

PfizerGate: COVID-19 Vaccination Causes Acquired Immunodeficiency Syndrome

By [The Expose](#)

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They told you they needed just three weeks to flatten the curve.

They lied.

They told you if you stayed at home that it would protect the Health Service.

They lied. ([Source](#))

They told you millions around the world were dying of Covid-19.

They lied. ([Source](#))

They told you that if you got the Covid vaccine, you wouldn’t catch Covid-19.

They lied. ([Source](#))

Then you were told the Covid vaccines make you less likely to be infected with or transmit Covid-19.

The lied. ([Source](#))

They told you that the Covid vaccines are safe and effective.

They lied. ([Source](#))

They told you that the contents of the Covid vaccines stay at the injection site.

They lied. ([Source](#))

They told you that the mRNA Covid-19 vaccines do not interfere with your DNA.

They lied. ([Source](#))

Now they're trying to tell you that the Covid-19 vaccines lose effectiveness over time and that you need repeat booster shots.

But they are lying yet again. The Covid-19 vaccines do not lose effectiveness. Instead, we are witnessing the degradation of the immune system of most people who have had more than one dose of the Covid-19 injection. In other words, the Covid-19 injections cause a new form of Acquired Immunodeficiency Syndrome. and we can prove it...

To fathom how one could possibly come to the conclusion that the Covid-19 vaccines severely damage the natural immune system and effectively cause Acquired Immunodeficiency syndrome, one needs to understand **why it is that official government data shows the vaccinated population are more likely to be infected than the unvaccinated population.**

One also needs to understand that once authorities realised **the data showed things were getting worse for the vaccinated population by the week, they suspiciously and conveniently decided it was in the public interest to stop publishing the data altogether.**

The following table has been stitched together from the case-rate tables found in the [Week 3](#), [Week 7](#) and [Week 13](#) UK Health Security Agency Vaccine Surveillance Reports -

	Cases reported by specimen date between week 51 2021 (w/e 26/12/21) and week 02 2022 (w/e 16/01/22)		Cases reported by specimen date between week 3 2022 (w/e 23 January 2022) and week 6 2022 (w/e 13 February 2022)		Cases reported by specimen date between week 9 2022 (w/e 6 March 2022) and week 12 2022 (w/e 27 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}	Unadjusted rates among persons vaccinated with at least 3 doses (per 100,000)	Unadjusted rates among persons not vaccinated (per 100,000) ^{1,2}	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	2,295.7	3,990.1	1,637.8	4,529.9	1,454.0	1,711.7
18-29	3,460.5	3,853.3	3,294.6	1,495.1	3,118.8	941.6
30-39	3,857.1	3,251.7	4,579.1	1,652.1	4,324.7	1,085.6
40-49	4,012.4	2,573.9	4,416.0	1,442.9	3,957.8	955.3
50-59	3,995.9	2,133.3	2,458.4	937.3	3,303.4	779.8
60-69	3,070.0	1,499.8	1,685.2	652.3	2,814.9	572.8
70-79	2,062.8	1,129.7	1,129.6	520.0	2,161.5	532.1
≥80	1,842.6	1,374.8	1,268.0	831.7	2,023.7	775.6

