



covid is becoming increasingly vaccine enabled

each iteration of variant is posing greater infection risk to the vaccinated relative to the unvaxxed. is this becoming vaccine fixation syndrome?



el gato malo

4 hr ago

♡ 345

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it has long been known that the covid vaccines were non-sterilizing. it has also been known, based on the countries like the UK that report the stats honestly that the [vaccinated are at greater risk of contracting covid than the unvaxxed](#). this has even been known about the boosters.

but where this gets really worrying is this: each new variant is seeing this relative risk rate rise and the rate of rise is accelerating. this is, unfortunately, exactly what one would predict as a leaky vaccine with a strong tendency to antigenically fixate those having received it drives viral evolution to prey upon this vulnerability. herd OAS replaces herd immunity and vaccine driven evolution does the rest.

the [UK data](#) is getting really stark here. let's look.

i took the raw data from the vaccine reports and compared cases per 100k population in vaccinated vs unvaxxed. this meant comparing 2 doses to vaxx pre 2022 and 3 doses vs unvaxx in 2022 as the 2d figure was discontinued.

each report is a trailing 4 week figure and so i chose reports 4 weeks apart to prevent overlapping data (except in the weeks 35-8 report from 2021 which was the earliest available in this format). each datapoint is the sum of a 4 week period.

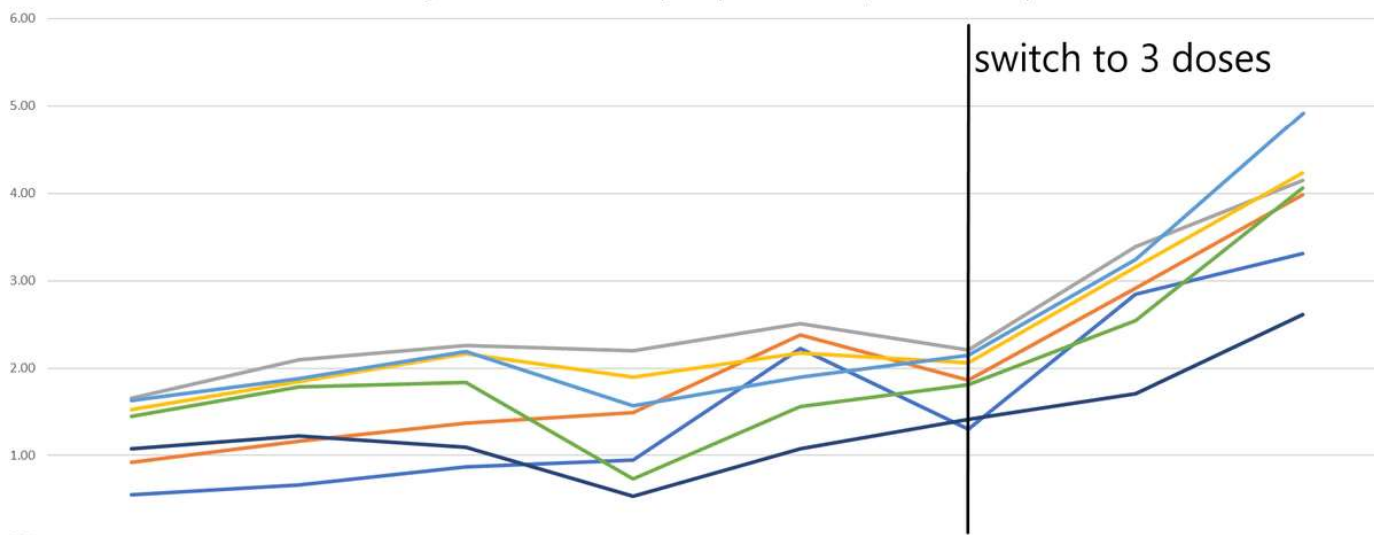
i then calculated a risk ratio by dividing cases per 100k in vaxxed by unvaxxed. numbers greater than 1 show vaccines failing. numbers less than one show efficacy.

eg. a 2 means the vaccinated get twice the cases of the unvaxxed, a 0.5 means they get 1/2.

as can be seen, the trend is going poorly for vaccines and for boosters.

