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Horowitz: Record infections in super-vaxxed UK seniors as double-vaxxed show negative efficacy against COVID death

DANIEL HOROWITZ | March 22, 2022

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Just because Volodymyr Zelenskyy is the new Fauci, it doesn't mean COVID is over. In fact, <u>cases are surging in many European countries</u>, and U.K. seniors are now experiencing record numbers. "Covid infections surge to record high for over-70s in UK" was the title of a <u>Financial Times article</u> from Friday. But how can there be record infections precisely after nearly every senior was vaccinated and 90% were boosted, even though many already have had prior infection? Or are the record infections *because* of the shots, not *despite* them, and does this mean that they are preventing people from achieving immunity?

Ireland is one of the most vaccinated countries in the European Union, yet hospitalizations are rising.

Gabriel Hébert-Mild™ 	
Ireland - The situation is worrying 😬	
Hospitalization rate is now going vertical 📈	
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There are now <u>more people in Irish hospitals</u> than at any point in 12 months. Nearly 95% of all adults are fully vaccinated, and <u>nearly 100% of</u> seniors are vaccinated and boosted.

The number of COVID cases has nearly tripled in the U.K. since the nadir of the post-winter drop four weeks ago. Moreover, deaths are still hovering around 125 a day, whereas after the 2021 winter wave (with a much lower prior infection rate), deaths were nearly reduced to zero. Furthermore, Scotland, which has the highest vaccination rate of anywhere in the U.K. and is the only region with mask mandates, seems to be worse off than ever before. "Scotland recorded its highest infection rates of the pandemic so far, with one in every 14 people infected with the virus in the week to mic March, up from one in 18 a week earlier," reported the Financial Time...

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Roughly 90% of all people over age 12 in Scotland have two shots, and 73% have boosters. Among seniors, boosters are nearly universal. Thus, there is nowhere to run or hide from the vaccine failures. The <u>negative efficacy is</u> <u>out of control</u>. What about protection against death? Well, we can't exactly see where the deaths are coming from because Scotland conveniently stopped providing that data, but the U.K. government will still offer the weekly reports for a few more weeks.

According to the <u>latest U.K. health surveillance report</u>, roughly 95% of those over 70 are double-vaccinated and about 90%-93% of the age cohorts over 70 are boosted. Just 1.6% of the senior cases between weeks 7 and 10 of this year were among the unvaccinated, which is below the 5% share of the population pie they compose. The triple-boosted are 90% of the cases.

Cases reported by specimen date between week 7 2022 (w/e 20 February 2022) and week 10 2022 (w/e	Total	Unlinked*	Not	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
13 March 2022)	[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						interpretation of
Under 18	153,208	6,626	112,192	1,292	15,994	15,958	1,146
18 to 29	155,025	11,145	21,016	318	7,661	37,147	77,738
30 to 39	184,909	9,497	20,107	163	5,051	32,287	117,804
40 to 49	162,218	6,602	10,536	57	2,433	18,719	123,871
50 to 59	146,438	5,554	5,119	21	1,256	9,754	124,734
60 to 69	97,323	3,309	2,011	19	545	3,556	87,883
70 to 79	59,919	2,013	919	9		S	
80 or over	36,126	2,865	664	4	т	y 'P	l ≌ 5

 Table 10. COVID-19 cases by vaccination status between week 7 2022 and week 10 2022

 Please note that corresponding rates by vaccination status can be found in Table 13.

Although the shots do offer some protection for some people against illness for a certain period of time, <u>numerous data points</u> have shown the protection not only wanes but goes negative. The U.K. data now shows that the double-vaccinated have negative protection and the triple-vaxxed are headed in that direction.

Table 12b shows COVID deaths within 60 days of a positive SARS-CoV-2 test during weeks 7 through week 10 of this year.

Death within 60 days of positive COVID-19 test by date of death between week 7 2022 (w/e 20 February 2022)	Total**	Unlinked*	Not vaccinated	Received one dose (1 to 20 days before specimen date)	Received one dose, ≥21 days before specimen date	Second dose ≥14 days before specimen date ¹	Third dose ≥14 days before specimen date ¹
and week 10 2022 (w/e 13 March 2022)	[This data should be interpreted with caution. See information below in footnote about the correct interpretation of these figures]						
Under 18	2	0	1	0	1	0	0
18 to 29	17	0	6	0	2	7	2
30 to 39	34	0	14	0	2	10	8
40 to 49	88	2	16	1	6	29	34
50 to 59	232	1	41	0	9	72	109
60 to 69	431	1	59	0	17	105	249
70 to 79	1076	6	96	0		.	<u>م – م</u>
80 or over	3,217	3	168	1	1	y φ	ι <u></u> Δ ζ

As you can see, 15% of all the deaths were among the double- (but not triple-) jabbed, whereas only about 4% of this population falls into that category. That is straight-up negative efficacy even against death. Thus, they placed people into a position forcing them to get boosters; otherwise they would be worse off than with nothing! But what does that portend for the triple-jabbed? Remember how early on, it looked like the boosters accorded broad protection against death, even though cases skyrocketed among them? Well, now, 77% of all deaths among those over 70 are triple-jabbed! That is still somewhat below their share of the population, but not by much, and the gap is closing with every subsequent weekly report.

When it comes to case rates, the U.K. is now reporting that in some age cohorts, the triple-jabbed are more than four times as likely to test positive,

which would net an efficacy rate of -300%!