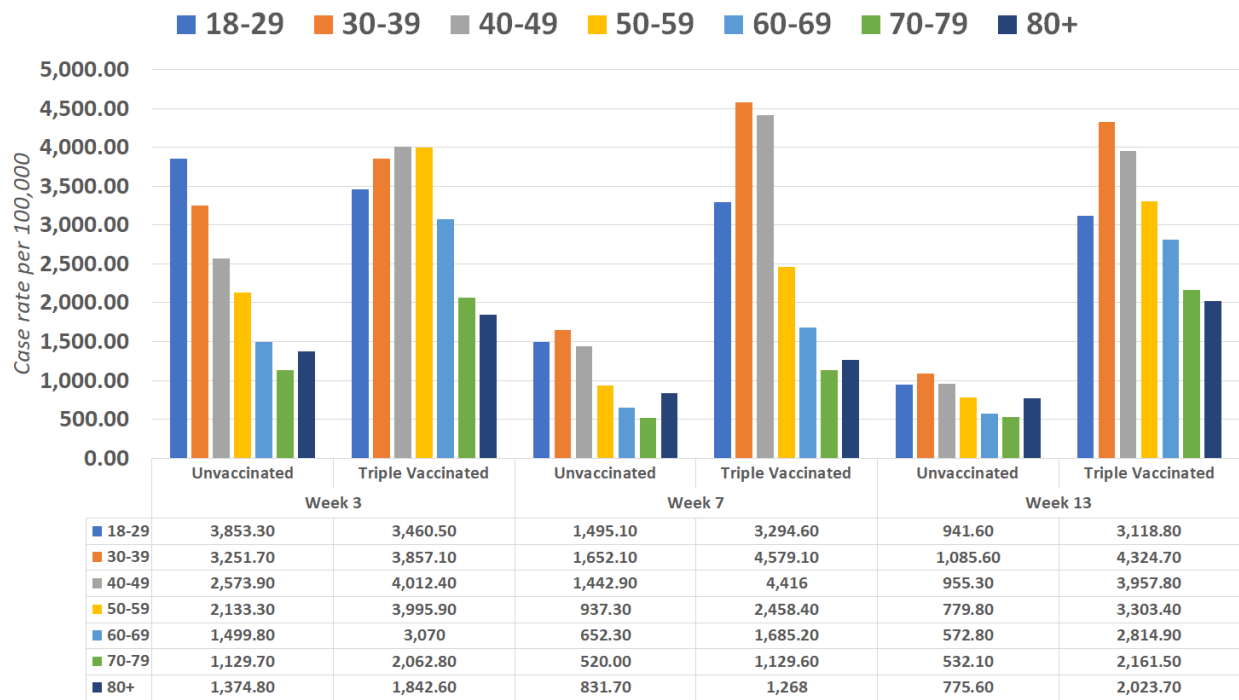
[Source](#)

The following chart has been created using the figures contained in the above table -

COVID-19 Case Rates per 100,000 Population in England by Vaccination Status

Week 51, 2021 to Week 12, 2022

Source: (UK Gov.) UKHSA Vaccine Surveillance Reports



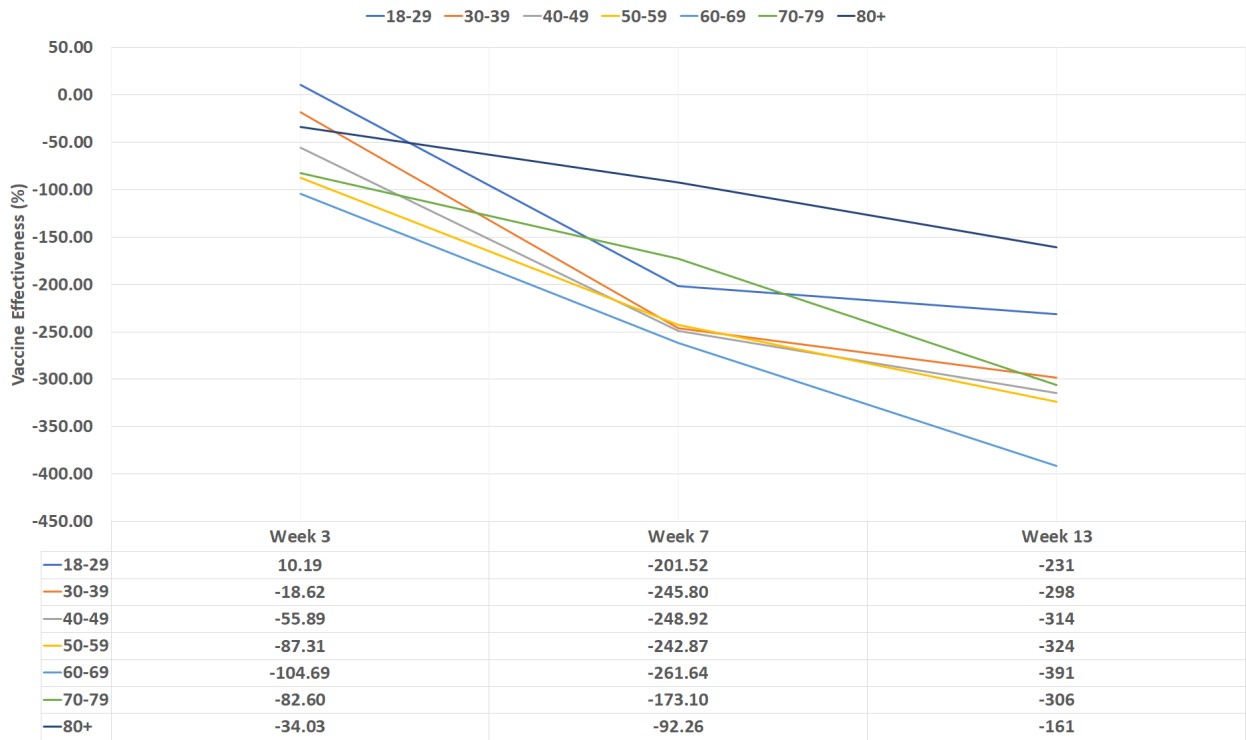
The above shows a rapid improvement in case rates among the unvaccinated population in every single age group over three months, and a frightening rise in case rates per 100,000 among triple vaccinated individuals in every single age group over a period of three months.