Risk rate vaccinated/unvaccinated covid cases in UK

data from UK gov vaccine surveillance reports (2021 are 2 dose, 2022 are 3 doses)



	weeks 35-38	weeks 37-40	weeks 41-44	weeks 45-48	weeks 49-52	weeks 1-4	weeks 5-8	weeks 9-12
18-29	0.55	0.66	0.87	0.95	2.23	1.30	2.84	3.31
30-9	0.92	1.16	1.37	1.49	2.38	1.86	2.91	3.98
40-9	1.66	2.09	2.26	2.20	2.51	2.20	3.39	4.14
50-9	1.52	1.85	2.16	1.90	2.17	2.06	3.16	4.23
60-9	1.63	1.88	2.19	1.57	1.90	2.15	3.24	4.91
70-9	1.45	1.79	1.84	0.73	1.56	1.81	2.55	4.06
80+	1.08	1.22	1.09	0.53	1.07	1.41	1.71	2.61

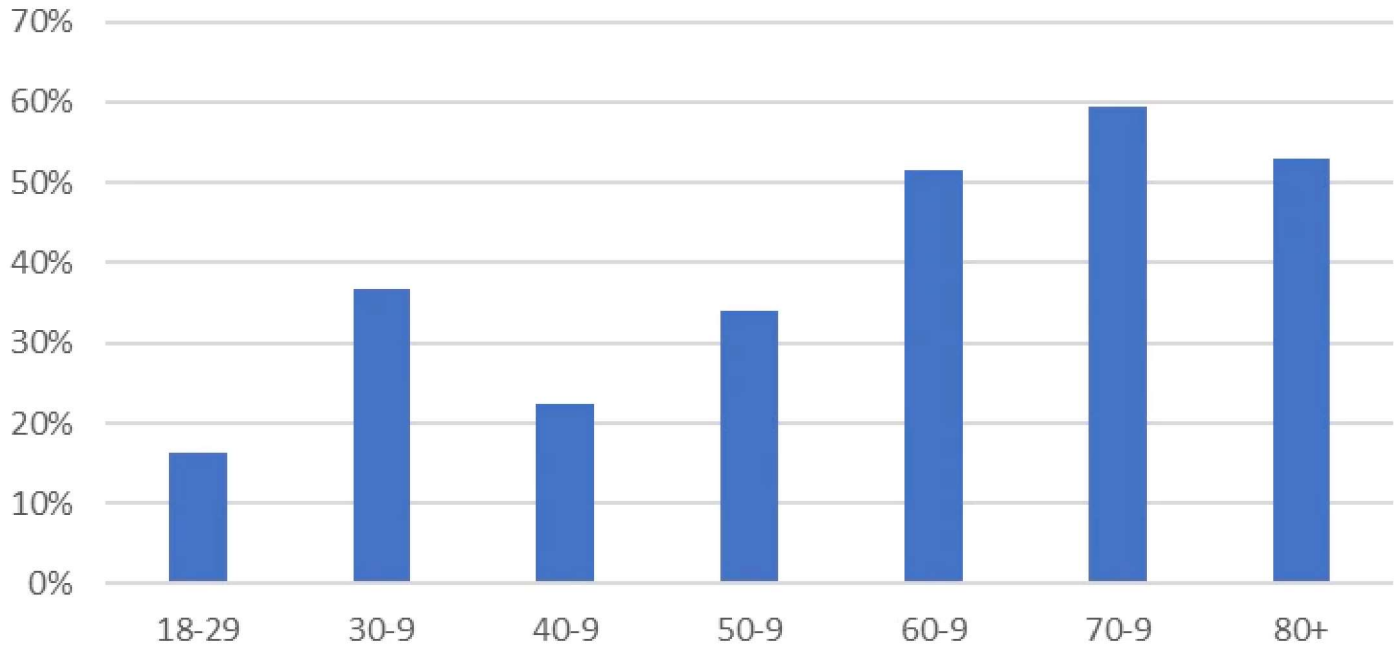
back in the early fall of 2021, vaccines were seeming to show some efficacy in cases in some age brackets, though the fact that it skews so young makes me suspect that this could just be the [baysian issue around counting cases](#) in the days from d1 to d2+14 as unvaxxed. regardless, even the worst brackets had only a 1.66 risk ratio.

