Early multidrug treatment of SARS-CoV-2 infection (COVID-19) and reduced mortality among nursing home (or outpatient/ambulatory) residents [LINK](#)

Peter McCullough, MD testifies to Texas Senate HHS Committee [LINK](#)

Ivermectin, an anti-parasitic medicine whose discovery won the Nobel Prize in 2015, has proven, highly potent, anti-viral and anti-inflammatory properties in laboratory studies. In the past 4 months, numerous, controlled clinical trials from multiple centers and countries worldwide are reporting consistent, large improvements in COVID-19 patient outcomes when treated with ivermectin. Our comprehensive scientific review of these referenced trials can be found on the Open Science Foundation pre-print server here: <https://osf.io/wx3zn/>

Five randomized controlled clinical trials enrolling 5,577 patients were included. HCQ was associated with a 24% reduction in COVID-19 infection, hospitalization or death, $P=.025$ No serious adverse cardiac events were reported. The most common side effects were gastrointestinal. Conclusion—Hydroxychloroquine use in outpatients reduces the incidence of the composite outcome of COVID-19 infection, hospitalization, and death. Serious adverse events were not reported and cardiac arrhythmia was rare. [LINK](#)

Ivermectin for COVID-19: real-time meta analysis of 67 studies - Statistically significant improvements are seen for mortality, ventilation, ICU admission, hospitalization, recovery, cases, and viral clearance. All remain statistically significant after exclusions. 45 studies show statistically significant improvements in isolation (35 primary outcome, 32 most serious outcome). [LINK](#)

•Meta analysis using the most serious outcome reported shows 66% [53-76%] and 85% [75-91%] improvement for early treatment and prophylaxis, with

similar results after exclusion based sensitivity analysis (which excludes all of the GMK/BBC team studies), with primary outcomes, and after restriction to peer-reviewed studies or Randomized Controlled Trials.

The fact that Ivermectin is so much SAFER than over-the-counter Tylenol should make you wonder exactly why these articles made the news. The reason is simple. Pfizer and Merck are getting ready to launch expensive new anti-viral pills that can provide early outpatient treatment for COVID-19 and perhaps even be used preventatively. Yet Ivermectin remains effective, cheap, and safe and thus poses a HUGE threat to their profits. [LINK](#)

Who Owns Big Pharma + Big Media? You'll Never Guess. [LINK](#)

BlackRock and the Vanguard Group, the two largest asset management firms in the world, combined own The New York Times and other legacy media, along with Big Pharma.

7. FDA Approved Monoclonal Antibodies

Title	Link
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Some early evidence suggests that mAb treatment can reduce the amount of the SARS-CoV-2 virus (the virus that causes COVID-19) in a person's system. This amount is known as viral load. Having a lower viral load means you may have milder symptoms thereby decreasing the likelihood of you needing to stay in the hospital.	LINK
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What is Regeneron COVID-19 Monoclonal Antibody Treatment?	LINK
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The ACTIV-4b study is comparing preventative treatments to see if taking an FDA approved and commonly prescribed blood thinner Eliquis (apixaban), or alternatively, taking baby aspirin is better than taking no blood thinner to prevent blood clots in people with COVID-19 who are recovering from their symptoms at home.	LINK
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Three anti-SARS-CoV-2 monoclonal antibody products currently have Emergency Use Authorizations (EUAs) from the Food and Drug Administration (FDA) for the treatment of mild to moderate COVID-19 in nonhospitalized patients with laboratory-confirmed SARS-CoV-2 infection who are at high risk for progressing to severe disease and/or hospitalization.	LINK
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Florida Governor press release on Monoclonal Antibodies success in Florida as well as odd political pressures causing obstacles for his constituents demanding these treatments from getting it	LINK
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FDA authorizes REGEN-COV monoclonal antibody therapy for post-exposure prophylaxis (prevention) for COVID-19 [LINK](#)

Subcutaneous REGEN-COV prevented symptomatic Covid-19 and asymptomatic SARS-CoV-2 infection in previously uninfected household contacts of infected persons. Among the participants who became infected, REGEN-COV reduced the duration of symptomatic disease and the duration of a high viral load. [LINK](#)

Clinical trials show that Regeneron's monoclonal antibody treatment, a combination of two antibodies called casirivimab and imdevimab, reduces COVID-19-related hospitalization or deaths in high-risk patients by about 70%. And when given to an exposed person -- like someone living with an infected person -- monoclonal antibodies reduced their risk of developing an infection with symptoms by 80% [LINK](#)

