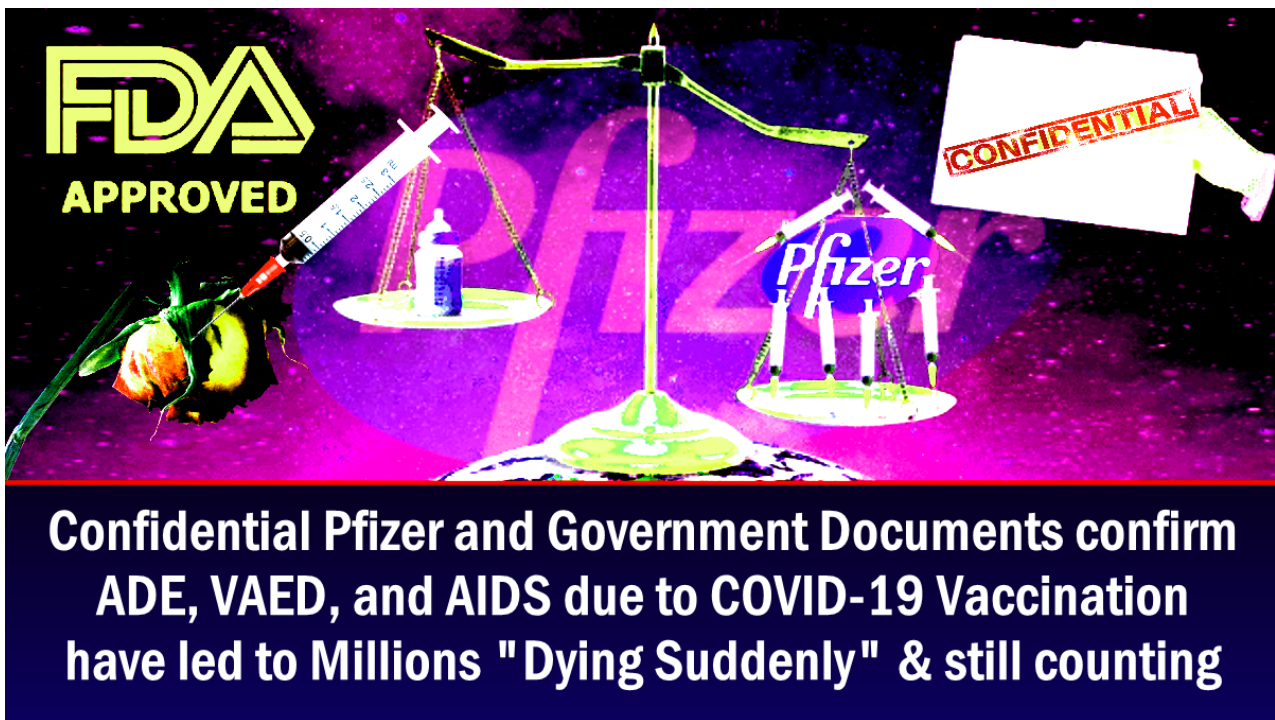


# Confidential Pfizer and Government Documents confirm ADE, VAED, and AIDS due to COVID-19 Vaccination have led to Millions “Dying Suddenly” & still counting

 [expose-news.com/2022/12/30/covid-vaccine-sudden-deaths-ade-vaed-aids](https://expose-news.com/2022/12/30/covid-vaccine-sudden-deaths-ade-vaed-aids)

By The Exposé

December 30, 2022



Confidential documents reveal that within months of receiving the initial doses of the COVID-19 vaccine, some individuals are developing Antibody-dependent enhancement (ADE) and Vaccine-Associated Enhanced Disease (VAED).

And as if that weren't alarming enough, official documents also prove that a mysterious form of Acquired Immune Deficiency Syndrome is also appearing in a disturbing number of recipients just five months after their initial injections.