this trended up steadily through the end of the year, dropped for one month in all brackets under 60 y/o as the metric shifted from 2 doses to 3 (and likely got the baysian advantaging again) but since then has been in rapid rise.

every single bracket is worse off under 3 doses in weeks 5-8 2022 than under 2 in weeks 49-52 in 2021. this really started to take off in march with risk rates rising by large amounts, especially in higher age brackets which saw increases in excess of 50% from just one month to the next.

that's a stunning outcome.

weeks 9-12 2022 rise in risk rate 3 vs weeks 5-8 3 doses vaccine vs none



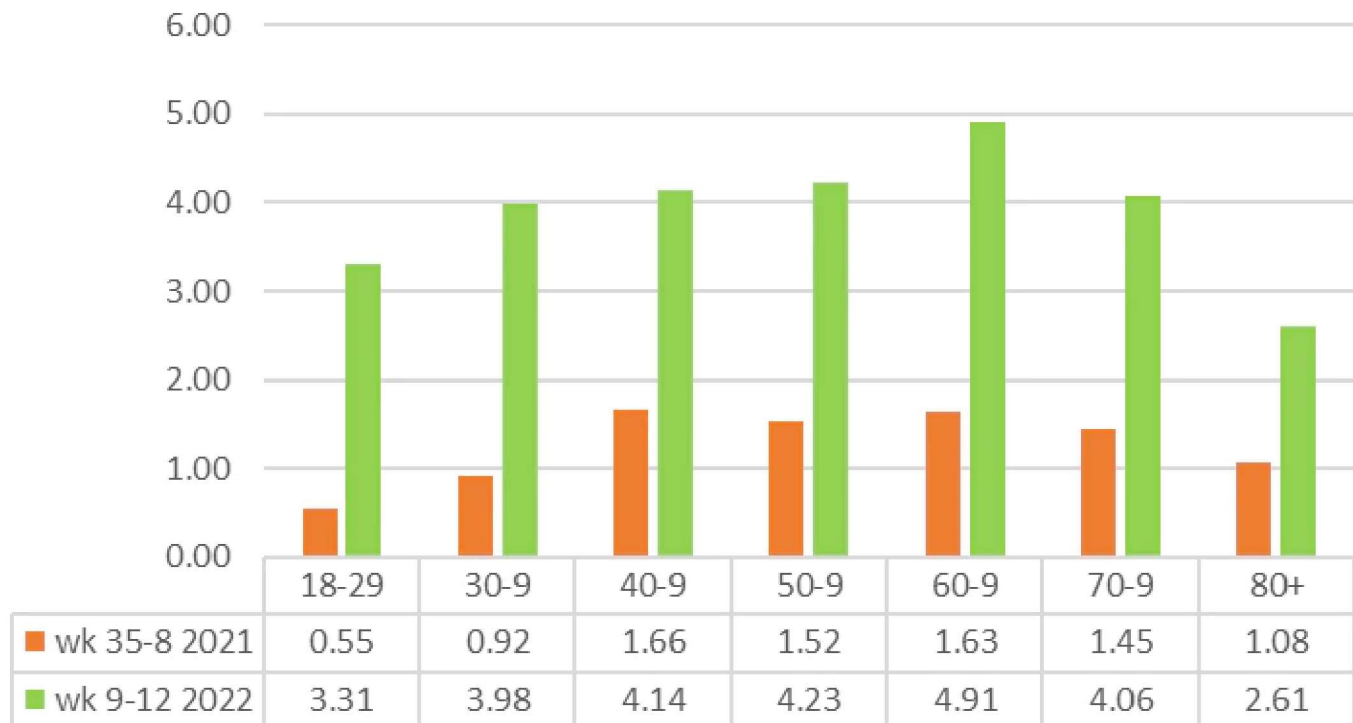
risk ratios have blown out.