The mechanism by which therapeutic mAbs protect against infectious diseases is similar to that of natural humoral immunity, although the details of microbe elimination are not completely defined. mAbs may be particularly useful for patients with compromised immune systems who may not be good candidates for receiving a vaccine [LINK](#)

Coronavirus (COVID-19) Update: FDA Authorizes Monoclonal Antibodies for Treatment of COVID-19 [LINK](#)

DeSantis Responds To Biden Administration Limiting Monoclonal Antibodies Due To "Shortage" [LINK](#)

8. Natural Immunity acquired via recovery from COVID-19 is durable for a lifetime

Protection and waning of natural and hybrid COVID-19 immunity - 12-5-2021 [LINK](#)

BACKGROUND Infection with SARS-CoV-2 provides substantial natural immunity against reinfection. Recent studies have shown strong waning of the immunity provided by the BNT162b2 vaccine. **CONCLUSIONS** Protection from reinfection decreases with time since previous infection, but is, nevertheless, higher than that conferred by vaccination with two doses at a similar time since the last immunity-conferring event. A single vaccine dose after infection helps to restore protection.

Spectrum Health workers can use natural immunity as vaccine mandate exemption [LINK](#)

Spectrum Health will grant temporary exemptions from its employee vaccine mandate to individuals who can prove they have naturally acquired immunity to COVID-19. The west Michigan hospital system, which is in the

process of merging with Southfield-based Beaumont Health, will grant an exemption to those who have a positive PCR or antigen test for COVID-19 plus a positive antibody test from within the past three months, the health system said in a statement Thursday.

California professor sues over vaccine mandate, says he has natural immunity

[LINK](#)

Other staffers joined the professor on the effectiveness of natural immunity.

A University of California professor is suing the school system's Board of Regents and president over a coronavirus vaccine mandate, which he argues he does not need because of his natural immunity against the virus.

"I feel like I'm being treated unequally," Aaron Kheriaty, professor of psychiatry and human behavior at the University of California, Irvine, said, SBG reported. "If my immunity is as good, indeed, very likely better, than that conferred by the vaccine, there doesn't seem to be any rational basis for discriminating against my form of immunity and requiring me to get a different form of immunity.

"Kheriaty, who serves as director of UCI's Medical Ethics Program and is a member of the UC Office of the President Critical Care Bioethics Working Group, said he contracted the virus in July 2020 and had raised concerns over the vaccine mandate to school leaders. However, he said he was met "mostly with radio silence" before he filed the lawsuit.

>Longitudinal analysis shows durable and broad immune memory after SARS-CoV-2 infection with persisting antibody responses and memory B and T cells

[LINK](#)

Virus-specific CD4+ and CD8+ T cells are polyfunctional and maintained with an estimated half-life of 200 days. Interestingly, CD4+ T cell responses equally target several SARS-CoV-2 proteins, whereas the CD8+ T cell responses preferentially target the nucleoprotein, highlighting the potential importance of including the nucleoprotein in future vaccines. Taken together, these results suggest that broad and effective immunity may persist long-term in recovered COVID-19 patients.

Having SARS-CoV-2 once confers much greater immunity than a vaccine

[LINK](#)

Israelis who had an infection were more protected against the Delta coronavirus variant than those who had an already highly effective COVID-19 vaccine.

The natural immune protection that develops after a SARS-CoV-2 infection offers considerably more of a shield against the Delta variant of the pandemic coronavirus than two doses of the Pfizer-BioNTech vaccine, according to a large Israeli study that some scientists wish came with a "Don't try this at home" label. The newly released data show people who once had a SARS-CoV-2 infection were much less likely than never-infected, vaccinated people to get Delta, develop symptoms from it, or become hospitalized with serious COVID-19.

Lasting immunity found after recovery from COVID-19

[LINK](#)

The immune systems of more than 95% of people who recovered from COVID-19 had durable memories of the virus up to eight months after infection.

Virus-specific B cells increased over time. People had more memory B cells

six months after symptom onset than at one month afterwards. Although the number of these cells appeared to reach a plateau after a few months, levels didn't decline over the period studied.

Levels of T cells for the virus also remained high after infection. Six months after symptom onset, 92% of participants had CD4+ T cells that recognized the virus. These cells help coordinate the immune response. About half the participants had CD8+ T cells, which kill cells that are infected by the virus.

As with antibodies, the numbers of different immune cell types varied substantially between individuals. Neither gender nor differences in disease severity could account for this variability. However, 95% of the people had at least 3 out of 5 immune-system components that could recognize SARS-CoV-2 up to 8 months after infection.

