

UNITED STATES

Professor Lockdown's apocalyptic claims about the omicron undermine faith in vaccines and cause unnecessary blackouts



by Olx Praca 6 hours ago

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"Talking about 5,000 deaths a day is a lot. It is dangerous to promote apocalyptic scenarios that are unlikely," said Professor François Ballou, director of the Institute of Genetics at the University of California, Los Angeles.

"What worries me more is the loss of trust in governments and public institutions due to the crying wolf. The mood changes everywhere. "

Prof Ballou, who previously worked with the Imperial team, said he understands why they are focusing on neutralizing antibodies: they are easy to measure and tell how well the frontline fighters are dealing with the infection. But this led to a lot of confusion.

The second line of defense that really matters in a serious illness comes from the memory of B and T cells – either from the injections or from a previous illness. This continues long after the antibodies stop circulating in the blood. Cellular memory is more difficult to measure, but it is known to last much longer.

“Cellular memory still exists for the omicron and remains intact,” Ballou said.

The first studies from around the world began to confirm the effectiveness of cellular memory against the omicron, more or less as theoretical science predicted.

A team from the University of Cape Town found that the double-pricked patients still had a 70% CD4 T-cell response against the new variant and complete CD8 protection despite the mutations.

"T cells resist the omicron, and the vaccine data are very consistent," they told the American journal Science. "From everything we know about T cells, they do this – they control the virus as soon as you become infected. So it's time for them to shine. "

You wouldn't know this from a series of statements by Professor Ferguson and his team over the past few weeks that the omicron is "pretty much evading immunity," even if they are technically entitled to use that design.

Imperial may struggle to substantiate its initial warning that a 4.5-fold decrease in neutralizing antibodies would "reduce the effectiveness of the vaccine against severe illness (hospitalization)."

They certainly cannot quantify hospital numbers or predict extreme mortality rates without taking into account all of the effects of cellular memory, which they cannot do.

Their claim that the effectiveness of the double-shot vaccine ranges from zero to 20% was misleading. They also cannot legitimately claim that there is no "evidence that omicron has a lower severity than delta" because their sample was vanishingly small, the timeline was too short, and they did not know the denominator of actual omicron infections because there are so many asymptomatic cases went unnoticed. ... The clinical picture around the world suggests otherwise. This is "evidence."

Their assumptions about hospitalization are already being refuted by more reliable data from Danish hospitals. The ratios that arise are a small part of the imperial requirements.

"The defense against B and T cells is good, but they didn't have a team of immunologists to work with them. They are simply modelers who use what they are told about the effectiveness of the vaccine (ie the number of antibodies) and provide that data, "Dix said.

He wrote vigorous criticism of some of the claims, like Professor James Naismith of the University of Oxford, albeit in a softer language.

This has an interesting twist. The AstraZeneca adenovirus vaccine works well for cellular memory and may ultimately protect better than messenger RNA shots like Pfizer-BioNTech, now that we rely more on this second line of defense. He believes the UK should have followed AstraZeneca on the combo booster.

Dix said that the political class in Britain – and more broadly in Europe – does not understand the difference between advanced antibodies and strong cellular memory and therefore succumbs to unnecessary alarmism.

He suggests that Professor Chris Whitty and his close colleagues do understand, but go along with Imperial's claims as a public policy tool, hoping to convince more people to get booster shots. Anthony Fauci in the US obviously thinks along the same lines. But this is a double-edged strategy. This risks losing faith in vaccines altogether.

Dix said it is inexplicable that the NHS does not publish daily data giving the exact percentage of patients admitted to hospital with omicron based on vaccine status, comorbid conditions, and whether they were hospitalized for Covid or some other reason. They should publish data on the number of people in need of oxygen and those who are admitted to intensive care, as other countries do.

"Putting the data together is not that difficult. This will greatly affect public confidence," he said.

The global picture emerging from laboratory studies is not only that cellular memory works like magic, but also that the omicron is inherently less dangerous than delta.

A study by Cambridge virologist Ravi Gupta showed that the omicron spike protein is cleaved much less efficiently than earlier variants, and replicates most in the upper respiratory tract, rather than in the lungs, where it causes the most damage.

"I think there is growing evidence that the virus is potentially less likely to progress to severe illness," he said.

This confirms the earlier work of the University of Hong Kong and is very encouraging. "If you have to choose between bronchitis and pneumonia, I can tell you, take bronchitis any day," Ballou said.

Ballou said sketchy clinical data from South Africa, Denmark, Australia and London suggest that omicron mortality rates for broadly immune populations are 25 to 30 times lower than previously vaccinated waves.

The number of hospitalizations decreased by 90%, and the mortality rate after hospitalization fell by another two-thirds. This brings it down to the level of seasonal flu.

He said the data from Australia is the most "elegant", showing two simultaneous outbreaks of Covid in a well-vaccinated population, one delta, the other omicron. The omicron hospitalization rate is approximately half.

In London, the omicron has already broken through the residual pockets of vaccine refusers, but has not led to comparable parabolic chaos among the rest of the population, which is widespread.

"It has already peaked in Gauteng (South Africa) and is likely to peak in London very soon. Now I am quite confident that the omicron will not be as bad as they say," Ballou said.