

The Biggest Public Health Threat Is Not a Virus but a Weakened Immune System

 brownstone.org/articles/the-biggest-public-health-threat-is-not-a-virus-but-a-weakened-immune-system/

October 18, 2021



By [Carla Peeters](#) October 18, 2021 October 21, 2021 [Public Health](#) 10 minute read

A [growing list of scientific studies](#) have now shown that immunity following natural infection provides durable protection often far better than immunity following Covid-19 vaccination. Several governments focus on mandated vaccination. However natural immunity and a strong immune system are what are really needed to build full protection and a healthier population.

In most Western countries, vulnerable people and high-risk groups are vaccinated with one of the four “Emergency Use Authorization” (EUA) Covid-19 vaccines. Remarkably, in the countries with the highest vaccination coverage (Israel, Iceland and England), we observe high numbers of positive tests.

Positive tests are called infections or cases, even though that may or may not be true (e.g., a PCR test may not distinguish between an active infection or a previous infection).

Contrary to inflated expectations, it appears that people who have been doubly vaccinated can test positive, carry a high viral load, potentially transmit the virus, and end up in the hospital. The effectiveness of vaccinations seems to be declining or disappearing. A “one size fits all” approach may become a dead end if we continue to pursue this current one-sided strategy with focus on just one virus.

In England, various immunologists have spoken out about the danger of a weakened immune system within the entire population, which increases the risk of infections and chronic diseases. As a result of the lockdowns and measures such as keeping one and a half meters distance and wearing masks, the immune system in many people may have weakened compared to the days before the pandemic.

The innate immune system is the first and not specific defense mechanism. It stops potential disease-causing organisms. This system is formed by physical barriers, such as skin, saliva, and mucous membranes. Switching to the adaptive immune system happens when the pathogen is able to break through the first barrier. Cells from the innate immune system present the pieces of the pathogen or foreign substance to B Cells and T cells of the adaptive immune system.

B cells are responsible for the release of antibodies. The antibodies formed move freely in the blood and can bind foreign pathogens. The pathogen – antibody complex is then broken down and cleared by macrophages, among others. There are also T cells that directly target pathogens that have invaded cells. They can help to destroy these infected cells and, on the other hand, enhance and rein in the antibody response by B cells.

The B and T cells can develop into memory cells and are activated much faster in a subsequent infection than with a first infection. Memory provides an increased antibody response, often with a stronger binding to a protein of the pathogen and a broader response against multiple pieces of the protein (epitope). This increases the chance that the pathogen will be cleared effectively and quickly. This is reflected in natural infections and also vaccinations.

Children and adults have come into less contact with other viruses and bacteria, so the immune system is less challenged and therefore less trained. Outbreaks of infectious diseases in isolated communities who had not been exposed to the corresponding pathogen for a long time and lacked immunity are well documented e.g. the outbreak of whooping cough in 1908 and 1918 in Papua New Guinea.

In addition, factors such as changed diet and lifestyle, exposure to toxic substances through frequent use of disinfectants and facemasks, and the increase in stress play an important role. As well, obesity is a correlating condition related to a serious Covid-19 condition, and the lockdowns have resulted in higher obesity rates in the UK, the US, and other Western

nations. Obesity has long been associated with prognosis of viral infections. It was recognized as a predisposing factor for worse clinical outcomes and death in the 2009 H1N1 pandemic.

On the opposite side of obesity of the pandemic and its measures we see a rising problem of undernutrition with increased risks for pneumonia and mortality in children younger than 5 years of age. The problem of malnutrition, either due to over- or undernutrition, and as a consequence immune dysfunction may cause enormous damage for years and generations to come. The onset of heightened tuberculosis incidents is deeply troubling.

Drug use has also increased during the Covid-19 pandemic. Statistics from the Netherlands report that mental health in the Netherlands in the first quarter of 2021 was the lowest for the past twenty years. Nivel reports that the use of psychotropic drugs among young people aged 15-24 increased in the first quarter of 2021.

This has been seen before in England and the United States. The pandemic led to a stark rise in depressive and anxiety disorders in women (28%) and adolescents (26%) globally. Also the proportion of patients with dementia who has been prescribed antipsychotics substantially increased. More people with dementia died in 2020 as compared to previous years in the UK.

For many years Psycho Neuro-Immunology Studies demonstrated that mental health is important for a well-functioning immune system. Several researchers have shown a relationship between the increase in stress experiences and the risk of upper respiratory tract infections and mortality. A significant overall association between the susceptibility to sepsis and accelerated biological aging has been found as well as negative associations between mean cytokine levels and chronic stress. A long duration of the measures can weaken the innate and adaptive immune system and worsen a disease outcome.

The effective and efficient operation of the total immune system is crucial when the body encounters foreign substances, pathogens (disease-causing agents) or, for example, cancer cells. Studies on the effectiveness of the influenza vaccines have already shown that older people may not respond effectively to the influenza vaccine. Older people often have an aging immune system. That's why we talk about immunosenescence, where the immune system changes with age.

As a result, "bullet-proof" protection cannot be generated, despite vaccination. A study in Norway among one hundred vulnerable elderly people who died shortly after a Covid-19 vaccination shows that weakened immunity probably played a role. In addition to elderly people, those with chronic diseases such as rheumatism, MS, or after organ transplantation can also have weakened immunity.

A significant proportion of the people with chronic diseases who participated in a Dutch study were unable to elicit a good antibody response after two vaccinations with one of the four Covid-19 vaccines. Do they need a third vaccination? The results of this are not yet known. Because the immune system is not working optimally in this group and the same vaccine is used for this third injection, no major improvements can be expected. The EMA and ECDC do not see an urgent need for a third booster for healthy groups, for the time being.

