Booster-Caused IgG4 Immune Tolerance Explains Excess Mortality and "Chronic Covid"

Perhaps Giving Unproven Vaccines to Billions was a Bad Idea, After All

Igor Chudov
Dec 25, 2022

Rintrah Radagast posted a very important article yesterday. It shows us a potential explanation of why excess mortality is related to COVID boosters, why the association of Covid vaccines with mortality strengthens as time goes on instead of declining, and why boosted people take the longest to clear Covid-19.

Check Rintrah's article out. **It is brilliant and very disturbing.**

https://www.rintrah.nl/the-trainwreck-of-all-trainwrecks-billions-of-people-stuck-with-a-broken-immune-response/

Rintrah is discussing a very important scientific study that answers a question: *what exactly are those antibodies that Covid-boosted people are developing*?

This study answering that question is here:

https://www.science.org/doi/10.1126/sciimmunol.ade2798

Rintrah explains:

> After mRNA vaccination the immune response against Spike is shifting to IgG4, which is how your body responds after repeat exposure to stuff it needs to tolerate, like bee venom, pollen or peanut proteins.

What is IgG4?

Our immune systems are complicated. We do need to fight *dangerous replicating pathogens,* such as viruses or bacteria. At the same time, we also face *harmless inert substances*, such as tree pollen, that sometimes cause *inflammatory reactions called allergies*.

To deal with these harmless substances, our immune system has a particular class of antibodies, called **IgG4**, that do the opposite of what we are used to hearing: they bind to allergens and tell our immune cells to *ignore them rather than cause inflammation*.

mRNA Shots Work Like Allergen Shots

I had many pollen allergies. Every spring was unpleasant. I decided to go to an allergist and take *allergy shots*, which amounted to r*epeatedly injecting allergens into me*. As a result of these repeat antigen shots, my immune system developed *non-inflammatory IgG4 antibodies*, which mark pollen as a harmless substance to the rest of my immune system and prevent allergic inflammation and nasty symptoms.

There is something important, though: **pollen does not replicate**.

It is a good idea not to have inflammation in response to pollen. It is a *bad idea, however, to train our immune system to ignore* ***replicating*** *pathogens* such as Sars-Cov-2.

How would "immune tolerance," induced by repeat antigen shots such as mRNA injections, look like when the person is infected with Sars-Cov-2?

It would look like a *"mild" infection without a serious fever* that *would last much longer than necessary and cause organ damage*. The sufferer may say, for the first week, that they are thankful for vaccines and boosters making their symptoms mild. Then they start wondering why the infection is not going away.

Such tolerance may explain why boosted people are the slowest to clear Covid-19:

Igor's Newsletter

Study: Boosted People Slowest to Clear COVID-19

A new study just came out: It looked at how long "culturable virus" (that is, virus capable of infecting people) is present in Covid patients after the first positive test. The authors literally cultured swabs of patients, on various days past-diagnosis, and counted how many patients, by vaccination status, are still carrying live, replication-competent ...

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6 months ago · 433 likes · 451 comments · Igor Chudov

So: **IgG4 antibodies have the opposite effect to all other types of antibodies** and **make our immune system ignore the particular antigen** they are trained to detect.

You do not want to ignore a replicating virus — so the IgG4 antibody class would be inappropriate for viruses. Pollen, however, is a perfect case for IgG4 to prevent immune reaction and inflammation.

Switching to IgG4 binding against a viral agent is like opening your house doors wide for robbers and ignoring them as they ruffle through your drawers. The robbery will be "mild" - but the thieves will take away your stuff. *And they will come back again.*

Rintrah Explains Study Findings

Now that you know what IgG4 antibodies are, let's follow Rintrah's explanation of the study findings. The scientists followed several subjects who underwent repeated mRNA vaccinations and subsequent infections and tracked the composition of their antibodies.

