



AIDS-Like "Chronic Covid" is Taking Over Europe, Australia and NZ

The Boosted Cannot Clear Covid Easily and Keep Getting Reinfected



Igor Chudov

Apr 9



481



650



This article will explain exactly why endless Covid reinfections happen, and the dangerous consequences that they lead to, based on recent scientific advances.

What's happening?

When Omicron appeared around December of last year, the powers-to-be in most Western countries found themselves in a situation of mass vaccine failure, where a Covid variant Omicron, about as infectious as measles, was spreading like wildfire, while at the same time evading vaccine immunity.

So, the clever solution was to abolish containment altogether, **wish "illness and death" on the unvaccinated people**, and hope that the vaccinated world gains "herd immunity" while enjoying relatively low mortality.

WH.GOV



We are intent on not letting Omicron disrupt work and school for the vaccinated. You've done the right thing, and we will get through this.

For the unvaccinated, you're looking at a winter of severe illness and death for yourselves, your families, and the hospitals you may soon overwhelm.

Unfortunately for them and for us, things did not work out this way. Hospitals are overwhelmed by the vaccinated. Endless Covid short term reinfections, plaguing the UK and the rest of the Western world, are sliding towards "Chronic Covid". Herd immunity is enjoyed only by unvaccinated countries.

Chronic Covid is a situation where the vaccinated cannot develop natural immunity, cannot quickly clear infections, and remain ill and infectious for extended period of time. Such repeat infections progressively damage their immunity to the point of not being able to clear Covid at all. That would lead to people being **chronically infected, infecting others, and overwhelmed with toxic Covid viral proteins**, while remaining immunosuppressed.



Igor's Newsletter

UK: Covid Becoming CHRONIC, like AIDS, and Will Take us Down

I would like to discuss very disturbing statistics from the UK, that clearly shows that Covid is becoming a chronic disease, in the same sense as AIDS is a chronic disease. Covid, for many Brits, is an illness that will just not go away. Endless bouts, recurrence, or even never-ending disease, is now the norm and not the exception, and will lead to a ca...

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This article describes scientific mechanism and shows why this is happening. Using three recent studies, I will show that

- The vaccinated cannot develop “natural immunity”
- The boosted cannot clear the virus quickly upon infection
- Covid virions invade and damage monocytes, the blood cells providing immunity, **due to Antibody Dependent Enhancement (ADE)**, leading to gradual destruction of the immune system. Sars-Cov-2 also infects immune T-cells.

Natural Immunity and Original Antigenic Sin

Myself and many amazing substackers, including El Gato Malo and Eugyppius, wrote many articles pointing at the likelihood that the vaccinated cannot acquire proper “natural immunity”, like unvaccinated people do, due to so called **Original Antigenic Sin**, or “immune imprinting”.

Please note that another notable substacker, Brian Mowrey, disagrees with us. I am providing a link to his article just for completeness, however here Brian and myself disagree.

We finally have a well done scientific study, showing OAS in neatly presented form, based on meticulous scientific research.

Immune imprinting, breadth of variant recognition, and germinal center response in human SARS-CoV-2 infection and vaccination

Katharina Röltgen^{1, 14}, Sandra C.A. Nielsen^{1, 14}, Oscar Silva^{1, 14}, Sheren F. Younes^{1, 14}, Maxim Zaslavsky¹, Cristina Costales¹, Fan Yang¹, Oliver F. Wirz¹, Daniel Solis¹, Ramona A. Hoh¹, Aihui Wang¹, Prabhu S. Arunachalam², Deana Colburg¹, Shuchun Zhao¹, Emily Haraguchi¹, Alexandra S. Lee³, Mihir M. Shah³, Monali Manohar³ ... Scott D. Boyd^{1, 3, 15, 16}  

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[SARS-CoV-2 vaccination washes away original antigenic sin](#)

Trends in Immunology, Volume 43, Issue 4, April 2022, Pages 271-273

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Highlights

- Vaccination confers broader IgG binding of variant RBDs than SARS-CoV-2 infection
- Imprinting from initial antigen exposures alters IgG responses to viral variants
- Histology of mRNA vaccinee lymph nodes shows abundant GCs
- Vaccine spike antigen and mRNA persist for weeks in lymph node GCs

et al., 2016). 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. While current booster vaccinations are still based

more circulating variants. Initial results from the third-dose boosting with Beta-spike-encoding mRNA vaccines after prior second-dose mRNA-1273 vaccination are consistent with our findings of significant imprinting of serological responses by the first antigen encountered (Choi et al., 2021; Chu et al., 2021), indicating that vaccine-derived imprinting affects subsequent antibody responses stimulated by vaccination as well as infection. The extent to which vaccine boosting or infection with different variants will effectively elicit antibody responses to new epitopes or rather increase responses to the epitopes of antigens encountered previously, as in the "original antigenic sin" phenomenon described for influenza virus infection and vaccination (Arevalo et al., 2020; Zhang et al., 2019), will be an important topic of ongoing study. The degree of imprinting may depend on the particular variants and the order in which they are introduced to the individual's immune system and the number of exposures, such as the number of vaccine doses received. Additional data for evaluating the magnitude of these

