

# Vaccine Acquired Immune Deficiency Syndrome (VAIDS): ‘We Should Anticipate Seeing this Immune Erosion More Widely’

By [Frontline Doctors](#)

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*‘If immune erosion occurs after two doses and just a few months, how can we exclude the possibility that effects of an untested “booster” will not erode more rapidly and to a greater extent?’*

A [Lancet study comparing vaccinated and unvaccinated](#) people in Sweden was conducted among 1.6 million individuals over nine months. It [showed](#) that protection against symptomatic COVID-19 declined with time, such that by six months, some of the more vulnerable vaccinated groups were at greater risk than their unvaccinated peers.

Doctors are calling this phenomena in the repeatedly vaccinated “immune erosion” or “acquired immune deficiency”, accounting for elevated incidence of myocarditis and other post-vaccine illnesses that either affect them more rapidly, resulting in death, or more slowly, resulting in chronic illness.

COVID vaccines are not traditional vaccines. Rather, they cause cells to reproduce one portion of the SARS-CoV-2 virus, the spike protein. The vaccines thus induce the body to create spike proteins. A person only creates antibodies against this one limited portion (the spike protein) of the virus. This has several downstream deleterious effects.

First, these vaccines “mis-train” the immune system to recognize only a small part of the virus (the spike protein). Variants that differ, even slightly, in this protein are able to escape the narrow spectrum of antibodies created by the vaccines.

Second, the vaccines create “vaccine addicts,” meaning persons become dependent upon regular booster shots, because they have been “vaccinated” only against a tiny portion of a mutating virus. Australian Health Minister Dr. Kerry Chant has stated that [COVID will be with us forever](#) and people will “have to get used to” taking endless vaccines. “This will be a

regular cycle of vaccination and revaccination.”

Third, the vaccines do not prevent infection in the nose and upper airways, and vaccinated individuals have been shown to have much higher viral loads in these regions. This leads to the vaccinated becoming “super-spreaders” as they carry extremely high viral loads.

In addition, the vaccinated become more clinically ill than the unvaccinated. Scotland [reported](#) that the infection fatality rate in the vaccinated is 3.3 times the unvaccinated, and the risk of death if hospitalized is 2.15 times the unvaccinated.

A June [report](#) on Israel’s *Channel 12 News* revealed that in the months since the vaccines were rolled out, 6,765 people who received both shots had contracted coronavirus, while epidemiological tracing revealed an additional 3,133 people [contracted COVID-19 from those vaccinated](#) individuals.

Meanwhile, [New England Journal of Medicine](#) researchers have found that autoimmune response to the coronavirus spike protein may last indefinitely: “Ab2 antibodies binding to the original receptor on normal cells therefore have the potential to mediate profound effects on the cell that could result in pathologic changes, particularly in the long term — long after the original antigen itself has disappeared.” These antibodies produced against the coronavirus spike protein could be responsible for the current unprecedented wave of myocarditis and neurological illnesses, and even more problems in the future.

Indefinite uncontrolled autoimmune response to the coronavirus spike protein may produce a wave of antibodies called anti-idiotypic antibodies or Ab2s that continue to damage human bodies long after clearing either Sars-Cov-2 itself or those spike proteins that the shots cause the body’s cells to produce, explained former *New York Times* reporter [Alex Berenson](#).

Spike protein antibodies may themselves produce a second wave of antibodies, called anti-idiotypic antibodies or Ab2s. Those Ab2s may modulate the immune system’s initial response by binding with and destroying the first wave of antibodies.

“Our immune systems produce these antibodies in response to both vaccination and natural infection with COVID,” wrote Berenson. “However – though the researchers do not say so explicitly, possibly because doing so would be politically untenable – spike protein antibody levels are MUCH higher following vaccination than infection. Thus the downstream response to vaccination may be more severe.”

*America’s Frontline Doctors* ([AFLDS](#)) Chief Science Officer former Pfizer Vice President **Michael Yeadon** responded to the research: “This is unprecedented. What is happening is not understood.

“Commentators on Israeli TV have reported that contacts in the Health Ministry have termed this ‘immune erosion’:

“While some are concerned that blood IgG antibodies fall with time, I am not convinced that this is a relevant measure,” Yeadon continued. “Respiratory virus infection begins in the lungs and nasopharynx. Neither are protected by blood antibodies, which are molecules too large to diffuse into airways tissue. What protects against infection and

initial viral replication is secretory IgA antibodies and T-cells in airways, neither of which have been studied in any efficacy trial.

“The empirical data are very worrying. In most countries now, high fractions of the population have been vaccinated. If the Swedish study is a guide, we should anticipate seeing this immune erosion more widely. The most concerning aspect of that study is that those most in need of protection are those in whom immune erosion is most marked: the elderly, males, and those with comorbidities.

“Some have used the results of this study to support the widespread use of so-called ‘booster’ shots. It has to be said: No one has any safety data about such a plan. If immune erosion occurs after two doses and just a few months, how can we exclude the possibility that effects of an untested ‘booster’ will not erode more rapidly and to a greater extent? And what then would be the response? A fourth injection. Madness.

“It’s long past time when known safe and effective drug treatments be used as the leading response to symptomatic infection (antivirals, corticosteroids, anti-inflammatories).

“In this way, we don’t expose entire populations to experimental medical interventions when only a very small fraction of the population are at notable risk from this virus, which, all hype aside, is by no means exceptional in its lethality compared with numerous others such as seasonal influenza.”

Yeadon concluded:

“Europe is all but gone. The lights are going out. Austria and Germany now subject their unvaccinated to house arrest. In Greece, the unvaccinated are subject to escalating fines, non-payment of which is converted into prison time. In Lithuania, the unvaccinated are excluded from society. The booster campaigns are running full-pelt everywhere.

“Someone, somewhere knows what’s going to happen. Will immunity-erosion worsen more speedily and to a greater extent after this untested ‘booster’? The U.K. government has already said that the fourth injection is to take place a mere three months after the third. It’s utter madness. Yet such is the hermetic control of media that nothing much emerges into the public consciousness.”

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