"Several months ago, our studies showed that natural infection induced a strong response, and this study now shows that the responses last," Weiskopf says. "We are hopeful that a similar pattern of responses lasting over time will also emerge for the vaccine-induced responses."

Immune cells for common cold may recognize SARS-CoV-2

[LINK](#)

The virus responsible for the COVID-19 pandemic, SARS-CoV-2, is part of a large family of coronaviruses. Coronaviruses usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. However, SARS-CoV-2 can cause serious illness and even death. Why people's COVID-19 symptoms vary so greatly isn't fully understood.

Your body's disease defense system, the immune system, makes B and T cells when exposed to pathogens like viruses and bacteria. B cells make antibodies, which neutralize the microbes, rendering them harmless. T cells have a variety of functions, including killing infected cells and activating or recruiting other immune cells.

Once your body fends off a microbe, it retains some disease fighting cells as memory cells. The next time you're exposed to it, a memory cell is ready to fight the disease again. This gives your immune system a head start in combating the disease.

Previous studies have reported that 20–50% of people who hadn't been exposed to SARS-CoV-2 showed T cell responses against different parts of the SARS-CoV-2 virus.

A study conducted by Emory University suggests recovered COVID-19 patients possess long-term immunity to the respiratory virus months after infection.

[LINK](#)

Here, we show that most convalescent COVID-19 patients mount durable antibodies, B cells, and T cells specific for SARS-CoV-2 up to 250 days, and the kinetics of these responses provide an early indication for a favorable course ahead to achieve long-lived immunity. Because the cohort will be followed for 2–3 more years, we can build on these results to define the progression to long-lived immunity against this novel human coronavirus, which can guide

rational responses when future outbreaks occur.

COVID-19 survivors may possess wide-ranging resistance to the disease [LINK](#)

Recovered COVID-19 patients retain broad and effective longer-term immunity to the disease, suggests a recent Emory University study, which is the most comprehensive of its kind so far. The findings have implications for expanding understanding about human immune memory as well as future vaccine development for coronaviruses.

The longitudinal study, published recently on Cell Reports Medicine, looked at 254 patients with mostly mild to moderate symptoms of SARS-CoV-2 infection over a period for more than eight months (250 days) and found that their immune response to the virus remained durable and strong.

Emory Vaccine Center director Rafi Ahmed, PhD, and a lead author on the paper, says the findings are reassuring, especially given early reports during the pandemic that protective neutralizing antibodies did not last in COVID-19 patients. "The study serves as a framework to define and predict long-lived immunity to SARS-CoV-2 after natural infection. We also saw indications in this phase that natural immunity could continue to persist," Ahmed says. The research team will continue to evaluate this cohort over the next few years.

Natural Immunity After COVID-19 Found Durable and Robust - previsionvaccinations.com [LINK](#)

Most recovered COVID-19 patients mount broad, durable immunity after coronavirus infection. This new study shows that most convalescent COVID-19 patients mount durable antibodies, B cells, and T cells specific for SARS-CoV-2 up to 250 days. The kinetics of these responses provide an early indication for a favorable course ahead to achieve long-lived immunity

Study: Recovered COVID patients don't benefit from vaccine [LINK](#)

New US study finds natural infection to COVID provides robust long-term immunity, with vaccination providing no added benefit. A new study on the effects of natural infection by the coronavirus suggests that there may be little to no benefit for recovered SARS-CoV-2 patients in receiving vaccines against the coronavirus.

According to the study, conducted in Cleveland, Ohio and published in the MedRxiv journal last month, people who were infected with the coronavirus enjoy significant long-term immunity from the virus, which is unlikely to be increased by being injected with one of the coronavirus vaccinations now on the market.

The study followed 52,238 employees of the Cleveland Clinic Health System, monitoring infections among vaccinated and unvaccinated workers, and the incidents of reinfection among both vaccinated and unvaccinated workers. Of the 52,238 employees tracked in the study, 2,579 had previously tested

positive for the coronavirus, while 49,659 had never been confirmed as carrying the virus.

Fifty-three percent of the 2,579 employees who had been infected with the virus previously remained unvaccinated (1,359 people), compared to 41% (22,777) of the employees who were never diagnosed with the virus. **Zero previously infected employees were reported to have become infected again with the virus, regardless of their vaccination status. Vaccination significantly reduced the risk of coronavirus infection, the study found, but only among those who had not previously been infected.**

Necessity of COVID-19 vaccination in previously infected individuals - medRxiv.org - 6-5-21

[LINK](#)

Conclusions: Individuals who have had SARS-CoV-2 infection are unlikely to benefit from COVID-19 vaccination, and vaccines can be safely prioritized to those who have not been infected before.