In fact, the difference between the two groups was so significant that by week 12 of 2022, real-world vaccine effectiveness was proving to be as low as minus-391% among 60 to 69-year-olds. This had fallen from an already concerning effectiveness of minus-104.7% among the same age group by week 2 of 2022.

Real World Covid-19 Vaccine Effectiveness among Triple Vaccinated Population in England

Week 51 2021 to Week 12 2022

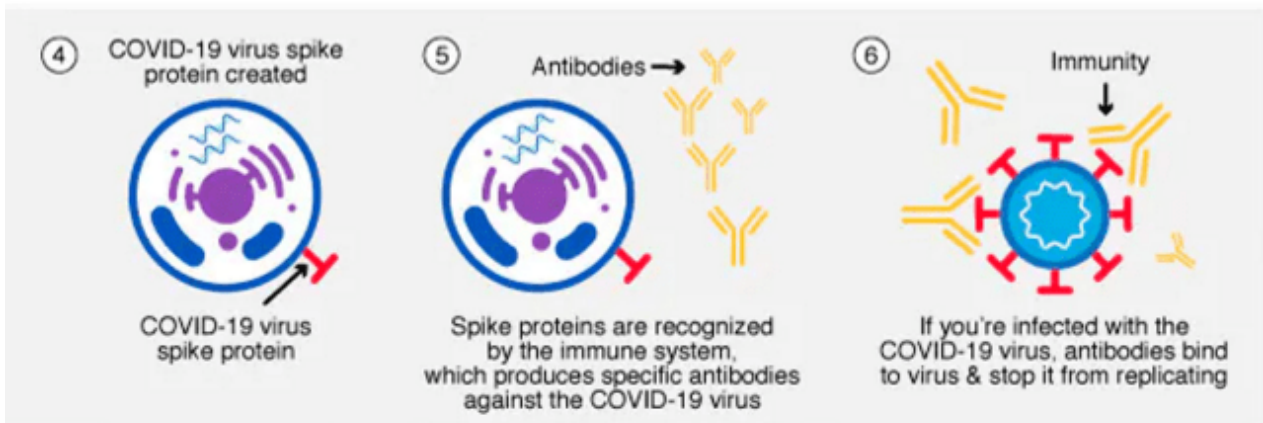
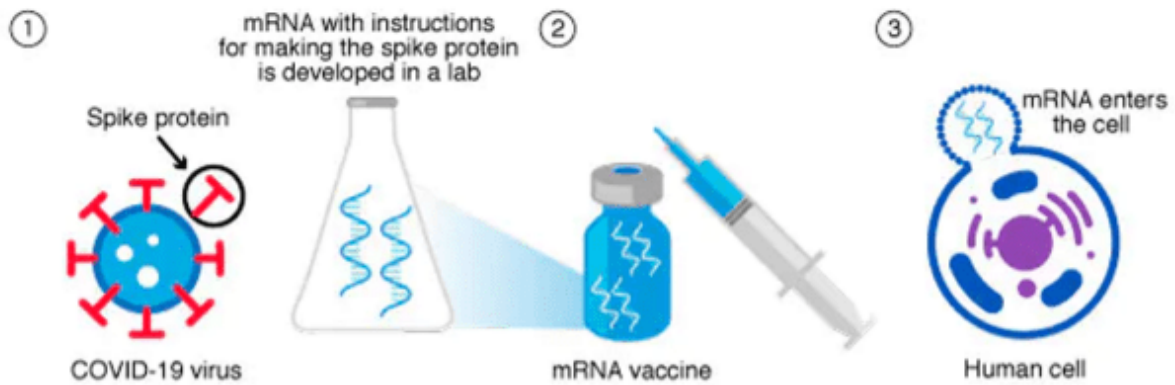
Source: UKHSA Vaccine Surveillance Reports, Week 3 + 7 + 13