	Cases reported by specimen date between week 7 2022 (w/e 20 February 2022) and week 10 2022 (w/e 13 March 2022)			
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}		
Under 18	949.6	1,110.7		
18 to 29	2,191.7	701.9		
30 to 39	2,780.4	747.8		
40 to 49	2,481.6	651.7		
50 to 59	1,964.8	520.2		
60 to 69	1,622.2	382.2		
70 to 79	1,214.3	386.1		
80 or over	1,223	🖌 🦻 t 🖪 <		

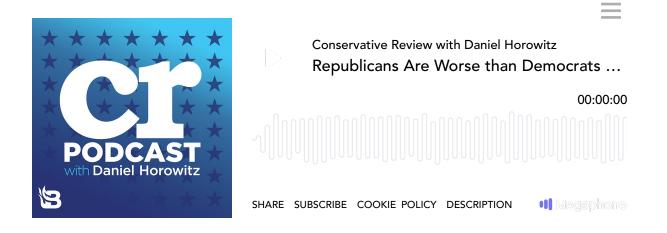
Hence, they needed Ukraine to distract from the narrative, because clearly there is something unsettling going on with these shots. One would think that by now there would be enough built-up immunity from prior infection to preclude waves like this. Yet the data raises the question: Are the shots sliding back people's natural immunity and creating some form of original antigenic sin and antibody dependent disease enhancement, in which the shots wipe out their T cells and innate immunity, thereby preventing them from enjoying durable immunity from prior infection? In other words, can this keep going forever in a vicious cycle of more cases inducing more vaccine campaigns, which in turn create more infections? A recent study from Stanford <u>published in Cell</u> might shed light on the phenomenon. Researchers observed a decreased immune response to a variants among those vaccinated for the original strain because the shots are teaching the body to respond improperly. "We find that prior vaccination with Wuhan-Hu-1-like antigens followed by infection with Alpha or Delta variants gives rise to plasma antibody responses with apparent Wuhan-Hu-1-specific imprinting manifesting as relatively decreased responses to the variant virus epitopes, compared with unvaccinated patients infected with those variant viruses," observed the Stanford pathologists. They note that the extent to which this causes original antigenic sin "will be an important topic of ongoing study."

Contrast the week 11 report to the week 5 report from just six weeks ago. You will see that in most age groups, the case rates among the triple-vaxxed were between 1.5 and 2 times greater, not between 3 and 4 times greater as they are today.

	week 1 2022 (w/e 09/01/2	Cases reported by specimen date between week 1 2022 (w/e 09/01/2022) and week 4 2022 (w/e 30/01/2022)			
	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}			
Under 18	2,299.0	5,985.1			
18-29	3,898.4	3,003.3			
30-39	5,236.0	2,810.8			
40-49	5,019.8	2,278.8			
50-59	3,430.4	1,661.7			
60-69	2,398.2	1,116.5			
70-79	1,536 1	047.0			
≥80	1,705	🖌 🖗 t 🖬 🤜			

One would think that with so much infection for so many months among this group, at some point it would exhaust the pool of eligible people and perhaps revert back to the unvaccinated having a higher case rate. But in fact, the opposite is true; it's getting worse every week for the triple-jabbed, especially among seniors.

And we already know from an Israeli study published in the New England Journal of Medicine that the fourth shot won't make things better. "We observed low vaccine efficacy against infections in health care workers, as well as relatively high viral loads suggesting that those who were infected were infectious," <u>concluded</u> the authors of the study comparing quadruplejabbed Israeli health care workers to those with fewer shots.

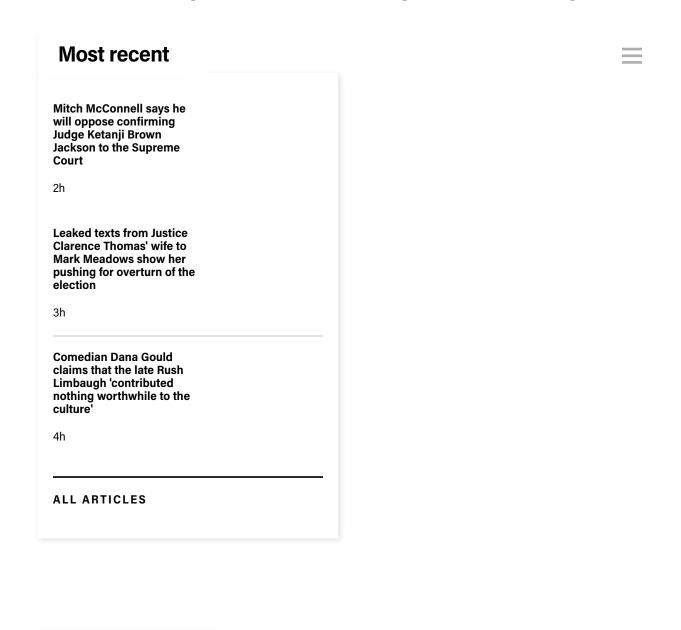


It's also important to remember that any degree of vaccine efficacy gleaned from any hard data or studies is factoring in the first 14 days post-vaccinated as "unvaccinated" and the first 14 days of the booster as double-vaccinated. It is already proven that this is a period of immunosuppression on the front end of the efficacy curve. <u>Some have estimated</u> that if you factor in those 14 days with elevated risk, there is *negative* efficacy for these shots out of the gate.

At the end of the day, we are 11 billion doses into this unparalleled global mass injection regime, and yet more than 72% of <u>6.1 million confirmed</u> <u>COVID-19 deaths</u> have occurred since vaccine rollout. Half the deaths have occurred since mid-April, after all of the vulnerable population had ample time to get fully vaccine.

Perhaps this is why the U.K. Health Security Agency announced in this week's report (<u>p. 37</u>) that "from early April onwards this section of the report will not be updated." That's the section with case and death rates by vaccination status.

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