This may explain why, tragically, official Government records confirm that millions of people have mysteriously died suddenly in countries around the globe, including the United States, United Kingdom, Australia, Canada, and Europe, in the wake of the widespread distribution of the COVID-19 vaccines.

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Antibody-dependent enhancement (ADE) and Vaccine-Associated Enhanced Disease (VAED). are serious adverse events that can occur after vaccination.

ADE and VAED can occur when an individual is exposed to a pathogen, such as the alleged Covid-19 virus, after receiving a vaccine that does not provide full immunity.

In these cases, the vaccine-induced antibodies may actually enhance the ability of the pathogen to infect cells, leading to more severe illness than if the individual had not received the vaccine.

When a vaccine causes ADE or VAED, it can have significant public health implications.

First and foremost, individuals who receive the vaccine and develop ADE or VAE may suffer from severe illness, and in some cases, even death.

One example of a previous vaccine that has been associated with ADE is the dengue vaccine. In many cases, individuals who received the dengue vaccine and were subsequently infected with the dengue virus experienced more severe illness and an increased risk of hospitalization and death.

Similarly, ADE has been reported in individuals who received vaccines for respiratory syncytial virus (RSV) and HIV.

One example of a bacterial infection that could potentially be worsened by ADE or VAE is streptococcus A (strep A) infection. Strep A is a type of bacteria that can cause a wide range of illnesses, including sore throat, pneumonia, and sepsis. You will have most likely seen in the mainstream news that Strep A infection is killing children left, right and centre this winter.

ES Evening Standard

## Strep A: 15 children under the age of fifteen across the UK ... from invasive infection

F. fifteen children under the age of 15 have now died in the UK from invasive Strep A illness, figures show. New data from the UK Health Security...

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M The Mirror

## Doctors 'terrified' of missing signs of Strep A as at least 6 c... in UK

At least six children under 10 have died from a rare form of invasive Strep A since September, with a nursery-age lad from Ealing, West London,...

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ET The Economic Times

## Strep A deaths: Fatal disease kills 15 children in UK

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Covid-19 vaccination is the most likely reason for this, and the most important piece of evidence to support this fact is official Government reports that prove Covid-19 vaccination damages the immune system and has the potential to cause some new form of acquired immunodeficiency syndrome.

It is entirely possible that ADE and VAED can lead to immense immune system damage similar to that seen in acquired immune deficiency disorder (AIDS).

In individuals with AIDS, the immune system is severely compromised, making them more susceptible to infections and other diseases. Similarly, the occurrence of ADE or VAED can lead to damage to the immune system, potentially leading to a higher risk of infections and other diseases.

In addition to the risk of severe illness comparable to AIDS, ADE and VAED may also increase the risk of developing certain cancers. For example, some studies have suggested that ADE may increase the risk of developing certain types of lymphoma.

The occurrence of these adverse events has had devastating consequences for the individuals who develop them and confidential and official documents prove that ADE and VAED have occurred due to COVID-19 vaccines, leading to a new form of Acquired Immune Deficiency Syndrome and millions of excess deaths around the world.

Pfizer, the company hit with the largest healthcare fraud settlement and criminal fine to date in 2009; which also happens to be the same company behind the first ever mRNA gene therapy injection administered to the general public under emergency use

authorisation in the name of Covid-19, has admitted in confidential documents, that it desperately tried to keep from going public, that its Covid-19 mRNA gene therapy may cause Vaccine-Associated Enhanced Disease.

The US Food and Drug Administration (FDA) attempted to delay the release of Pfizer's COVID-19 vaccine safety data for 75 years despite approving the injection after only 108 days of safety review on December 11th, 2020.

The FDA originally said that they were prepared to release 500 pages per month in a response to the Freedom of Information (FOI) request filed on behalf of Public Health and Medical Professionals for Transparency (PHMPT) requesting the safety data.