> You already know the story: After the second shot, IgG4 begins to show up. This gets worse with the breakthrough infections, then it gets worse again with the third shot. Now we have **updated findings** from breakthrough infections after the third shot. **And this will shock you, but it gets worse again:**

Table S2: Relative proportion of IgG subclasses among spike and non-spike binding cells switched memory B-cells

Donor	Time point	CD27+ spike^{neg}					CD27+ spike^{pos}					Anti-S IgG4	
		No. of cells	% IgG1	% IgG2	% IgG3	% IgG4	No. of cells	% IgG1	% IgG2	% IgG3	% IgG4	µg/ml	%**
A6	FU 2nd	19676	58.9	27.4	11.2	2.4	521	60.0	15.4	5.7	19.0	1.36	2.9
	post 3rd	15186	62.9	22.6	11.3	3.1	999	77.1	14.0	3.3	5.6	18.25	5.4
	FU 3rd	15368	55.5	30.6	11.4	2.4	568	56.8	27.3	3.1	12.9	1.42	4.1
A9	FU 2nd	11335	57.4	29.3	6.5	6.9	550	74.1	9.8	4.5	11.6	0.2	0.3
	post 3rd	9038	34.5	57.0	6.4	2.1	378	78.2	13.2	3.0	5.6	7.5	2.2
	FU 3rd	8246	62.9	29.3	5.4	2.4	464	64.2	22.0	1.3	12.5	0.21	0.3
A11*	FU 2nd	20668	69.0	20.7	6.7	3.7	433	69.7	23.6	1.2	5.5	2.96	12.3
	post 3rd	28089	79.5	8.1	3.5	8.9	796	68.5	13.7	1.9	15.9	208.72	35.5
	FU 3rd	9279	65.8	23.8	8.6	1.8	614	52.6	27.5	0.8	19.1	170.31	47.8
A13*	FU 2nd	11086	67.7	26.6	4.0	1.7	379	61.4	27.2	0.8	10.6	0.18	0.7
	post 3rd	3265	69.8	22.2	7.1	0.9	493	57.4	30.0	5.9	6.7	16.62	3.6
	FU 3rd	10636	63.4	25.8	9.9	0.9	520	59.8	23.5	2.7	14.0	20.34	3.8
A16	FU 2nd	16868	57.5	29.6	10.7	2.2	356	67.1	19.4	0.6	12.9	0.21	2.6
	post 3rd	19063	58.9	31.0	7.9	2.2	626	65.0	19.8	0.9	14.4	30.9	15.2
	FU 3rd	14097	67.4	19.7	10.0	2.9	461	43.5	41.8	0.4	14.2	16.62	23.7
A17	FU 2nd	15390	79.0	15.5	4.8	0.7	203	69.9	17.7	1.0	11.4	0.13	0.6
	post 3rd	18070	77.9	16.8	4.9	0.3	706	73.3	18.4	0.7	7.6	13.27	1.6
	FU 3rd	10842	58.2	30.0	10.7	1.2	414	55.2	34.3	0.9	9.6	2.25	1.1
A18	FU 2nd	12577	23.0	72.2	3.6	1.2	32	46.5	31.7	0.0	21.9	0.62	3.1
	post 3rd	12897	21.2	75.5	2.7	0.6	119	49.4	31.9	3.6	15.1	5.92	2.7
	FU 3rd	10738	28.5	66.8	3.6	1.1	45	30.9	59.5	1.9	7.7	0.1	0.9
A19	FU 2nd	17186	53.9	26.3	18.0	1.8	252	59.1	20.7	0.4	19.8	1.19	5.7
	post 3rd	28813	52.3	33.2	13.4	1.1	750	57.1	22.7	2.1	18.1	60.11	26.8
	FU 3rd	18797	47.7	37.9	12.9	1.4	297	47.5	22.9	1.8	27.8	14.24	39.4
A24	FU 2nd	34464	40.5	50.1	8.2	1.1	902	71.4	14.7	4.5	9.3	3.33	9.8
	post 3rd	34779	42.8	46.7	9.5	0.9	1634	73.0	14.4	3.2	9.4	19.91	8.9
	FU 3rd	31946	43.9	46.0	9.0	1.1	1206	71.7	14.5	2.2	11.6	0.97	2.4
A28*	FU 2nd	25061	61.7	27.9	8.6	1.8	295	55.4	15.9	2.9	25.7	1.95	8.5
	post 3rd	23794	63.8	24.8	10.1	1.3	1066	24.2	42.6	0.4	32.8	0.1	0.2
	FU 3rd	22215	60.9	27.6	10.2	1.2	606	26.7	35.3	0.7	37.2	634.03	68.4
A29*	FU 2nd	9117	50.8	41.2	6.1	2.0	109	72.7	21.1	2.3	3.9	1.32	5.6
	post 3rd	20902	50.2	39.8	7.8	2.2	661	49.0	23.7	1.2	26.1	95.21	23.7
	FU 3rd	16787	50.2	40.3	7.5	2.0	724	55.3	17.4	0.3	27.0	362.78	49.8