Pfizer's Formula: $\text{Unvaccinated Case Rate} - \text{Vaccinated Case Rate} / \text{Unvaccinated Case Rate} \times 100 = \text{Vaccine Effectiveness}$

But let us be absolutely clear. Despite a mass media campaign to have you believe getting a booster is essential to "top up your immunity" due to declining effectiveness, it is actually impossible for vaccine effectiveness to wane when it comes to the Covid-19 injections.

The Covid-19 vaccine is supposed to work by injecting mRNA into your body, which then invades your cells and instructs them to make the spike protein found on the alleged SARS-CoV-2 virus. Once your body has produced millions of spike proteins, your immune system is supposed to get to work, rid the body of the spike proteins, and then remember to release those same antibodies if you ever encounter the actual alleged SARS-CoV-2 virus.



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

The problem we are seeing in the real world data is that the immune system isn't returning to the natural state seen among most of the unvaccinated population. If it was we would be seeing vaccine effectiveness close to 0%, not a shocking minus-391%.

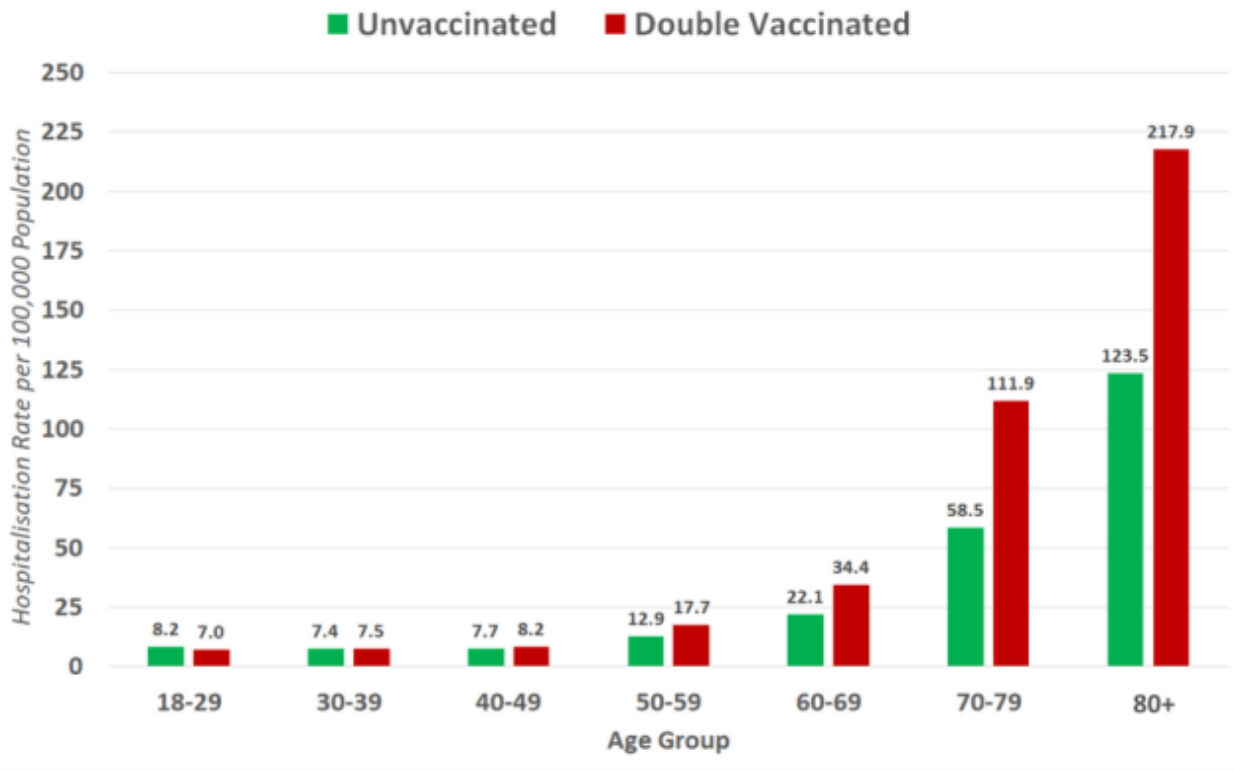
The week 13 UKHSA Vaccine Surveillance report was the final report published containing data on Covid-19 cases, hospitalisations and deaths by vaccination status. UKHSA claimed this was because the UK Government had decided to put an end to free mass Covid-19 testing from April 1st.