Instead, in early January 2022, Federal Judge Mark Pittman ordered them to release 55,000 pages per month. They released 12,000 pages by the end of January.

Since then, PHMPT has posted all of the documents to its website.

One of the documents contained in the latest data dump is 'reissue\_5.3.6 postmarketing experience.pdf'. Table 5, found on page 11 of the document shows an 'Important Potential Risk', and that risk is listed as 'Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Reporatory Disease (VAERD)'.

**Table 5. Important Potential Risk**

Topic	Description
<b>Important Potential Risk</b>	<b>Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)</b>
Vaccine-Associated Enhanced Disease (VAED), including Vaccine-Associated Enhanced Respiratory Disease (VAERD)	<p>The search criteria utilised to identify potential cases of VAED for this report includes PTs indicating a lack of effect of the vaccine and PTs potentially indicative of severe or atypical COVID-19<sup>a</sup>.</p> <p>Since the first temporary authorization for emergency supply under Regulation 174 in the UK (01 December 2020) and through 28 February 2021, 138 cases [0.33% of the total PM dataset], reporting 317 potentially relevant events were retrieved:</p> <p>Country of incidence: UK (71), US (25), Germany (14), France, Italy, Mexico, Spain, (4 each), Denmark (3); the remaining 9 cases originated from 9 different countries;  Cases Seriousness: 138;  Seriousness criteria for the total 138 cases: Medically significant (71, of which 8 also serious for disability), Hospitalization required (non-fatal/non-life threatening) (16, of which 1 also serious for disability), Life threatening (13, of which 7 were also serious for hospitalization), Death (38).  Gender: Females (73), Males (57), Unknown (8);  Age (n=132) ranged from 21 to 100 years (mean = 57.2 years, median = 59.5);  Case outcome: fatal (38), resolved/resolving (26), not resolved (65), resolved with sequelae (1), unknown (8);  Of the 317 relevant events, the most frequently reported PTs (<math>\geq 2\%</math>) were: Drug ineffective (135), Dyspnoea (53), Diarrhoea (30), COVID-19 pneumonia (23), Vomiting (20), Respiratory failure (8), and Seizure (7).</p> <p>Conclusion: VAED may present as severe or unusual clinical manifestations of COVID-19. Overall, there were 37 subjects with suspected COVID-19 and 101 subjects with confirmed COVID-19 following one or both doses of the vaccine; 75 of the 101 cases were severe, resulting in hospitalisation, disability, life-threatening consequences or death. None of the 75 cases could be definitively considered as VAED/VAERD.</p> <p>In this review of subjects with COVID-19 following vaccination, based on the current evidence, VAED/VAERD remains a theoretical risk for the vaccine. Surveillance will continue.</p>

Pfizer claimed in their confidential document that up to 28th Feb 2021, they had received 138 cases reporting 317 potentially relevant events indicative of Vaccine-Associated Enhanced Disease. Of these 71 were medically significant resulting in 8 disabilities, 13 were life-threatening events, and 38 of the 138 people died.

Of the 317 relevant events reported by 138 people, 135 were labelled as 'drug ineffective', 53 were labelled as dyspnoea (struggling to breathe), 23 were labelled as Covid-19 pneumonia, 8 were labelled as respiratory failure, and 7 were labelled as seizure.

Pfizer also admitted that 75 of the 101 subjects with confirmed Covid-19 following vaccination, had severe disease resulting in hospitalisation, disability, life-threatening consequences or death.

But Pfizer still definitively concluded, for the purposes of their submitted safety data to the Food and Drug Administration (FDA), the very data that was needed to gain emergency use authorisation and make them billions and billions of dollars, that 'None of the 75 cases could be definitively considered as VAED'.

But Pfizer then went on to confirm that based on the current evidence, VAED remains a theoretical risk.

This confidential data proves that the Covid-19 injections should never have been granted emergency use authorisation, and should have been pulled from distribution by the FDA as soon as they sighted the figures.