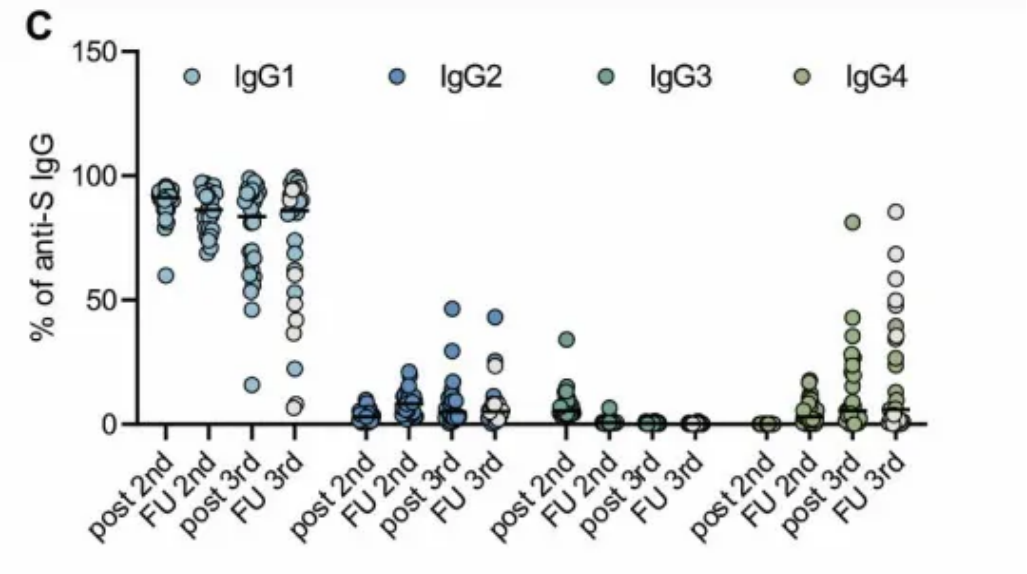
* had breakthrough infection in the time interval between post 3rd and FU 3rd

** percentage of sum of all IgG subclasses

> On average, the four who had a breakthrough infection after their booster are now at 42.45% IgG4. The cohort as a whole is at 19.27%, up from just 0.04%, so **the ones who haven't had a breakthrough infection yet will end up at a similar position: A response that is entirely IgG4 dominated.**

> IgG4 isn't really meant for neutralization. Out of the IgG's, IgG3 is the excellent virus neutralizer. What IgG3 does in the case of SARS2, is that they have their tails bind together. This means that out of all the four subclasses, **IgG3 is showing 50-fold stronger neutralization than the other three subclasses against SARS2**.

> ... Look at what happens to IgG3 after three shots:



> There is some IgG3 left in some people after the second shot, but by the time they get the third shot, they're all universally down to a flat zero.

So, Rintrah explains that the immunology study shows *depletion of all-important, virus-fighting IgG3 antibodies* and their replacement (class switch) with *useless IgG4 antibodies. Those* turn Covid infection to be needlessly "mild" but fail to clear the virus promptly.

We have fevers for a reason!

Again, if you have not read Rintrah's article and have spare 30 minutes, take a look.

Other Discussions of IgG4 and Immune Tolerance

I mentioned immune tolerance last June, referring to a surprisingly lucid Internet prediction from Sep 2021 (archive link) that was coming true epidemiologically:

Igor's Newsletter

Vaccine-Induced Tolerance to Spike Protein ...

In the last section of my post from yesterday, I asked, why doesn't Paxlovid work for vaccinated people. Try to stop and think for a minute. Ask yourself a question: why, exactly, is Paxlovid not working in the vaccinated? The problem is not with Paxlovid, it is the same medication as given to the unvaccinated. The problem is with the immune systems of th...