SARS-CoV-2 reinfection in a cohort of 43,000 antibody-positive individuals followed for up to 35 weeks - 1-15-21

[LINK](#)

Conclusions Reinfection is rare. Natural infection appears to elicit strong protection against reinfection with an efficacy >90% for at least seven months.

If You Had Covid, Do You Need the Vaccine?

[LINK](#)

We believe that the most appropriate and pressing need in society at the present time is to protect the vulnerable, the elderly with comorbid conditions and those in extended care, assisted-living facilities as well as elderly in private homes who have been infected with the SARS-CoV-2 virus. These individuals face the most risk from this virus. With respect to vaccination then, this is consistent with the notion that all vaccinations should be targeted and not delivered en masse.

A population-based analysis of the longevity of SARS-CoV-2 antibody seropositivity in the United States

[LINK](#)

This cross-sectional study aimed to track population-based SARS-CoV-2 antibody seropositivity duration across the United States using observational data from a national clinical laboratory registry of patients tested by nucleic acid amplification (NAAT) and serologic assays. Knowledge of antibody seropositivity and its duration may help dictate post-pandemic planning. We have demonstrated a sustained positivity rate of antibodies against the SARS-CoV-2 spike protein in the past ten months post-PCR confirmed COVID-19 infection using data from over 39,000 patients, with linear trends indicating a substantial population half-life. Results from observational and longitudinal population-level data may help guide current and future post-pandemic planning, such as public health restrictions.

SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans 5-24-21 - Nature.com

[LINK](#)

Long-lived bone marrow plasma cells (BMPCs) are a persistent and essential source of protective antibodies^{1,2,3,4,5,6,7}. Individuals who have recovered from COVID-19 have a substantially lower risk of reinfection with SARS-CoV-2^{8,9,10}. Nonetheless, it has been reported that levels of anti-SARS-CoV-2 serum antibodies decrease rapidly in the first few months after infection, raising concerns that long-lived BMPCs may not be generated and humoral immunity against SARS-CoV-2 may be short-lived^{11,12,13}. Here we show that in convalescent individuals who had experienced mild SARS-CoV-2 infections (n = 77), levels of serum anti-SARS-CoV-2 spike protein (S) antibodies declined rapidly in the first 4 months after infection and then more gradually over the following 7 months, remaining detectable at least 11 months after infection.

Good news: Mild COVID-19 induces lasting antibody protection - 5-24-21 - WA University School of Medicine

[LINK](#)

"Last fall, there were reports that antibodies wane quickly after infection with the virus that causes COVID-19, and mainstream media interpreted that to mean that immunity was not long-lived," said senior author Ali Ellebedy, PhD, an associate professor of pathology & immunology, of medicine and of molecular microbiology. "But that's a misinterpretation of the data. It's normal for antibody levels to go down after acute infection, but they don't go down to zero; they plateau. Here, we found antibody-producing cells in people 11 months after first symptoms. These cells will live and produce antibodies for the rest of people's lives. That's strong evidence for long-lasting immunity."

Natural covid-19 infection provides strong protection against reinfection for up to eight months, just as a vaccine protects against infection, the World Health Organization (WHO) said in its latest scientific guidance.

[LINK](#)

"Current evidence points to most individuals developing strong protective immune responses, following natural infection with SARS-CoV-2. However, inaccurate immunodiagnostic tests may falsely indicate infected individuals as naïve to the virus (not previously infected) or may falsely label non-infected people as positive for immune markers of recent infection," the WHO's scientific brief said. "Available tests and current knowledge do not tell us about the duration of immunity and protection against reinfection, but recent evidence suggests that natural infection may provide similar protection against symptomatic disease as [vaccination](#), at least for the available follow-up period. The emergence of 'variants of concern' poses challenges, and their potential to evade immunity elicited by either natural infection or by vaccination needs to be closely monitored," the document stated.

George Mason grants professor COVID vaccine mandate exemption after 'natural immunity' lawsuit

[LINK](#)

George Mason University granted a professor a medical exemption from its COVID-19 vaccine mandate after he filed a lawsuit that included an affidavit from his doctor citing "natural immunity" to the coronavirus — though the school denied a settlement had been reached. Todd Zywicki, the law professor at the Fairfax school who sued, said he had COVID-19 and successfully defeated it, therefore

his natural immunity, he argued, should prevent him from being required to get the vaccination. His lawyers announced Tuesday that the school agreed to give their client an accommodation. "I am gratified that George Mason has given me a medical exemption to allow me to fulfill my duties this fall semester in light of unprecedented circumstances," Mr. Zywicki said. "I speak for tens of millions of Americans in the same circumstances I am in, and I call on leaders across the country to develop humane and science-based approaches as opposed to one-size-fits-all policies."