And here's how we know the ADE and VADE caused by Covid-19 vaccination have led to immune system damage comparable to AIDS.

The UK Health Security Agency (UKHSA) used to publish a weekly Vaccine Surveillance Report, with each report containing four weeks worth of data on Covid-19 cases, hospitalisations, and deaths by vaccination status.

We analysed 5 of these published Vaccine Surveillance Reports containing data from August 16th 2021 to January 2nd 2022, in order to get a clear picture of the effect the Covid-19 vaccines were having on the immune systems of the vaccinated population, and this is what we found...

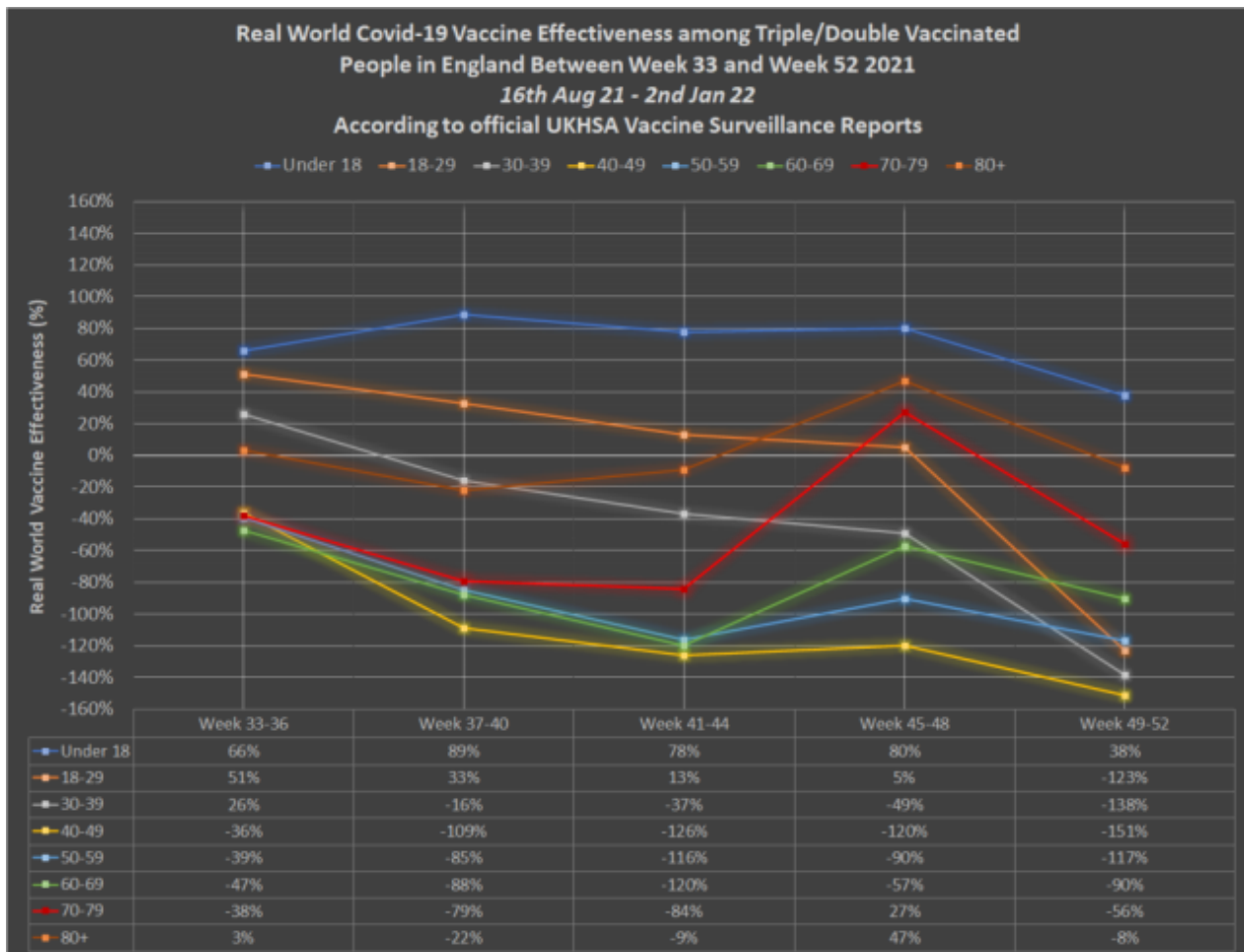
*The UKHSA Vaccine Surveillance Reports used for our investigation can all be found here –*