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7 months ago · 349 likes · 355 comments · Igor Chudov

The famous science substacker Brian Mowrey posted a great post **last July**. He introduces us to IgG4 and immune tolerance and gives us a great introduction:

Unglossed

Tolerance Cometh: IgG4 After Multiple-mRNA Doses

Spike-overload finally seems to be showing a concrete effect in the repeat-injected: B Cells in two separate cohorts were found to be self-switching to IgG4 class antibodies, associated with tolerance and anti-inflammatory response, after the 3rd dose...

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5 months ago · 97 likes · 64 comments · Brian Mowrey

I wrote two more articles referring to Brian:

Igor's Newsletter

Boosters Now PROMOTE Covid Deaths in Europe

This article will show that since June 1, 2022, when Ba.5 variant took over the entire Europe, boosters are PROMOTING Covid deaths. Unlike before, boosters do not "prevent severe outcomes". In fact, starting this summer, boosters make severe outcomes MORE likely...

Read more

5 months ago · 640 likes · 507 comments · Igor Chudov

Igor's Newsletter

Joe Biden's Paxlovid Rebound Caused by "Immune Tolerance"

My dog has a Twitter account (I no longer do). And three days ago, he made a prediction...

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5 months ago · 619 likes · 470 comments · Igor Chudov

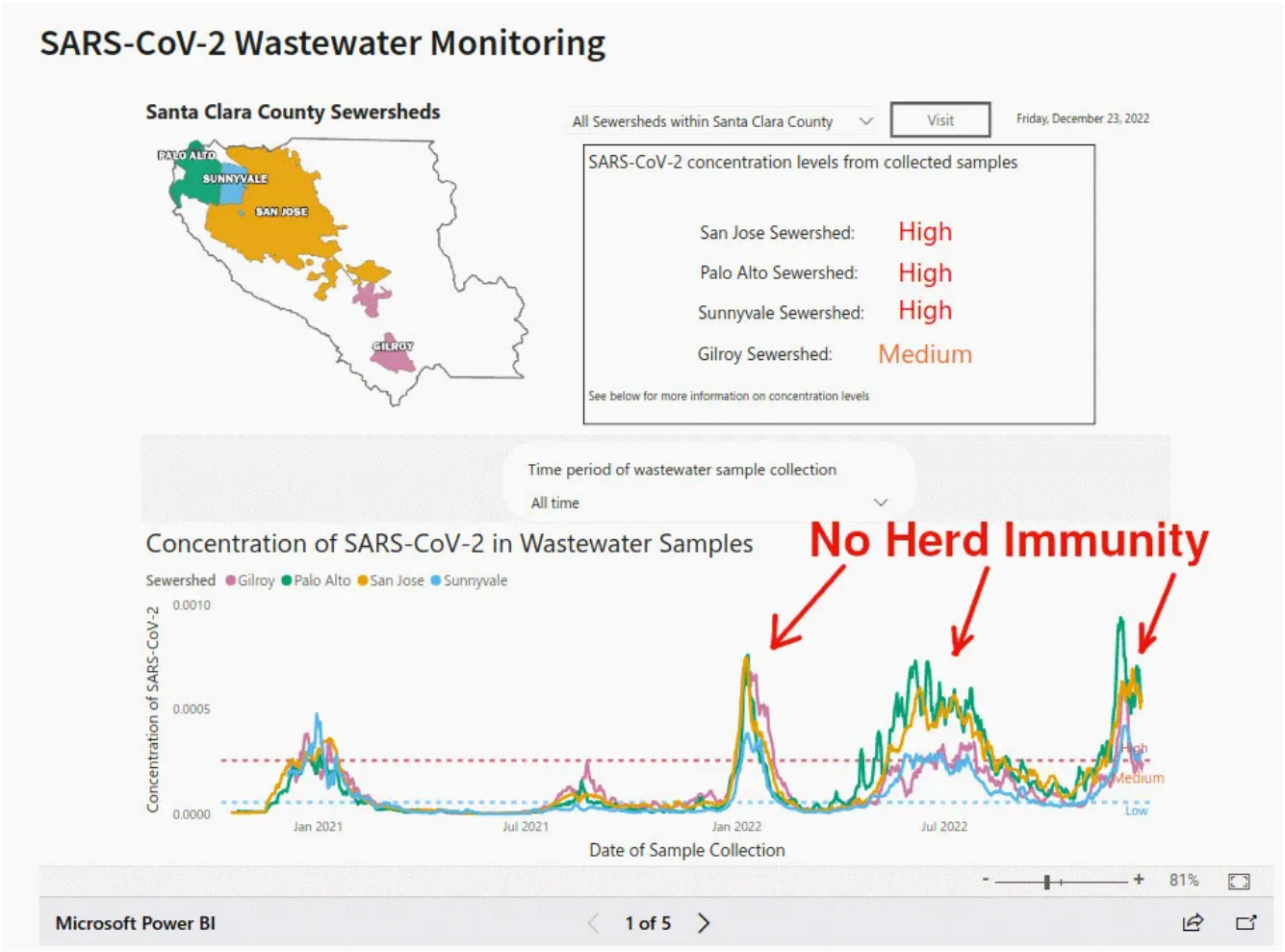
I will mention a few of my related posts in the links below.