Had COVID? You'll probably make antibodies for a lifetime

[LINK](#)

People who recover from mild COVID-19 have bone-marrow cells that can churn out antibodies for decades, although viral variants could dampen some of the protection they offer.

Many people who have been infected with SARS-CoV-2 will probably make antibodies against the virus for most of their lives. So suggest researchers who have identified long-lived antibody-producing cells in the bone marrow of people who have recovered from COVID-19.

The study provides evidence that immunity triggered by SARS-CoV-2 infection will be extraordinarily long-lasting. Adding to the good news, "the implications are that vaccines will have the same durable effect", says Menno van Zelm, an immunologist at Monash University in Melbourne, Australia.

Antibodies — proteins that can recognize and help to inactivate viral particles — are a key immune defense. After a new infection, short-lived cells called plasmablasts are an early source of antibodies.

But these cells recede soon after a virus is cleared from the body, and other, longer-lasting cells make antibodies: memory B cells patrol the blood for reinfection, while bone marrow plasma cells (BMPCs) hide away in bones, trickling out antibodies for decades.

9. Uncategorized COVID-19 Links

Army Flight Surgeon whistleblower declaration against shots, dangerous, especially for pilots

[LINK](#)

N acetyl cysteine (NAC) is an amino acid that is useful to you to make glutathione in your body. The glutathione is a potent liver antioxidant. If you'd like to read my article on Glutathione, [CLICK HERE](#). NAC is more commonly known to support lung concerns, things like phlegm, mucous and airway issues.

[LINK](#)

Hydroxychloroquine tablets in the USA are 200 mg. Two can be taken together at the same time or separated by hours-days, as long as a person takes 400 mg. weekly. Currently there are studies underway to see if 200 mg weekly is sufficient. This protocol is used across the world. For example, see the country of India in the White Paper (reference 19). In this example, the National Task for the COVID-19 constituted by Indian Council of Medical Research recommendations for HCQ for prophylaxis of SARS-CoV-2 infection for selected individuals

[LINK](#)

Citation database vs vaccines

[LINK](#)

Stickers and other pro bodily autonomy products

[LINK](#)

FOIs reveal that health/science institutions around the world (116 and counting!) have no record of SARS-COV-2 isolation/purification

[LINK](#)

Stanford study from 2020 covid case count likely 50-85x higher than believed

[LINK](#)

We discuss compensatory actions that can keep social interaction effective (e.g., body language, gesture, and verbal communication), even when relevant visual information is crucially reduced.

[LINK](#)

DOD documents from Lawyer Thomas Renz

[LINK](#)

A new paper in the European Journal of Epidemiology that analyzed 168 countries and 2,947 US counties found that higher vaccination rates were not associated with fewer COVID-19 cases.

[LINK](#)

According to a new study that came out of Qatar and was published in the New England Journal of Medicine, those who have already suffered from COVID-19, and therefore have natural immunity, are very well protected against future infections.

[LINK](#)

These changes resulted in an increase of the PULS score from 11% 5 yr ACS risk to 25% 5 yr ACS risk. At the time of this report, these changes persist for at least 2.5 months post second dose of vac. We conclude that the mRNA vacs dramatically increase inflammation on the endothelium and T cell infiltration of cardiac muscle and may account for the observations of increased thrombosis, cardiomyopathy, and other vascular events following vaccination.

[LINK](#)

Big Pharma and mainstream media are largely owned by two asset management firms: BlackRock and Vanguard. Drug companies are driving COVID-19 responses — all of which, so far, have endangered rather than optimized public health — and mainstream media have been willing accomplices in spreading their propaganda, a false official narrative that leads the public astray and fosters fear based on lies. Vanguard and BlackRock are the top two owners of Time Warner, Comcast, Disney and News Corp, four of the six media companies that control more than 90% of the U.S. media landscape. BlackRock and Vanguard form a secret monopoly that own just about everything else you can think of too. In all, they have ownership in 1,600 American firms, which in 2015 had combined revenues of \$9.1 trillion. When you add in the third-largest global owner, State Street, their combined ownership encompasses nearly 90% of all S&P 500 firms.

[LINK](#)

Here's a study which essentially shows vaccination and immunity from infection are essentially equivalent. Graph is clear

[LINK](#)

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