- 'Covid-19 Vaccine Surveillance Report – Week 37' (Published by PHE)
- 'Covid-19 Vaccine Surveillance Report – Week 41' (Published by UKHSA)
- 'Covid-19 Vaccine Surveillance Report – Week 45' (Published by UKHSA)
- 'Covid-19 Vaccine Surveillance Report – Week 49' (Published by UKHSA)
- 'Covid-19 Vaccine Surveillance Report – Week 1 – 2022' (Published by UKHSA)

You were told that the Pfizer Covid-19 mRNA injection had a vaccine effectiveness of 95%.

The following graph illustrates the increase/decrease in vaccine effectiveness by the month among each age group over a period of 5 months from 16th Aug 21 to 2nd Jan 22.





The first booster shots were administered in week 37 of 2021, and this graph illustrates clearly how they provided a boost in vaccine effectiveness in the following two months. But unfortunately, it also shows how short-lived this boost was with the effectiveness of the Covid-19 vaccines falling to frightening levels between weeks 49 and 52.

Real-world vaccine effectiveness dropped to the lowest levels yet across all age groups except for the over 70's between December 6th and January 2nd, but the over 70's still dropped into negative effectiveness.

The expected further boost to 40 to 69-year-olds did not materialise and instead, a huge tumble in vaccine effectiveness was recorded, dropping to -151% in 40-49-year-olds.

Vaccine effectiveness also tumbled in the 30-39-year-old age group to minus-123%, despite the booster jab being administered to millions in week 49.

That's a far cry from the alleged 95% effectiveness you were told about.

### **But what does a positive/negative vaccine effectiveness actually mean?**

Vaccines work by simulating a viral attack and provoking the immune system into responding as if you have had the virus. They are supposed to train the immune system to the point where you develop natural immunity to the virus.

**Therefore, vaccine effectiveness is really a measure of the immune system performance of the vaccinated compared to the immune system performance of the unvaccinated.**