What Does Immune Tolerance Do?

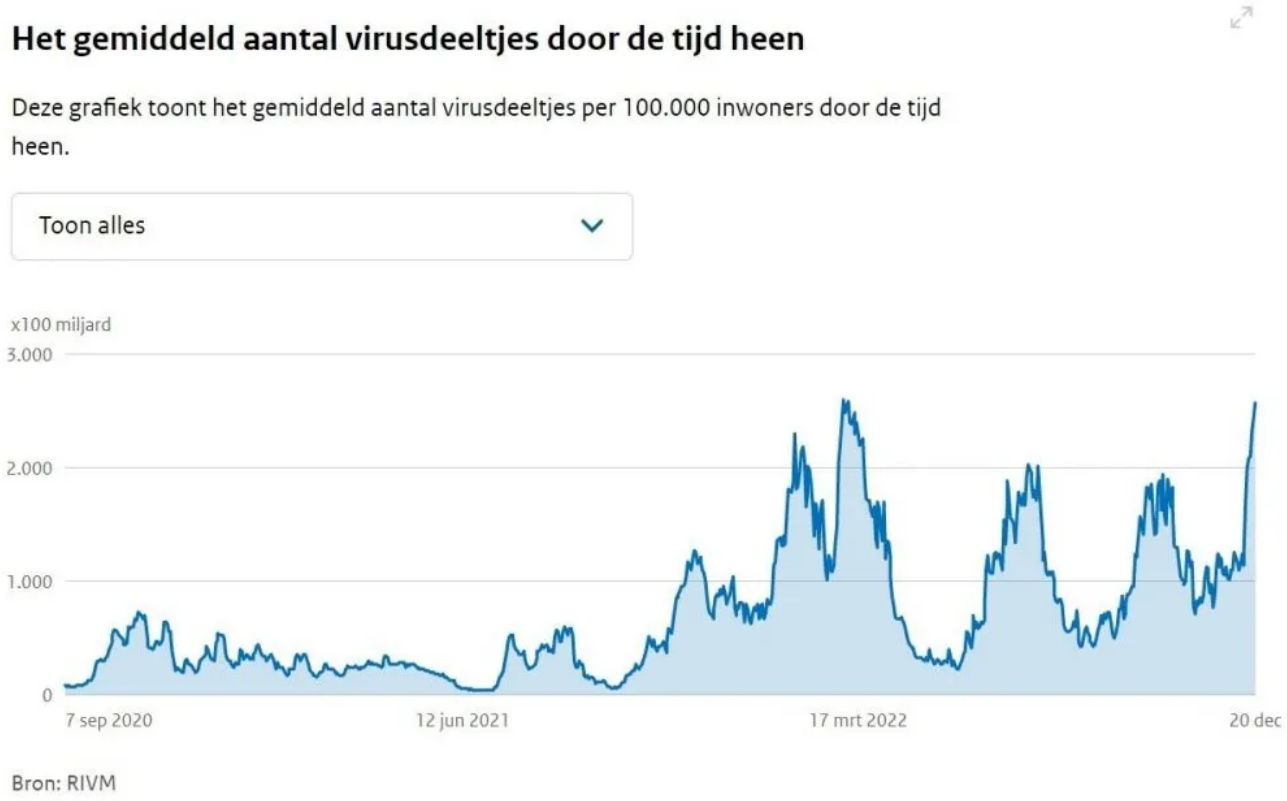
- **Immune tolerance prevents rapid clearance of the infection**, making boosted people the slowest to clear Covid-19.