Vaccination will not provide good protection for everyone. The majority of people who are currently vaccinated do not know whether they have built up antibodies and/or T cell immunity. It is also possible that without vaccination, effective immunity has already been built up due to symptomatic or non-symptomatic (asymptomatic) infection with the SARS-CoV-2 virus or previous infection from another coronavirus.

A study published in *Nature* demonstrates that seventeen years after natural infection with the SARS CoV-1 virus, protective T cell cross-reactivity to SARS-CoV-2 virus is still present. It's a theory along with low obesity that explains why Asian countries have suffered few Covid-19 deaths despite hearty case counts. Many scientific studies, over a dozen in 2021, have now shown that immunity following natural infection provides better protection than immunity following Covid-19 vaccination. An Israeli study showed a 27 times less chance of reinfection and an eight times less chance of hospitalization after natural infection as compared to vaccination.

Another recently published study also demonstrated more durable immunity following natural infection. This may be related to the fact that natural infection elicits a broader immune response against a wider variety of viral coat proteins. SARS-Cov-2 specific cellular and humoral immunities are durable at least until one year after disease onset. If recovered infection follows other viruses, it could be much longer; SARS-CoV-2 just hasn't been out that long and few countries are conducting studies on those infected from the spring of 2020.

A reduction in the effectiveness of the innate and adaptive immune systems can occur after an injection with an mRNA vaccine, which leads to a greater risk of a more severe course in subsequent infections, as shown in a not yet peer-reviewed study. Also, a wide range of side effects for the Covid-19 vaccines have been documented to VAERS, MHRA and Eudravigilance, far more as compared to previous vaccines. Therefore experts argue for thorough data analysis on the risk-benefits for booster injections.

Even before the Covid-19 vaccines were on the market, scientists warned of a possible danger of Antibody Dependent Enhancement (ADE), a well-known phenomenon observed in the development of previous coronavirus vaccines. This means that the body produces antibodies, but is unable to neutralize the virus, so by binding to antibodies present on the cell, the virus can enter the cell and multiply more easily.

In a study on vaccine breakthrough cases from the San Francisco Bay area California 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. This is seen by several scientists as a possible explanation for the observed reinfections after vaccination. Research from the Mayo Clinic and Boston University shows that six months after the second injection of the Pfizer vaccine the effectiveness decreased from 76% to 42% and with Moderna from 86% to 76%.

Although politicians worldwide are talking about a third injection with the same vaccine, scientists in Iceland, England and USA are hesitant about this. Natural immunity may be needed to build full protection in the population. The virus is now endemic and has a survival rate of 99.410% for people under 69 years of age and more than 99.997% for young people under 19 years of age.

Antibodies generated by the vaccines appear to decline after six months. The non-measurable presence of antibodies does not always mean that people are no longer immune. After a natural infection, antibody-producing B cells remain detectable in the bone marrow after the disappearance of measurable antibodies in the blood, which indicates the possibility of being able to react quickly after reinfection. Using a survey of healthcare workers at the Cleveland Clinic, it was shown that vaccinating people who have already gone through a natural infection is pointless.

The large increase in hospitalizations with RSV (cold virus) infections in children in South Wales and Australia may be a result of lockdowns that suppress the functioning of the immune system, some English immunologists explain. An increase in RSV virus in children and people with black fungus in the lungs in the ICU has also recently been reported in the Netherlands and Belgium.

These infections rarely occur alone and mostly in people with very weak immune systems. As the pressure from lockdowns, nonpharmaceutical interventions, and large-scale vaccinations that target only one protein of the virus increases, there is a greater chance that mutations will occur in the virus that can make it more dangerous for vulnerable groups. The immunity induced with the vaccine does not appear to be effective enough in all people to neutralize the Delta variant.

Now that a large part of society has already been vaccinated, it is much better, following the example of Denmark, Sweden, and Iceland, to lift all restriction measures and allow the virus to circulate in the course of normal social and market functioning, i.e. the freedom of movement and exchange.

This allows natural immunity to be built up and the immune system to be strengthened at the same time to keep other viruses, fungi and bacteria in check as well. Vaccination mandates with an experimental vaccine and accompanying passports cannot provide broad protection.

In addition, the knowledge about the resilience of a natural immunity after an infection and/or through cross-reactivity with other (corona) viruses is undermined by a vaccination passport, especially because it is now known from studies that the risk of reinfection in vaccines is real.

A focus on vaccinations with (in)direct obligations creates an unscientifically justifiable discord in society. Above all, with shortages of healthcare personnel, continuing on the same path is an invitation to a devastating tsunami. Not only from Covid-19, but from other pathogens as well as sharp increases in cancer, cardiovascular disease and depression.

Indeed, the immune system is also involved in the prevention of chronic diseases. To prevent unnecessary harm for people and children, public health information on the risk and benefits of the vaccines needs to be honest and transparent. In this way people can make well-considered decisions about their own health and how to contribute, build trust in public health and live in a safe and healthier world.

The government and insurance companies would be well served to provide at least children, the elderly, vulnerable welfare recipients, and healthcare workers with a clearer guidance on the crucial importance of a resilient immune system, and not compromise it with restrictions and mandates that risk our health.

Author



Carla Peeters

Carla Peeters is founder and managing director of COBALA Good Care Feels Better. She obtained a PhD in Immunology from the Medical Faculty of Utrecht, studied Molecular Sciences at Wageningen University and Research, and followed a four-year course in Higher Nature Scientific Education with a specialization in medical laboratory diagnostics and research. She studied at various business schools including London Business School, INSEAD and Nyenrode Business School.