those with 3 doses are now all between 2.6X and 4.91X the risk of contracting covid.

no one looks protected from infection, all look like they have been made far more vulnerable.

and this risk ratio enhancement looks to be accelerating upward.

current risk ratios vaxxed vs unvaxxed UK cases



this is a very dangerous outcome.

the question becomes: what is driving this?

the answer, i believe, is vaccine directed viral evolution and the possible emergence of what i will term vaccine fixation syndrome (VFS).

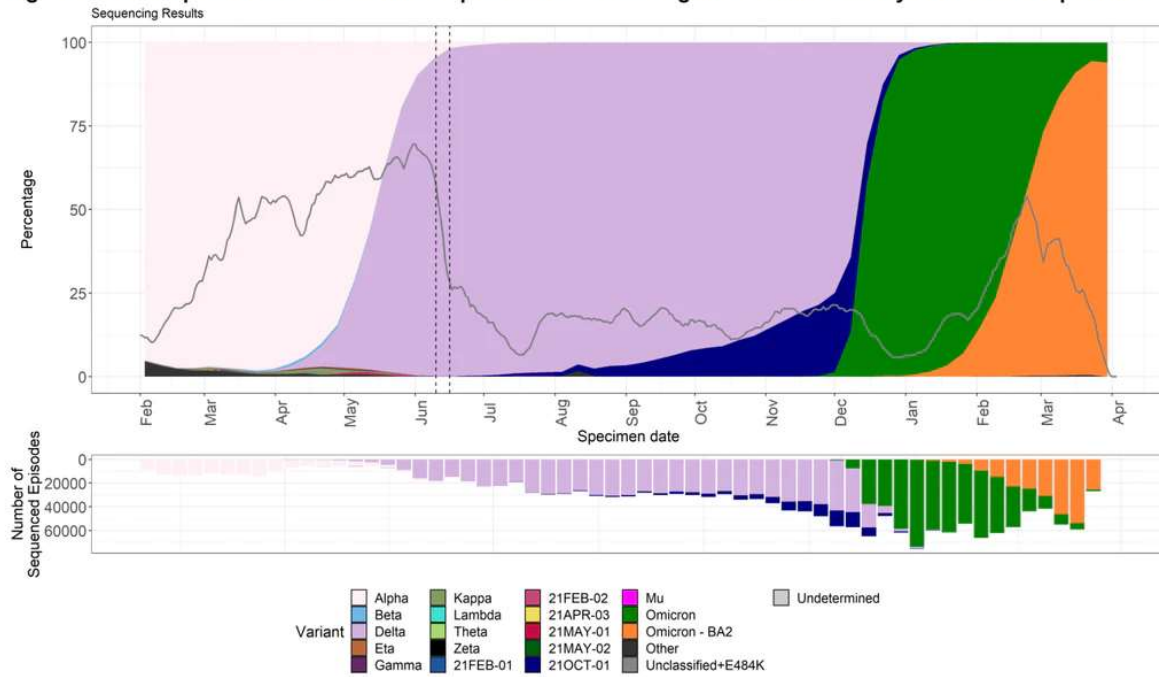
here's the UK variant dominance chart.

as can be seen, delta was dominant for ~8 months.

omicron took off in december.

the BA2 omi offshoot took off in feb.