- **It prevents the formation of lasting neutralizing immunity**, thus making affected people suffer from repeat reinfections. **In other words, forget herd immunity.**

The **utter absence of herd immunity** can be seen in this Santa Clara County, California chart of Sars-Cov-2 in [wastewater]():



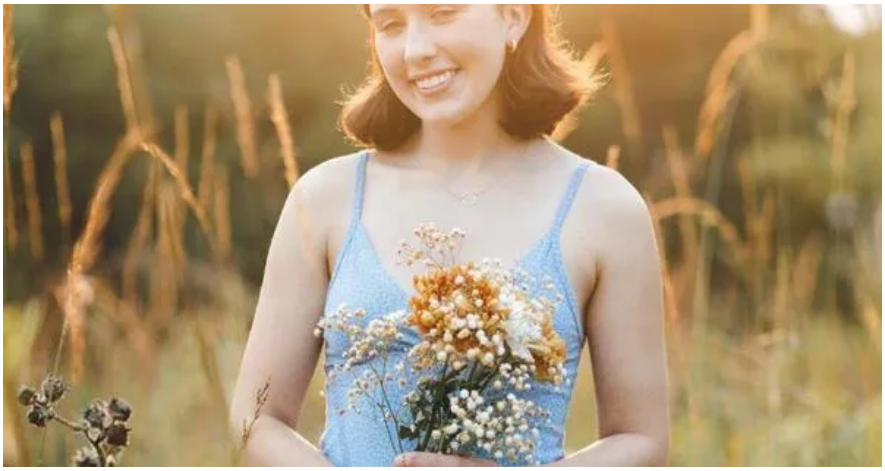
Rintrah shows the same type of picture for his highly-vaccinated motherland Netherlands:



Immune Tolerance is a Biological Time Bomb

Could repeat Covid infections, caused by immune tolerance, lead to increased mortality? Absolutely! This Singapore study suggests that most excess deaths in Singapore happen within 90 days of a Covid infection. A lot of such deaths, unfortunately, are not recorded as Covid deaths. They could be recorded as "sudden deaths" from "unknown cause."

The disease may seem mild if immune tolerance fails to elicit a strong reaction and stop viral replication. The virus, proliferating unopposed, damages the cardiovascular system *more* than in those who can mount a vigorous immune reaction. One such victim is Gwen Casten, a 17-year-old daughter of vaccine-loving congressman Sean Casten. Gwen died suddenly in her sleep in June of 2022 after suffering a "very mild" Covid infection.



It takes time for immune tolerance to develop after boosting. As the Immunology article says:

> These three individuals experienced the infection with the largest time difference to the last vaccination, at 95, 201 or 257 days after the second vaccination, while in the other nine patients the infection took place between 25 and 78 days after the second mRNA shot. This supports the hypothesis that the **switch to IgG4 is a consequence of ongoing GC maturation** and that **it takes several months until IgG4-switched memory B cells appear.**

This "taking months to develop" is a *biological time bomb placed into the immune systems of boosted people*! It takes the germinal centers *months after the third injection* to switch to the useless IgG4.

Therefore, many months after the booster dose, a Covid infection is met with worthless, forgiving, and disease-ignoring IgG4 antibodies. The infection seems mild; the virus replicates unopposed due to the IgG4 switch; the cardiovascular system is damaged; the risk of sudden death multiplies!

A while ago, I asked: why does the strength of the statistical association between vaccines and excess deaths increase over time?

This is Counterintuitive and Concerning!

Please take a minute to understand that increasing the strength of association, as time passes after the event causing the association (vaccination), is

- very unusual
- very worrisome

What is going on? The clock is ticking; **unvaccinated people are not really getting vaccinated anymore.** And yet, as time goes on, *more and more excess deaths are explained by vaccination rate (49% in weeks 20-44, instead of 27% 10 weeks prior).* Vaccination rate, for the most part, refers to vaccinations that happened in the relatively distant past, a year ago or so. Something is happening in the bodies of people who were vaccinated over a year ago that *increases* the degree of that association of vaccines vs. deaths *as time goes on*!