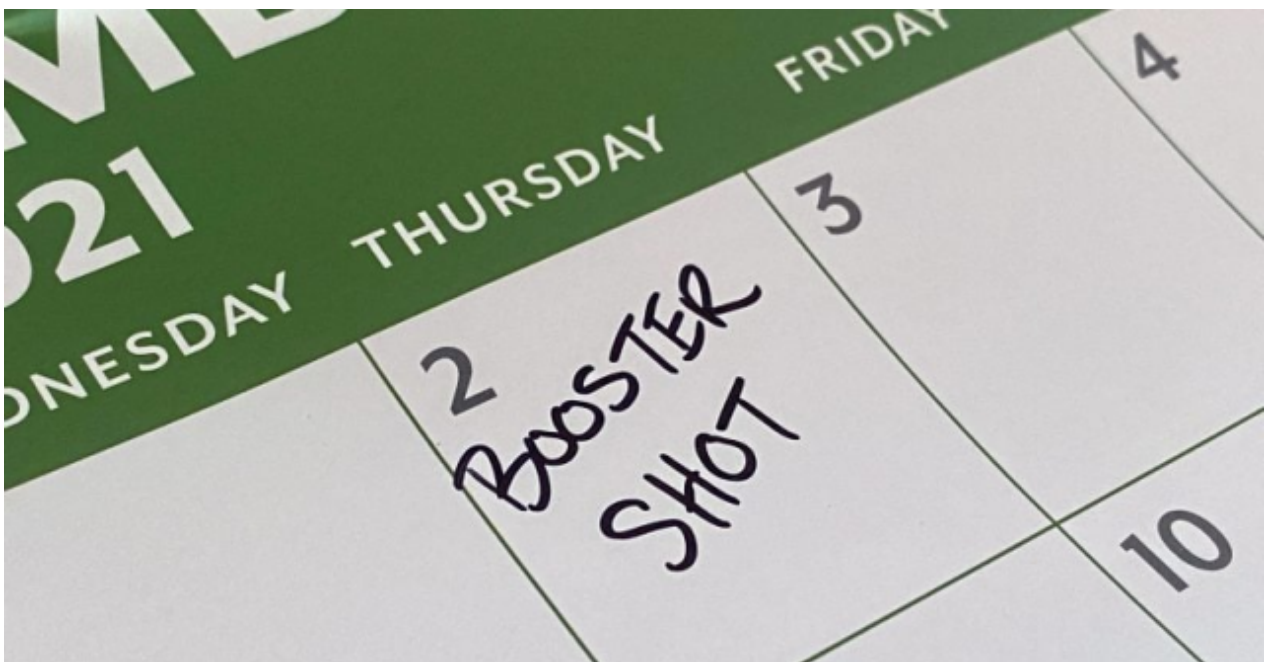
The data published by the UKHSA confirms that the real-world effectiveness of the Covid-19 injections (***really a measure of immune system performance***) wains significantly in a short amount of time.

But, unfortunately for the vaccinated population, rather than the immune system returning to the same state it was prior to vaccination, the immune system performance begins to rapidly decline, making 3it inferior to that of the unvaccinated.

However, the UK Government data does prove that a booster dose of the vaccine can give a short-term boost to the immune system.

But, unfortunately, this same data shows that the immune system performance then begins to decline even faster than it has been prior to the booster dose being given.

This data, therefore, suggests that the vaccinated population will now require an endless cycle of booster shots to boost their immune systems to a point where it does not fail but is inferior to that of the unvaccinated population.



ADE or VAED can also lead to increased excess deaths, which are deaths that occur above and beyond the expected number of deaths in a population.

This is because ADE and VAED may cause more severe illness and an increased risk of death, leading to a higher number of deaths than would be expected in a population that has not been exposed to the vaccine.



This may explain why, tragically, official Government records confirm that millions of people have mysteriously died suddenly in countries around the globe in the wake of the widespread distribution of the COVID-19 vaccines.

Official reports published by the Governments of the USA, Canada, Australia, New Zealand, the UK & most of Europe, confirm 1.8 million excess deaths have been recorded since the mass roll-out of the Covid-19 injections.

