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<https://www.immunity.org.uk/articles/felix-de-fries/>

To those affected
their doctors and caretakers
To Groups and Institutions
To Media

Zürich den 7th February

**ref. Covid-19 vaccines: course of disease after vaccination
breakthroughs and the consequences of vaccinations**

Dear Sir/Madam

According to a study by the WHO and the European Center for Disease Prevention and Control, the Covid-19 vaccines are said to have saved the lives of 470,000 people over the age of 60 in Europe alone, while 1.1 million lives are said to have been saved in the USA. More than 2 billion doses of Biontech/Pfizer's vaccine have been shipped worldwide.

AstraZeneca, Sinovac and Synopharm's vaccines have each been administrated more than 2 billion doses, while Moderna only has 600 million doses shipped. According to the Neue Zürcher Zeitung, Biontech/Pfizer generated an estimated 36 billion dollars in 2021, and sales of 29 billion are expected for the current year.

Since the introduction of the mRNA and virus vector vaccines in January 2021, only a small number of vaccinated people are said to have suffered of vaccine breakthrough infections, which are caused both by regionally predominant virus variants and the effectiveness of individual vaccines against them, as

well as by chronic diseases such as diabetes, obesity, cardiovascular disorders, rheumatism and obstructive pulmonary diseases in vaccinees, which require the daily intake of medication, and in patients with kidney diseases, leukemia patients and organ recipients the intake of immunosuppressants substances and by the use of alcohol, opioids, cannabinoids and tobacco by vaccinees.

Breakthrough infections can occur as early as two months due to the diminishing effectiveness of vaccines. Even after the first of two vaccinations, many earlier test negatives show an infection with SARS-CoV-2.

[Reinfections in COVID-19 Patients: Impact of Virus Genetic Variability and Host Immunity](#)

[\[PDF\] mdpi.com](#)

[Delta variants of SARS-CoV-2 cause significantly increased vaccine breakthrough COVID-19 cases in Houston, Texas](#)

[\[HTML\] nih.gov](#)

[PDF\] Delta variant and black fungal invasion: AT bidirectional assault might worsen the](#)

[\[PDF\] academia.edu](#)

[Defining Antibody Seroprevalence and Duration of Humoral Responses to SARS-CoV-2 Infection and/or Vaccination in a Greek Community](#)

[\[PDF\] mdpi.com](#)

Recovered people who have gone through a SARS-CoV-2 infection show a broader, longer-lasting defense capacity than many double-vaccinated people who have not gone through an infection. Nevertheless, as many of them as possible should become vaccinated as soon as possible, and later take booster vaccinations every few months, so that no control group of recovered people would remain in the end.

To achieve this, the European Union and Germany have reduced the period for the certificate for those who have recovered with reference to the omicron variant now to three months, while in Switzerland it has been reduced from 12 to 9 months.

While breakthrough infections lead to a weak course of the disease in many patients, which makes rapid discharge from the hospital possible for them after targeted therapy, in others they lead to the development of chronic diseases, the strengthening of existing diseases, long Covid and to severe disease progression with fatal consequences

For them, the statement that vaccination protects against a severe course of the disease, with which we were all urged to be vaccinated since one year, does not apply, and the effect of herd immunity, which should come about by vaccinating as many as possible, does not protect them either.

The fact that the mass vaccination of the entire population permanently limits the spread of the virus and thus prevents the emergence of mutants is clearly refuted by the current spread of the omicron variant.

[The COVID-19 hospitalization metric in the pre-and post-vaccination eras as a measure of pandemic severity: A retrospective, nationwide cohort study](#)

[\[PDF\] researchsquare.com](#)

[\[PDF\] Long Covid after Breakthrough COVID-19: the post-acute sequelae of breakthrough COVID-19](#)

[\[PDF\] researchsquare.com](#)

[Six-month sequelae of post-vaccination SARS-CoV-2 infection: a retrospective cohort study of 10,024 breakthrough infections](#)

[\[PDF\] medrxiv.org](#)

[\[HTML\] Safety monitoring of an additional dose of COVID-19 vaccine—United States, August 12–September 19, 2021](#)

[\[HTML\] nih.gov](#)

[Evaluation of COVID-19 vaccine breakthrough infections among immunocompromised patients fully vaccinated with BNT162b2](#)

[PDF\] tandfonline.com](#)

[\[HTML\] Risk factors and disease profile of post-vaccination SARS-CoV-2 infection in UK users of the COVID Symptom Study app: a prospective, community-based ...](#)

[HTML\] sciencedirect.com](#)

[\[HTML\] Metabolic disorders, COVID-19 and vaccine-breakthrough infections](#)

[\[HTML\] nature.com](#)

[Postvaccination SARS-CoV-2 infections among skilled nursing facility residents and staff members—Chicago, Illinois, December 2020–March 2021](#)

[HTML\] nih.gov](#)

[Association Between Immune Dysfunction and COVID-19 Breakthrough Infection After SARS-CoV-2 Vaccination in the US](#)