Stop. **This is NOT normal**.

Consider a *typical poison like rat poison*. Let's say that a careless cook accidentally sprinkled varying amounts of rat poison over the salads of restaurant visitors. Some received more, some less, so some would die of rat poison. It would be understandable to expect that "restaurant visit" was associated with "excess mortality" of unfortunate diners *within the first week or two* after the visit. A year later, though, we would not be expecting any such relationship as the effects of poison wear off.

However, the association of vaccination (distant past event) with mortality (present event) is *increasing* as time goes on!

What could explain it? To be honest, I am not certain. I can offer two explanations:

- Vaccination has a *delayed effect* that causes excess mortality to increase. Regular poisons do not do that. Carcinogens do exactly that. They set a chain of biological processes in motion that lead to increased mortality down the road.
- Vaccination had negative AND positive effects on mortality, and the protective effects are wearing out. **Covid vaccines did, a while ago, provide some protection from Covid deaths**. However, as time went on,

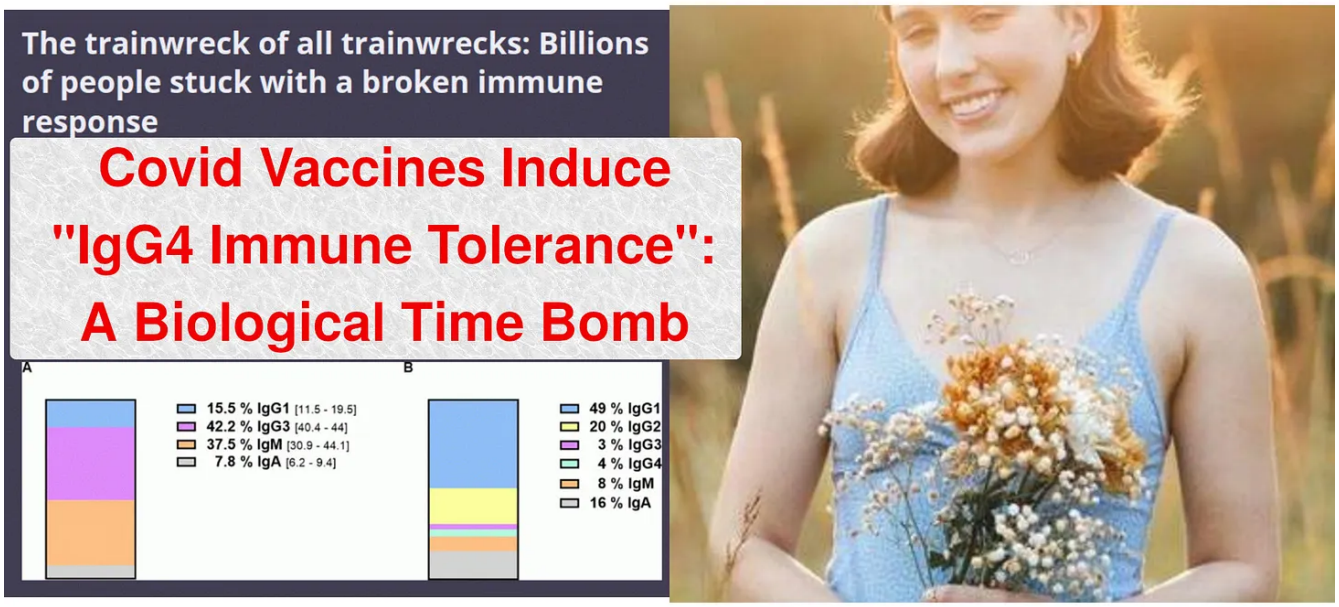
> that protection dwindled. So, as protective effects dwindle and negative effects continue, the explanatory power of vaccinations may be increasing.

Immune tolerance developing MONTHS after booster shots perfectly explains the *strange delayed effect seen in excess mortality* - and why **vaccination rates explain more and more excess deaths as time passes**.

What have we done?

Perhaps we should not have conducted vaccine trials at Warp Speed?

What will happen to all of us if we cannot get herd immunity and many people develop dangerous immune tolerance?



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