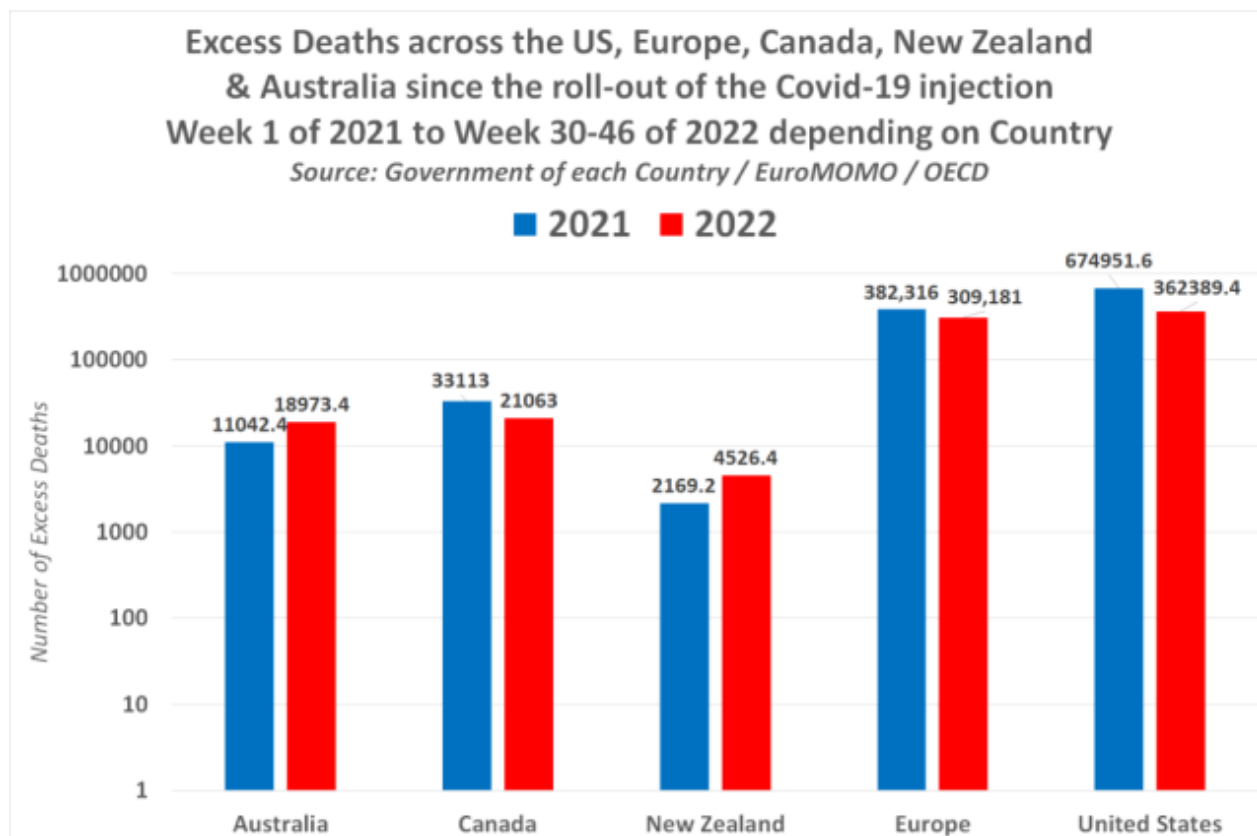
Some countries have been quite transparent in publishing data on deaths, such as the UK and Europe for example. However, they have refused to actively publicise the figures because of what they reveal.