[\[HTML\] bvsalud.org](#)

[Increased risk for COVID-19 breakthrough infection in fully vaccinated patients with substance use disorders in the United States between December 2020 and ...](#)

[PDF\] wiley.comFull View](#)

[Clinical characteristics and outcomes of COVID-19 breakthrough infections among vaccinated patients with systemic autoimmune rheumatic diseases](#)

[PDF\] bmj.com](#)

[Real-time analysis of a mass vaccination effort confirms the safety of FDA-authorized mRNA COVID-19 vaccines](#)

[\[PDF\] medrxiv.org](#)

[COVID-19 and metabolic disease: mechanisms and clinical management](#)

[\[HTML\] nih.gov](#)

The fact that the effect of a Covid vaccination with so-called mRNA vaccines or virus vector vaccines is similar to the effect of a previous infection, as the promoters of these vaccines suggest, contradicts the now available findings. The effects of these vaccines are counterproductive in several respects in terms of short-term and long-term immunity and vital cellular functions, as they permanently down-regulate the control of infections and degenerative processes at the cellular level.

Specific analyses of genetic changes in antigen-presenting cells show a strong increase in type I and type II interferons, which are important for the immune reactions in infected people but none of it in vaccinees. The increased formation of stem cells in Covid-infected people which is essential for a long-term resistance, fails completely in them.

Mass administration of booster vaccines is likely to further aggravate these disorders, as evidenced by the proliferation of lymphatic lesions in vaccinated individuals. As studies show, interferons play a central role in the defense against SARS-Cov-2 infections at various points in the organism. The members of the Interferon III-family in particular are crucial for a mild disease course in SARS-Cov-2 infections.

[Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs](#)

[\[PDF\] authorea.com](#)

[HTML\] The interferon landscape along the respiratory tract impacts the severity of COVID-19](#)

[\[HTML\] sciencedirect.com](#)

Studies show that virus-vector vaccines (CHAdOX (Astra Zeneca), AZD1222 (Janssen) and (AD26Cov2) (Johnson&Johnson) induce thrombosis and thrombocytopenia such as cerebral thrombosis and venous sinus thrombosis, while impairing platelet formation.

Studies on the connection between deaths after Covid-19 vaccinations with CHAdOX (Astra Zeneca) show cerebral hemorrhage and thrombosis in various organs, kidney failure and myocardial infarction, as well as pancreatitis. Evidence of deep vein thrombosis, coronary sclerosis, cerebral hemorrhage, pulmonary emphysema and cardiac hypertrophy was found in recipients of Biontech/Pfizer and Moderna mRNA vaccines.

Patients experienced treatable facial nerve palsy, ischemic stroke, tetraparesis and myesia, as well as erythema, angioedema, and urticaria, whereas young adults suffered of myopericarditis and pericarditis.

[Autopsy Findings and Causality Relationship between Death and COVID-19 Vaccination: A Systematic Review](#)

[\[PDF\] mdpi.com](#)

[\[HTML\] Serious complications of COVID-19 vaccines: A mini-review](#)

[\[HTML\] sciencedirect.com](#)

[\[HTML\] The Evaluation of Oxidative Stress in the Young Adults with COVID-19 mRNA Vaccines Induced Acute Pericarditis-Myopericarditis](#)

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[Neurological symptoms and neuroimaging alterations related with COVID-19 vaccine: Cause or coincidence?](#)

[\[HTML\] nih.gov](#)

[\[HTML\] sars-cov-2 vaccines and the skin](#)

[\[HTML\] sciencedirect.com](#)

Cutaneous reactions reported after Moderna and Pfizer COVID-19 vaccination: a registry-based study of 414 cases

[\[PDF\] henryford.com](#)

Ocular adverse events after COVID-19 vaccination

[\[HTML\] nih.gov](#)

[HTML] Adverse events related to COVID-19 vaccines: the need to strengthen pharmacovigilance monitoring systems

[\[HTML\] springer.com](#)

Considering these after-effects and side-effects of vaccines, which their promoters consider extremely rare based on short-term studies, it is remembered that liability for them has been transferred to the individual countries in the supply contracts, who in the presence of different more effective therapies are still obliged to administrate the ordered vaccines.

Since these after-effects and side effects of the vaccines occur more frequently after booster vaccinations, which are expected to take place more frequently in the future, it must be assumed that their frequency will increase over time, while an effective treatment is only known in individual cases so far. Therefore, various authors of tests are now calling for the establishment of an effective worldwide monitoring system for the adverse effects of these vaccines.

After the delivery of 4.29 trillion units of these vaccines worldwide, millions of people could suffer from health disorders as a result of these vaccines, the formation of chronic diseases and the worsening of existing diseases, which had to be treated by the public health services also in developing countries who have hardly the means to do this.