Figure 5. Variant prevalence of available sequenced cases for England from 1 February 2021 as of 5 April 2022

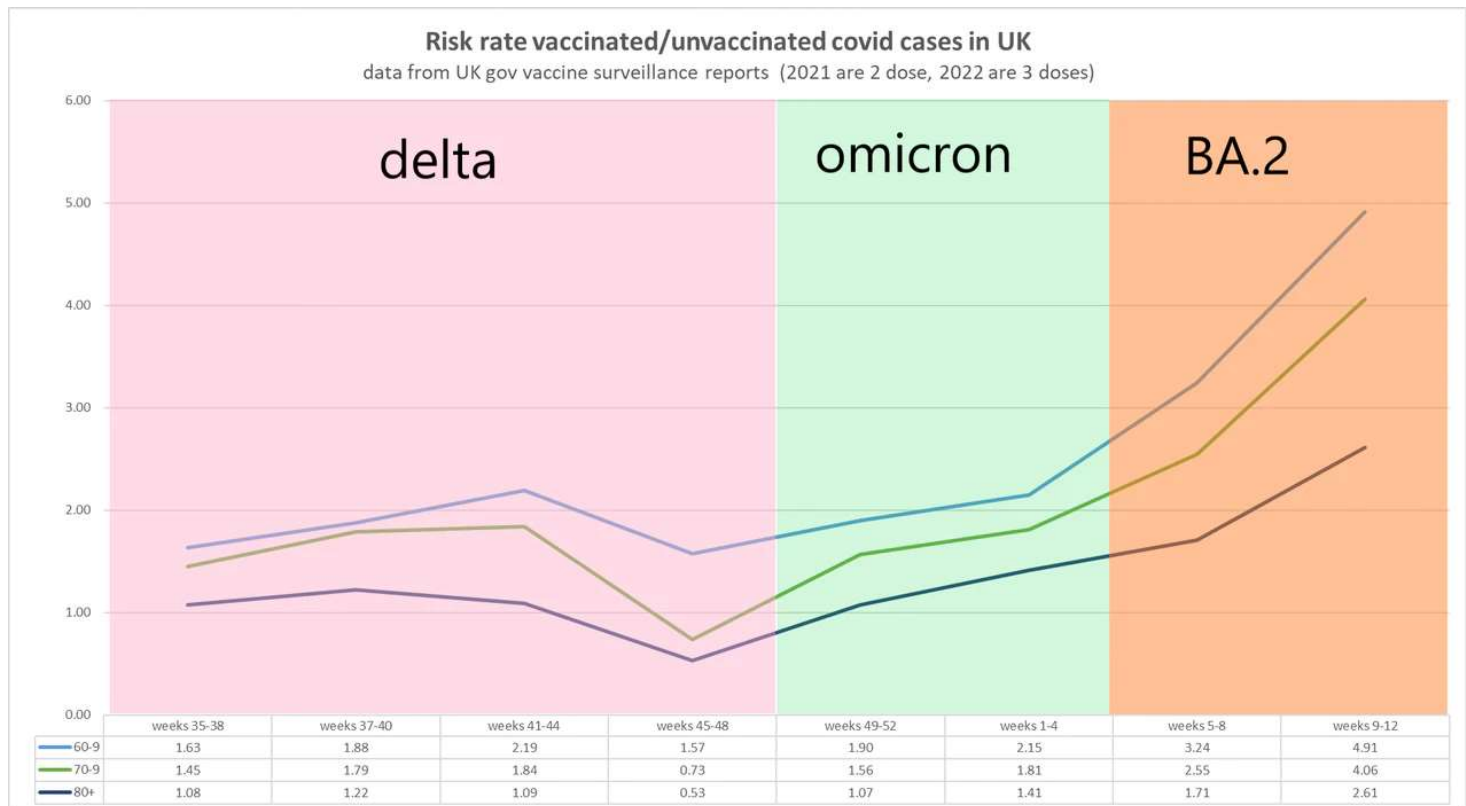


Find accessible data used in this graph in [underlying data](#). Dashed lines indicate period incorporating issue at a sequencing site. Grey line indicates proportion of cases sequenced. Note recombinants, such as XE, are not specified but are largely within the 'other' group currently as numbers are too small.

now let's see how that lines up.

i pared the initial graph down to only the highest risk groups to make it easier to read.

the alignment is hard to miss.



omicron started looking bad for the the older groups and reversed the trend, but BA.2 really blew them out. the rise in risk rate from feb to march has been extreme.

that's viral evolution for you. give it this kind of chance to replicate in hosts with homogeneous vulnerabilities and it's going to home in like a laser guided munition.

this is leading to an out of season rise in covid deaths in the UK with deaths per day at ~6X the level of the same date last year and rising when last year was falling into a summer trough.