But we imagine it was actually because of the horrific case-rate figures among triple vaccinated and the horrific hospitalisation and death rate figures among the fully vaccinated.

The following chart shows the Covid-19 hospitalisation rate per 100,000 individuals by vaccination status between 28th Feb and 27th March 22. The unvaccinated case rate has been taken from page 45 of the [UKHSA Vaccine Surveillance Report – Week 13 – 2022](#), and the double vaccinated case rate has been calculated with the number of hospitalisations provided on page 41 of the same report –

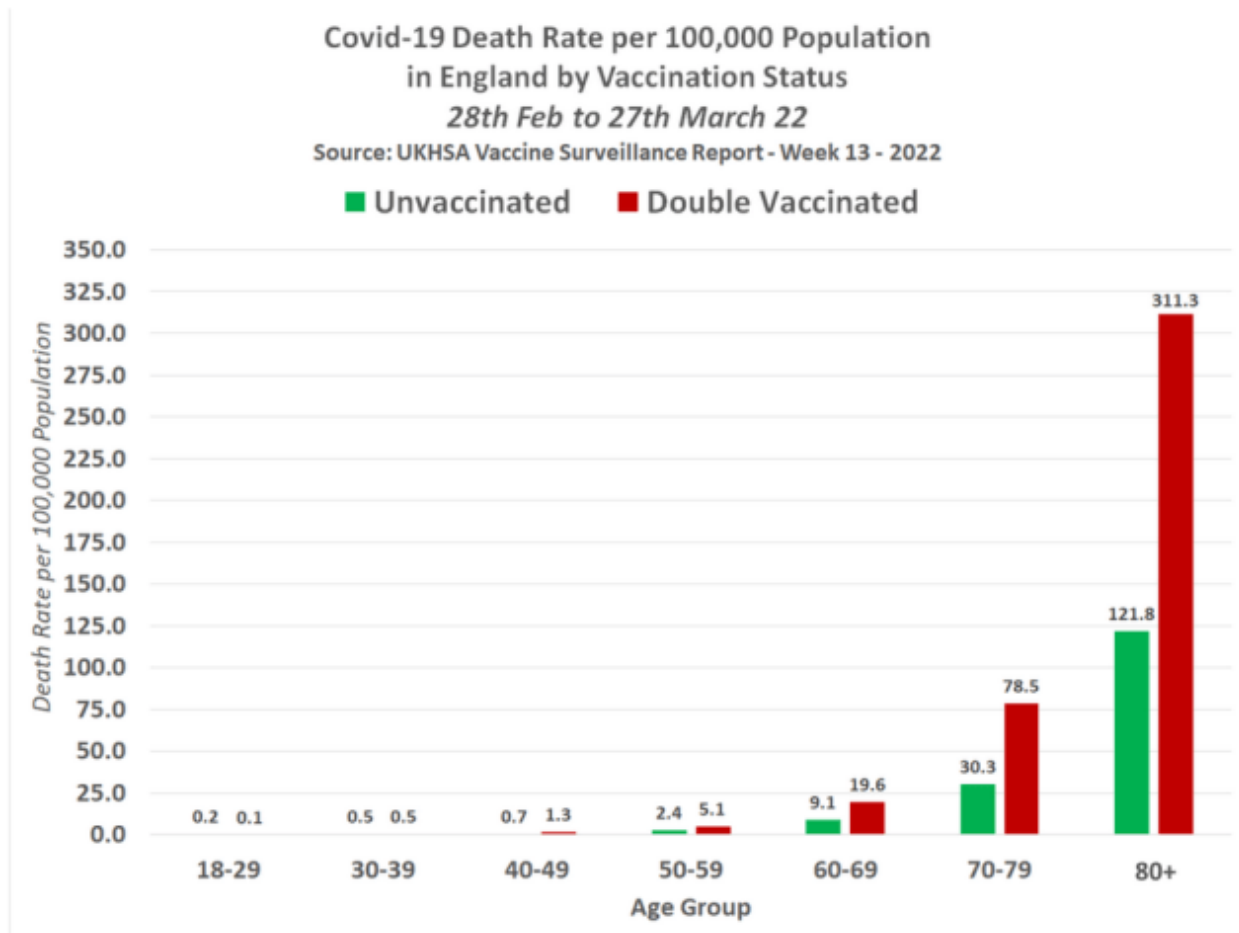
**Covid-19 Hospitalisation Rate per 100,000
Population in England by Vaccination Status
28th Feb to 27th March 22**