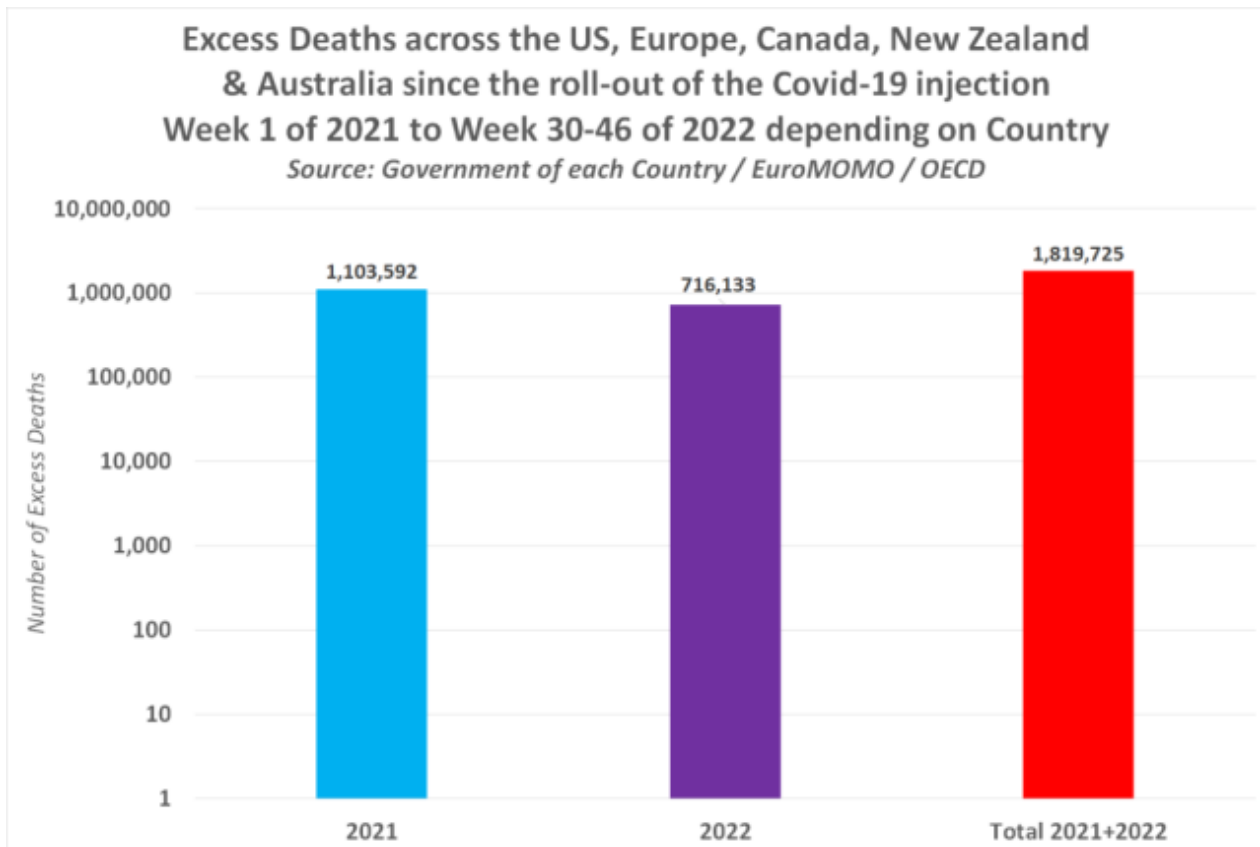
But other countries, such as the USA, have done their utmost to conceal data on deaths as much as possible.

However, we have finally managed to find the data for 15% of the world's countries hidden deep within the website of an organisation known as the Organisation for Economic Co-Operation and Development (OECD).

The OECD is an intergovernmental organisation with 38 member countries founded in 1961 to stimulate economic progress and world trade. And for some reason, they host a wealth of data on excess deaths. You can find that data for yourself [here](#).

The following chart reveals what we found in terms of excess deaths across the 'Five Eyes'; which is an intelligence alliance comprising of Australia, Canada, New Zealand, the United Kingdom, and the United States, and a further 27 countries across Europe.





In conclusion, antibody-dependent enhancement (ADE) and vaccine-associated enhanced disease (VAED) are serious adverse events that can occur after Covid-19 vaccination.

When a Covid-19 vaccinated individual is exposed to a pathogen all hell can break loose. In these cases, the vaccine-induced antibodies may actually enhance the ability of the pathogen to infect cells, leading to more severe illness than if the individual had not received the vaccine.

The occurrence of ADE or VAED is having significant consequences for both individual and public health.

It has led to severe illness and an increased risk of death for individuals who develop ADE or VAED, as well as an increased risk of developing certain cancers.

The occurrence of ADE or VAED has also led to increased excess deaths, with over 1.8 million in the 'Five Eyes' countries alone.

Vaccine manufacturers and Public Health agencies should have carefully monitored the public for any adverse events following vaccination and should have taken appropriate action to address the issues that have arisen.

This could have included revising vaccine recommendations, issuing warnings or alerts, and in some cases, withdrawing the vaccine from the market.

But they have done none of these things.

Which leaves us with the gnawing question of, why?

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