Daily new confirmed COVID-19 deaths per million people

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data

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it's looking more and more like much of the leaky vaccinated superspread hypothesis is coming to pass.



bad cattitude

the vaccinated superspread hypothesis

there has been a strange riddle in the covid data of late. we have a lower CFR variant of the disease that has become predominant. delta has roughly 1/3 the case fatality rate of prior variants (like...

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it also looks more and more like this is interacting with herd level antigenic fixation (something never before seen in humans to my knowledge) and is going to select for rapid evolution from variant to variant to spread using this OAS vector. if you have a large group with the same vulnerabilities who all do not adapt to new pathogens because they got fixated by vaccines, it's a perfect lab to generate vaccine enhanced pathogens and they are going to become more and more specific to the vaccinated.

this may make them not only the superspread vector that endangers everyone, but the group bearing the brunt of the bad outcomes as well.

this poses serious issues as while viral evo favors high contagion and low virulence because killing the host is maladaptive to propagation, in a fixated herd, you're rolling one set of very high stakes dice iteratively instead of aggregating 100's of small stakes throws in a normal, heterogeneous population.

this means you only have to get unlucky once. (more [HERE](#))

igor dropped this off yesterday in the comments on another piece that touched on this:



Igor Chudov · Writes Igor's Newsletter · 4 hr ago

This is a great article and indeed, the vaccinated will find themselves reinfected endlessly. As a result, due to immunosuppressive nature of Covid, they will lose whatever they have left of their immune system, leading to an analogue of AIDS and so called "Chronic Covid". Chronic Covid is a condition of constant contagious Covid infection that does not clear.

Large population level changes may soon occur.

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i'm not sure i'm quite ready to sign on this far yet (or that i understand this idea of an AIDS analog), but i cannot dismiss this chronic covid either and i have some real worries that it's correct and have been thinking along similar lines. (i just want to be very careful making strong claims like this until i can back them fully) the idea that having been "inoculated" with these mRNA and adenovirus products could wind up generating a long-term syndrome in which those whose immune systems were altered cannot generate immunity to the evolving covid pathogens that take advantage of their non-adaptive immune responses.