This is not the place to give this very important Cell article full attention. The point to take out is that **vaccinated persons do NOT produce a full immune response to any variants** that they are infected with, **instead producing useless Wuhan antibodies that did not even keep them from getting infected.**

This is the main reason why the vaccinated get reinfected so often. We spoke a lot about it on substack, but finally have a scientific confirmation.

Slow Viral Clearance in the Boosted

Another groundbreaking article shows not only that "Covid vaccine" does not prevent infection, but also that the boosted remain infections and Covid positive for extremely long times after apparent resolution of their symptoms.

Result In total 82 (cumulative incidence 22%) omicron infections were detected, divided between BA.1, BA.1.1 and BA.2. Only 10% of infected participants remained asymptomatic. Viral load peaked at day 3 and live virus could be detected for up to 9 days after first PCR-positive sample. Presence of symptoms correlated to elevated viral load (p<0.0001), but despite resolution of symptoms most participants showed Ct levels <30 at day 9. While post-booster antibody titers were similar in those with and without subsequent breakthrough infection (p>0.05), high antibody titers were linked to reduced viral load (p<0.01) and time to viral clearance (p<0.01). No significant differences were observed for viral load and time to viral clearance between BA.1, BA.1.1 and BA.2 infected individuals.

Conclusion We report high incidence of omicron infections despite recent booster vaccination in triple vaccinated individuals. Vaccine-induced antibody titres seem to play a limited role in risk of omicron infection. High viral load and secretion of live virus for up to nine days may increase transmission in a triple vaccinated population.

You can see here that the boosted participants, despite appearing to resolve their symptoms, remain infections FAR LONGER and **still show high viral loads (Ct < 30) even at day 9**. Mind you, CDC said that they can end isolation at day 5. Well, we know how that worked out, but **such a long viral clearance is extremely concerning**. It shows that despite resolving the symptoms, the patients remain ill, infected, and infectious! What other virus does it? That's right, HIV. The symptoms go, but the virus stays.

This also, incidentally, explains why the boosted have so many heart problems and pulmonary embolisms around day 10 of their illnesses. The other, less visible result of that is extended damage that Covid does to their immune systems.

Please understand how abnormal this is: **the boosted immune system stops "symptoms", such as fever, without actually clearing the virus completely**. This represents an immune failure to do the most basic job of the immune system: to clear the virus. The symptoms stop, but the virus persists for quite a bit longer, doing its damage without opposition.

Vaccine Antibodies Enhance Destruction of Immune Monocyte Cells via ADE

The worst part of my article is contained in this section. It turns out that the dreaded “Antibody Dependent Enhancement”, or ADE, finally found a scientific confirmation. It turns out that some Covid antibodies help “breakthrough infections” infect and destroy so called **monocytes**, which are blood cells responsible for many functions of human immune systems.

Article | [Published: 06 April 2022](#)

FcγR-mediated SARS-CoV-2 infection of monocytes activates inflammation

[Caroline Junqueira](#) , [Ângela Crespo](#), ... [Judy Lieberman](#) [+ Show authors](#)[Nature \(2022\)](#) | [Cite this article](#)64k Accesses | 1 Citations | 919 Altmetric | [Metrics](#)

We are providing an unedited version of this manuscript to give early access to its findings.

! Before final publication, the manuscript will undergo further editing. Please note there may be errors present which affect the content, and all legal disclaimers apply.

Abstract

SARS-CoV-2 can cause acute respiratory distress and death in some patients¹. Although severe COVID-19 disease is linked to exuberant inflammation, how SARS-CoV-2 triggers inflammation is not understood². Monocytes and macrophages are sentinel cells that sense invasive infection to form inflammasomes that activate caspase-1 and gasdermin D (GSDMD), leading to inflammatory death (pyroptosis) and release of potent inflammatory mediators³. Here we show that about 6% of blood monocytes in COVID-19 patients are infected with SARS-CoV-2. Monocyte infection depends on uptake of antibody-opsonized virus by Fcγ receptors. Vaccine recipient plasma does not promote antibody-dependent monocyte infection. SARS-CoV-2 begins to replicate in monocytes, but infection is aborted, and infectious virus is not detected in infected monocyte culture supernatants. Instead, infected cells undergo inflammatory cell death (pyroptosis) mediated by activation of NLRP3 and AIM2 inflammasomes, caspase-1 and GSDMD. Moreover, tissue-resident macrophages, but not infected epithelial and endothelial cells, from COVID-19 lung autopsies have activated inflammasomes. These findings taken together suggest that antibody-mediated SARS-CoV-2 uptake by monocytes/macrophages triggers inflammatory cell death that aborts production of infectious virus but causes systemic inflammation that contributes to COVID-19 pathogenesis.