Source: UKHSA Vaccine Surveillance Report - Week 13 - 2022



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

The following chart shows the Covid-19 death rate per 100,000 individuals by vaccination status between 28th Feb and 27th March 22. The unvaccinated case rate has been taken from page 45 of the [UKHSA Vaccine Surveillance Report – Week 13 – 2022](#), and the double vaccinated case rate has been calculated with the number of deaths provided on page 44 of the same report –



The death-rate per 100,000 was highest among the fully vaccinated in all age groups excluding the 30-39 year olds where the death rate was the same as the unvaccinated, and the 18-29-year-olds where the death rate was lower. **This data proved that all double vaccinated people aged 40 and over were more likely to die of Covid-19 than unvaccinated people.**

Fast forward to the end of May though, and we can actually see that mortality rates per 100,000 are lowest among the unvaccinated in every single age group courtesy of data published by the UK's Office for National Statistics which can be viewed [here](#).

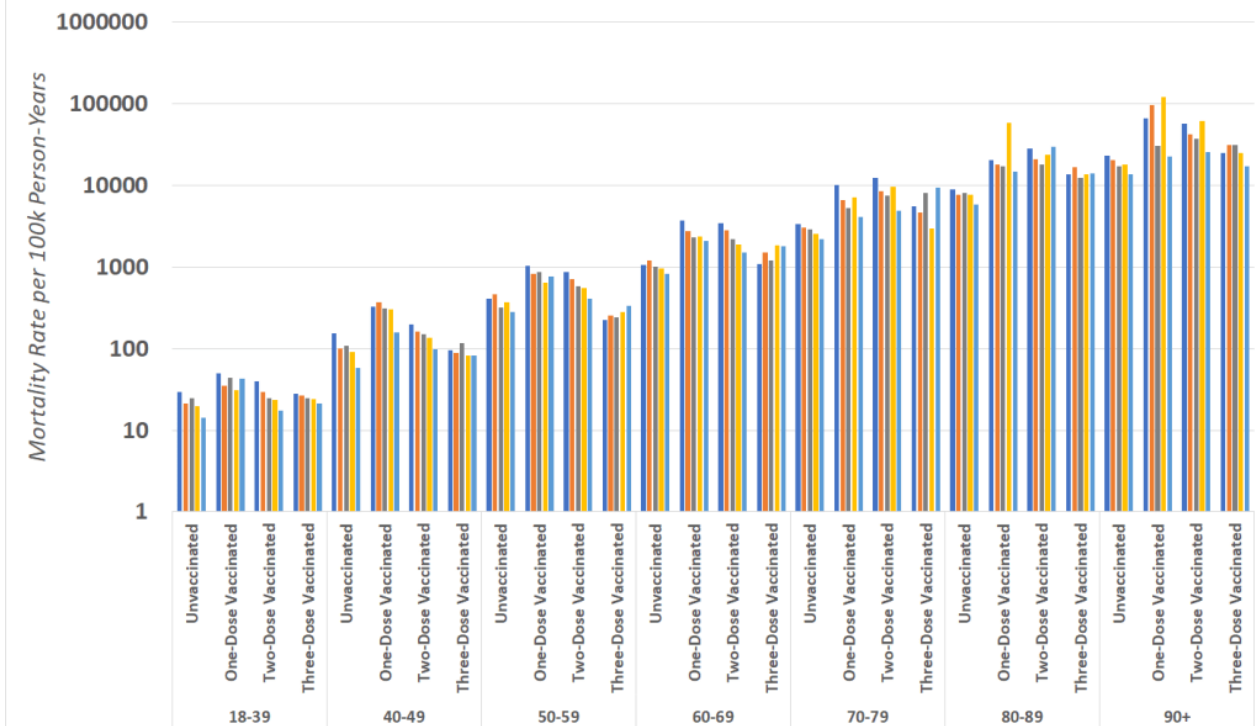
The following chart shows the monthly age-standardised mortality rates by vaccination status among each age group for Non-Covid-19 deaths in England between January and May 2022, the figures can be found in table 2 of the [recently published dataset](#) -