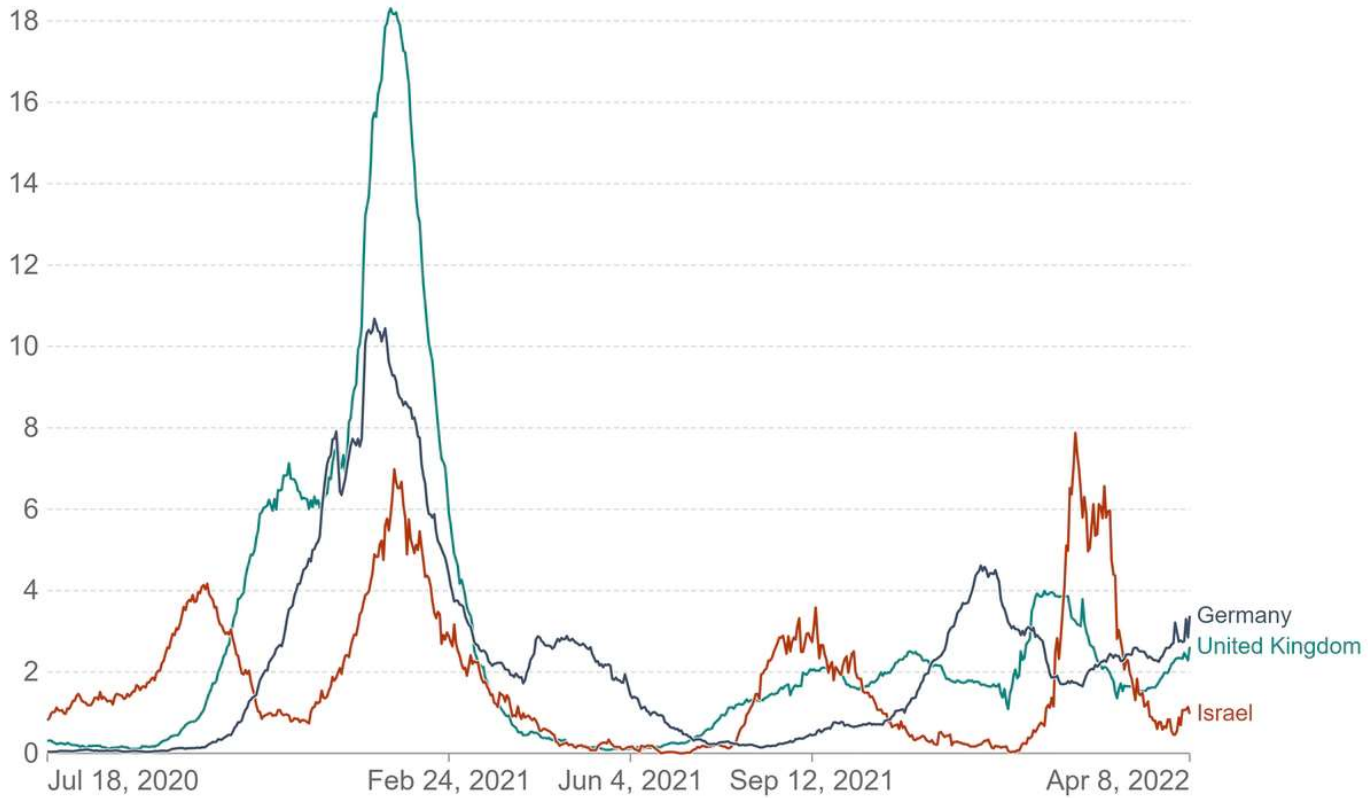
we've seen [real signs](#).

this could lead to surge after surge of covid in this community and possibly to “forever covid” if you cannot mount a sufficient response.

something seems to be going on in many of the high booster areas. deaths are changing trend and rising out of season. this seems to correlate to BA.2.

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7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.



Source: Johns Hopkins University CSSE COVID-19 Data

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the same is happening in several high booster states in the US northeast. daily hospital admission in the over 70's have ticked up 20% in NY and are trending up in VT, ME, NJ, MA, CT, RI, and NH as well. this is weirdly out of season and the transitions were oddly sharp. these populations are near 100% vaxxed.

it's a bit early to call this a full blown trend change, but it warrants watching.