What the article is saying is that antibodies facilitate infection of monocytes by Sars-Cov-2. This infection leads to death (pyroptosis) of infected monocytes, leading

to inflammation, severe symptoms, destruction of monocytes and damage to the immune system. Read John Paul's [article](#) for more details.

Killing off monocytes with each infection is unlikely to work out well if reinfections are tightly spaced together.

Note also that, strangely using the same LFA-1 protein as HIV, Sars-Cov-2 also invades and kills T cells. **So we have damage to monocytes and also damage to T cells, occurring with each reinfection.**



Igor's Newsletter

Sars-Cov-2 Kills T-Cells, Just Like HIV

Is Sars-Cov-2 airborne HIV? Two days ago, an interesting article came out: This article was not written by a bunch of random scientists, but instead was written by people from the Wuhan Institute of Virology, including the infamous batwoman Shi Zheng-Li. Just keep this in mind. It was originally submitted in Sep 2021 and revised in January 2022, so it d...

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a month ago · 291 likes · 248 comments · Igor Chudov

Summary

So, in summary we have **original antigenic sin inviting first several reinfections**. These reinfections might seem mild outwardly, but fail to clear the virus for up to 9 days. The result of each reinfection is progressive damage to monocytes and the immune systems.

All of this is in addition to numerous reports, much discussed in my and others' article, that mRNA vaccination itself is damaging to the immune systems. Some

people even use term VAIDS to describe such immune problems. I explained this term in my article two months ago.

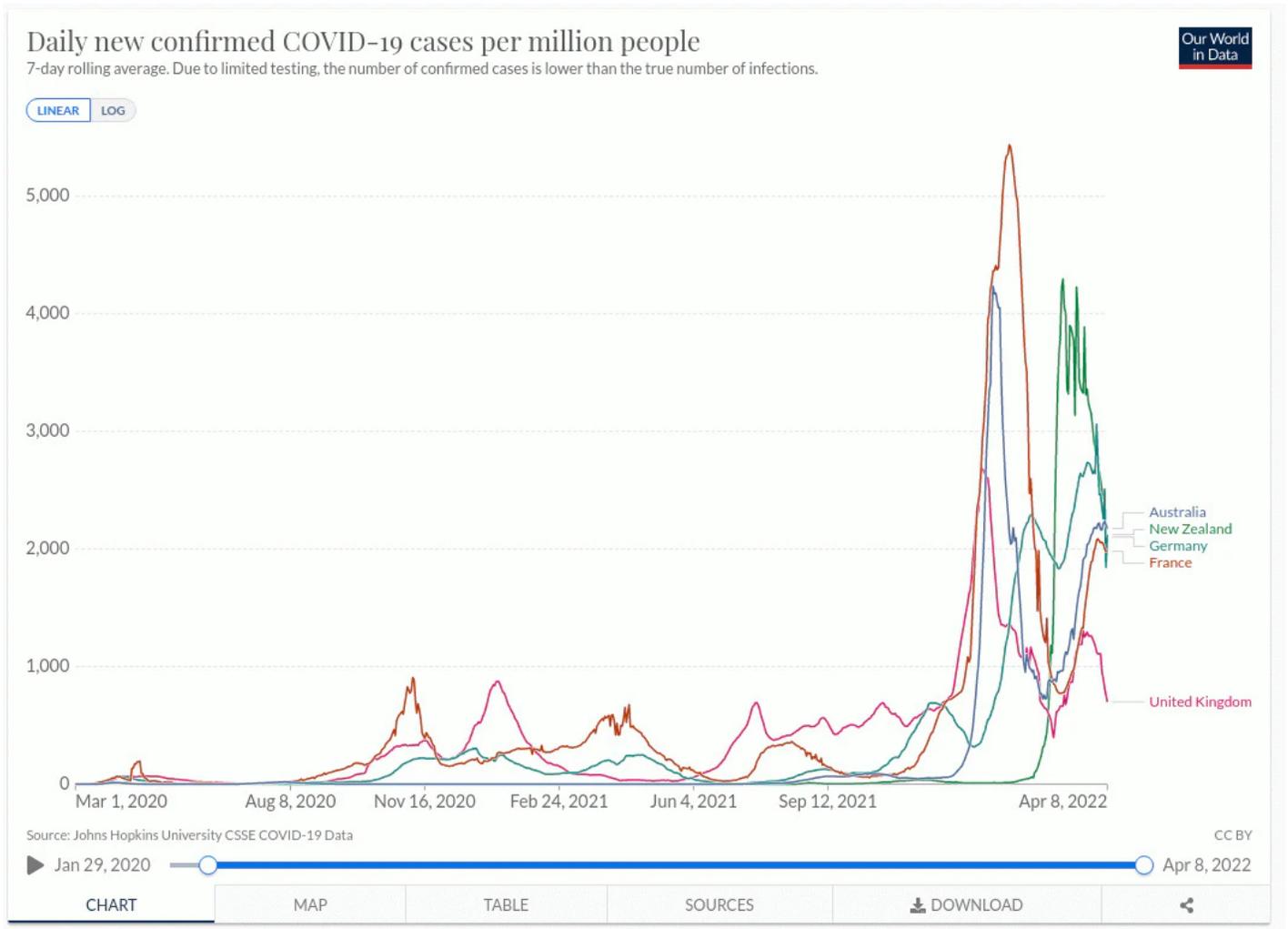
How will it end up? I am not sure if it will end up well. I hope it does. **It may actually end up with mass fatalities. I hope for as few as possible but dread that it could be very many.**