Monthly Age-Standardised Mortality Rates by Vaccination Status by Age Group for Non-Covid-19 Deaths in England

January to May 2022

Source: (UK Gov.) Office for National Statistics

■ Jan ■ Feb ■ March ■ April ■ May



These are age-standardised figures. There is no other conclusion that can be found for the fact mortality rates per 100,000 are the lowest among the unvaccinated other than that the Covid-19 injections are killing people, and this is because they are causing recipients to develop Acquired Immunodeficiency Syndrome.

But whilst the evidence points to severe immune system degradation and a new form of Acquired Immunodeficiency Syndrome, it still doesn't answer the exact process that is causing this to happen.

One potential scenario could be as follows.

Messenger ribonucleic acid (mRNA) is a single-stranded molecule of RNA that corresponds to the genetic sequence of a gene, and is read by a ribosome in the process of synthesizing a protein.

Covid-19 injections contain mRNA that invades the body's cells and instructor them to create the spike protein of the alleged SARS-CoV-2 virus. Millions of these spike proteins are then released from cells and the immune system allegedly recognises it as a virus/foreign body and believes the body is under attack.

It then fights the spike protein, creating antibodies to "kill" it and remembers to do so if it encounters the spike protein/SARS-CoV-2 virus again.

But what if the process never ends? What if the mRNA that has been injected into the body constantly invades cells and instructs them to create millions of spike proteins?

Authorities claimed that the Covid-19 vaccine remains at the injection site. But they lied, and the science proves otherwise.

It actually accumulates in every single organ of the body according to a [study conducted on behalf of Pfizer](#).

2.6.5.5B. PHARMACOKINETICS: ORGAN DISTRIBUTION CONTINUED

Test Art

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215
Testes (Males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805
Blood: plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540

[Source](#)

The problem with [the study](#) is that after 48 hours they stopped observing the accumulation. So how does anybody know if that accumulation reverses? How do they know it doesn't go on for months or even years? Until they can prove otherwise they are only guessing.

If the mRNA that has been injected into the body constantly invades cells and instructs them to create millions of spike proteins over a long period of time then this is one more constant thing that the immune system has to do. But then they tell you to get a booster jab, and then a fourth dose. Now the body is constantly creating millions more spike proteins and working the immune system even harder.

Whilst the body is busy battling millions of spike proteins, it's unable to fight off other opportunist infections or cancer cells. This is similar to what occurs with HIV. HIV infects and destroys immune system cells, making it hard to fight off other diseases.

When HIV has severely weakened the immune system it can lead to Acquired Immunodeficiency Syndrome. But it isn't the HIV virus that kills people infected with it, it is the opportunistic infections and cancers that the immune system can no longer fight off.

So this theory would make perfect sense as to why official Government data shows the triple vaccinated are more likely to be infected with Covid-19 and transmit Covid-19 than the unvaccinated.

It would make perfect sense as to why the fully vaccinated are more likely to be hospitalised and die of Covid-19 than the unvaccinated.

And it would make perfect sense as to why age-standardised mortality rates per 100,000 are lowest among the unvaccinated in all age groups.

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