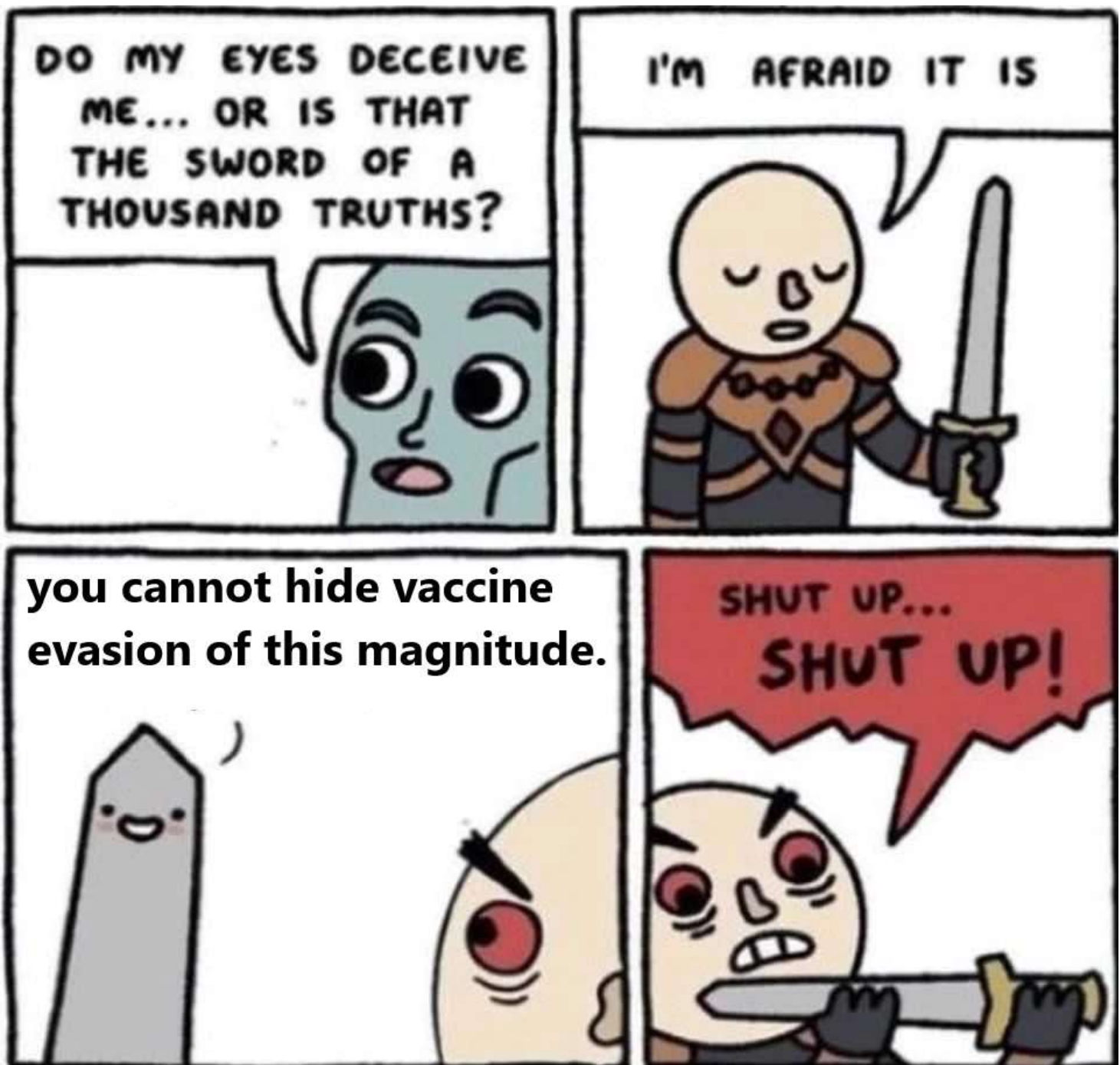
seeing deaths surge in highly vaxxed and boosted populations this quickly after the last surge would be a sign of departure from typical (and seasonal) patterns and would bolster the case for vaccine fixation syndrome (VFS) which is a term i'm going to coin here for future use.

if your immune system keeps responding the same way while the virus keeps evolving to take greater and greater advantage of this fact, it could, indeed, eventually become something you can never quite clear.

this risk finds uneasy confluence with the oddly strident push, especially in the US, to claim that “long covid” is causing so many of the bad outcomes that look to stem from vaccines and increasingly VFS. the folks at the drug co’s have been a couple bounces ahead of what’s coming all along and “long covid is everywhere” would be the clear choice if they sought to explain away VFS, but i think this will be difficult, especially if it’s not happening to the unvaccinated.

even the folks i know who were still saying “thank goodness i got boosted it made my second time catching covid milder than it would have been!” are not going to be OK getting it a third time (as many vaccinated seem to be starting to be) and the fact that this is not happening to the unjabbed will get noticed, esp in the US. there is still a significant control group.

playing further definitional games is unlikely to be able to hide an outcome of such magnitude. just like everyone noticed that all their vaxxed friends got covid, they’re going to notice this too.



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