It happens across the entire heavily vaccinated world. In the UK, for example, 1 out of 13 people is having Covid right now. It is the same for all UK countries so here's England:

1. Main points

- In England, the percentage of people testing positive for coronavirus (COVID-19) remained high in the week ending 2 April 2022; we estimate that 4,141,600 people in England had COVID-19 (95% credible interval: 4,033,600 to 4,249,500), equating to 7.60% of the population or around 1 in 13 people.

The cases are still sky high



And the UK is becoming slightly dysfunctional also:

UK airport warns COVID-related delays could last months

A major British airport is warning passengers to expect the delays plaguing travel to continue for months

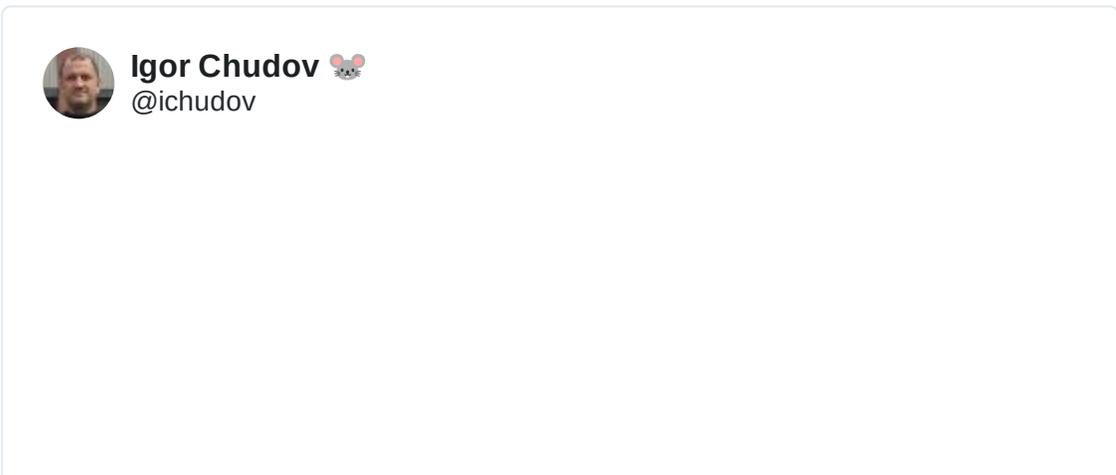
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On Location: April 8, 2022

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And this is how Chronic Covid may end:





UK: Covid Becoming CHRONIC, like AIDS, and Will Take us Down
 Bye Bye, "Vaccine Immunity" and "Hybrid Immunity".
igorchudov.substack.com

April 10th 2022

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StellaMaris Apr 10 ❤️ Liked by Igor Chudov

I feel so defeated as more and more evidence comes out daily and nothing touches this...no one is held accountable and these shots are still promoted and mandated...."It was a bright cold day in April, and the clocks were striking thirteen." George Orwell, 1984

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I live in NZ and the court ruled mandates against police and soldiers are violation of human rights, then turn around and ruled mandates are NOT a violation of human rights for teachers and healthcare workers

These anti-science government appointed cunts, letting super spreaders go look after kids and vulnerable patients

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