Ugur Sahin and other inventors of these new vaccines, which were approved in a fast-track procedure without sufficient studies on side effects and consequences and were distributed en masse in an incomparable campaign with state aid and pressure on individual population groups, have obviously not dealt with the fact that important mechanisms in the organism may be affected or blocked entirely by these vaccines. They initiated an unalterable, global mass experiment with an open outcome with their antiviral substances, which are now to be followed by mRNA vaccines against cancer or the HI-retrovirus, considered to be responsible for the severe course of more than 30 endemic diseases such as tuberculosis, malaria, herpes and hepatitis.

Since no animal intermediate host for the transmission of the corona virus from bats to humans has been found in China to date, despite many efforts, it must be assumed that it is the product of genetic gain-of-function experiments carried out in the world's largest research center for corona -Viruses in Wuhan, where thousands of corona virus gene sequences have been collected from bats, and where it may have spread easily from laboratory animals to farm animals.

Documents that have now been made public in the USA show that the zoologist Peter Daszak, who works on zoonosis, the transmission of animal pathogens to humans, received almost 40 million dollars from the US Department of Defense for research into bioweapons, during which he also dealt with the incorporation of a furin cleavage-site into corona viruses, which is intended to enable corona viruses to dock better to human cell receptors.

In addition to virologists, who favored the thesis of a laboratory accident in Wuhan, Anthony Fauci, head of the National Institute of Health and Disease Prevention, also took

part in the conference call on February 1, 2020, with the result that a possible laboratory accident was henceforth described as a conspiracy theory in the specialist press, allowing to sweep the American participation in the Corona research in the Wuhan laboratory under the carpet.

A dozen of the world's leading virologists including Christian Drosten from the Charité took part in this virtual conference call on February 1st 2020, which took place three weeks after the Chinese authorities published the gene sequence of the virus. Together with colleagues Christian Drosten wrote an article stating that the lab accident theory was a conspiracy theory. To this day he speaks of indications of a possible intermediate host, although it is evident that SARS-Cov-2 cannot be traced back to a normal zoonosis. (Source: Interview with Prof. Roland Wiesendanger, Neue Zürcher Zeitung of February 3rd, 2022).

[\[PDF\] Study to the origin of the coronavirus pandemic: period of the study 01.01. 2020-31.12. 2020](#)

[\[PDF\] uni-hamburg.de](#)

[\[PDF\] Genetics suggests that SARS-CoV-2 is man-made](#)

[\[PDF\] researchgate.net](#)

The reduction of the causes of the Covid-19 pandemic to the SARS-Cov-2 virus, which Christian Drosten promoted in his video podcasts, which could only be contained with contact bans, masks and mRNA- or virus vector vaccines, is based obviously based on his particular previous knowledge, which has also brought about the investment of millions of German state research funds in the Biontech company of Ugur Sahin. Only on this background it can be understood why many countries, the European Union and large media are in favor of reducing the causes of Covid-19 to the virus and the

corresponding vaccine strategy. A worldwide rampant infection by a genetically modified corona virus was turned over night into a worldwide open-end mass experiment with genetically engineered vaccines.

Representatives of state institutions and the majority of doctors, who took the hypocratic oath, have joined enthusiastically this vaccination campaign and have completely lost sight of possible side effects and consequences of vaccinations, finally setting in motion a state obligation for vaccination after months of exerting great pressure on members of all possible risk groups, who were given vaccinations that did not lead to the formation of lasting antibodies in them but rather to a permanent deterioration in their state of health.

The fact that not being vaccinated would result in a professional ban and extensive isolation shows an unprecedented decline in ethics in medicine after 1945. The vaccination law now in power in Austria, saying that everyone over the age of 18 should have to take vaccines that do not permanently protect against infection and serious illness, impair the immune system over a longer period of time, trigger illnesses and can further aggravate existing chronic illnesses is unlikely to be legally enforceable. The fact that anyone who does not get vaccinated with these vaccines loses freedom of movement (transportation on public transport), visits to theatres, cinemas and pubs, as well as the opportunity to work, is contrary to the fundamental rights achieved in Europe since 1945.

In view of these well-documented facts, we demand the immediate cessation of all pressure to vaccinate, the restoration of freedom of movement for everyone, including the use of public transport, free choice of prevention and

therapy, the assumption of the costs for the treatment of after- and side effects of vaccinations, especially for patients with pre-existing conditions whose health has deteriorated as a result of these vaccination by the state, dispensing doctors and vaccine manufacturers, and the end of any discrimination against the unvaccinated.

Since monoclonal antibodies will soon also be available as capsules for oral treatment, effective treatment of Covid-19 infections is also possible at any time for members of so-called risk groups.

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<https://www.immunity.org.uk/wp-content/uploads/2022/02/Letter-Therapy-Recommendations-new-final.pdf>

<https://www.immunity.org.uk/wp-content/uploads/2022/01/Vaccine-Breakthrough-final-new-plus-XL.pdf>

<https://www.immunity.org.uk/wp-content/uploads/2022/01/Omicron-English-final.pdf>

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