

A.D.E. Scenario Analysis

Summary

Antibody Dependent Enhancement is a potential threat. The likelihood it could happen cannot be quantified by the author, so the author does not attempt to quantify this. But if it did happen, we should expect an increasing problem over the next year as more and more people who have received the jab get to the current stage (as shown in Israel) and if it does happen a best estimate worst case scenario is 7million deaths this winter in the UK. Given the number of factors that all have to occur for this worst case scenario, it is unlikely to occur this winter, however this is balanced by the fact there is likely to be successive waves over a number of years.

An analysis of public response, suggests that the current extreme censorship of sceptics in the media, makes it very likely that if ADEs becomes an issue, that the public response will lurch from a position of denial and inaction, to one of full scale panic and over-reaction (if that is possible given the potential seriousness).

Introduction

The following video indicates a potential mechanism for what is called Antibody Dependent Enhancement. The key information, is that A.D.E. only starts to happen after immunity begins to fade, or perhaps more accurately A.D.E. is an imbalance between two types of immunity, one artificially created by the jab, and one that fades.

<https://www.bitchute.com/video/nnBQoCx1CGNr/>

This information allows a scenario to be produced for a case where ADE becomes an issue. However, this analysis does not imply any credibility to the ADE effect. Instead, it is a “what if” analysis.

Current Situation

The video further suggests that the urgent booster shots in Israel are an indication that Israel is already experiencing ADE. Israel started giving out the jab on 19th December 2020, not that long before the UK, so anything that happens in Israel could happen very quickly in the UK.

As of the end of August, Israel is now seeing high coronavirus infection rates, or breakthroughs, in those who have been vaccinated, and Israel now has one of the worst rates of the coronavirus per million in the entire world leading to questions about immunity. This may be because of

- waning “immunity”,
- a new variant that bypasses “immunity”
- ADE

Because of the potential seriousness of ADE, for this analysis, I will assume that the cause is ADE without assigning any likelihood that it is ADE.

Timescale

Between 19th December 2020 and mid February 85% of Israelis received a first jab. So, it is around 7 months from the peak of the initial program to the point at which a booster shot has become a major issue in the Israel. Although the UK was slower the peak period for a first jab for the over 65s was January and February 2020. Assuming Israel prioritised the elderly, this suggests that in older age groups, the UK will keep pace with events in Israel. In contrast, the 40-45 age group took longer with only 50% getting the jab by April. That suggests they will be about 3months behind the eldest groups with longer delays for younger groups.

Forward prediction

There is very little basis on which to predict forward. However, if we are seeing an ADEs effect we know that it takes around 7 months for immunity to become an issue in at least some of the population. Thus if ADE is occurring, then we expect a growing fraction of people to become susceptible, perhaps over a similar timescale of half a year. Given the variation in dates at which people received the jab, we can therefore suggest that the bulk of those who had the jab, if ADE is occurring, will reach the same stage as Israel in the next 12months.

However, as we have no progression data beyond the 7month period, we cannot project forward for individuals beyond the 7month stage, only state that more and more people will reach this 7month stage and cross it, without any knowledge of what lies beyond this threshold.

In particular, it is not possible to know whether Israel is currently at a very early stage, with a massive rise to come, or indeed, at a relatively late stage, and what we are seeing is the peak of the effect which will not last long and which will have relatively little impact. If things rapidly deteriorate in Israel, we are in big trouble. If not, then we have either dodged the bullet, or the bullet will take some time.

If this is an early stage, the biggest question, is whether a booster has any benefit, how quickly the susceptibility caused by ADE develops and to what extent that those strains present this winter lead to death or serious illness ... and indeed, whether it builds up slowly enough that this winter, although terrible, is just a forewarning of what is to come next winter when susceptibility will then be much higher.

Worst Case Scenario (Initial epidemic)

Assuming ADE develops, and that all measures, such as a booster are ineffective, for planning purposes we can reasonably assume a similar proportion become infected as occurred for the first wave of covid, which is thought to be about 25% of the population. Animal studies for previous coronavirus vaccines (bypassed this time) suggest over 50% died from ADE. If we use 50% as the assumption for human casualties and if we assume 80% take up of the jab, then the reasonable worst case scenario is: 7 million deaths this winter in the UK or about 700,000 in Scotland. This assumes no effective medical intervention, that is unlikely. But this figure also assumes a 25% penetration of the virus. This assumption is reliant on the virus being blocked within society by people who develop immunity. If 80% of people are susceptible to ADE, then rather than suppressing the virus as occurred after infection in the covid 19 epidemics, people who took the jab,

could become super spreaders, or if not, fall seriously ill and be replaced by new people who allow even more spread. So, the figure of 25% penetration may be too low.

How likely is the worst case scenario?

This scenario is contingent on:

1. ADEs developing, and that is by no means a proven outcome yet.
2. That a booster shot does not stop the spread of a new variant, and again there are good reasons to hope that will not happen.
3. That no treatment like HCQ or ivermectin is available that significantly reduces deaths and that deaths are as high as animal studies (that may be for a more deadly virus)
4. That when responding to a really deadly epidemic, that lock up is still ineffective
5. That no effective treatment to reverse ADEs becomes available within the period

Given that all these have to occur, it therefore seems hopeful, that the worst case scenario is unlikely to happen, however, this optimism is tainted; because this scenario is only for a “first wave” and it should be expected that there will be multiple waves. But that added time to the next waves, may and it is only **may**, allow more time to develop effective counter measures, whatever they may be.

Public Response

The following attempts with to assess the likely response largely based on behaviours seen when dealing with covid and recent behaviours of the old and social media where censorship has become endemic.

Expert Response

The typical response of experts in this kind of situation, is to refuse to consider the possibility that they have made a massive mistake. That is because there is no benefit to the experts in doing so. They cannot undo the past, their reputation is contingent on ensuring their advice is successful, even if not, and if they have made the mistake, they have no future and, as soon as external people know they have made a mistake, they lose all control of their predicament. So, typically experts, when in a hole, will tend to continue digging the hole.

Having put their reputation on the line saying that “vaccines are the right way to approach this”, the most likely response if ADE starts to develop, is that the experts, will urge that the populace are compelled to get booster jabs. That is despite the fact that the booster jab will be for a previous strain of the virus. So it may give little or no actual protection and indeed, may just enhance the ADE effect.

Political Response

Politicians are scientific illiterates with sloping shoulders who only “follow the science” because that allows them to blame someone else when everything goes wrong. So far, the covid hysteria has been hallmarked by lies and propaganda to support draconian action clearly breaching human rights. Like the experts, there is little benefit to those politicians responsible, in admitting their

behaviour has been wrong. Indeed, even to hint at such would be seen as a weakness that would be exploited by their enemies, both within their own parties and outside.

However, politicians have brass necks and have no compunction with committing the worst hypocrisies if they think they can get away with it. So, if they believe they have press support, they will do a U-turn on a farthing. But, if harassed by the press ... they will doggedly pursue outrageous policies they know to be wrong.

Thus, the response of politicians, largely depends on the response of other actors such as the media and social media. In normal circumstances, where government propaganda and lies is not distorting public opinion, we can usually predict political behaviour from public behaviour. However, in the current circumstances with mass government propaganda bludgeoning the population into compliance, public opinion is manipulated by politicians and politicians – through the public – are merely seeing an echo of their own fears and distortions. This situation creates a “feedback loop” which promotes hysteria. The old and social media, now just reflect back at the politicians the lies & distortion that the politicians are feeding the media. Indeed, now that social media actively filters what people see, particularly politicians and journalists, and in particular they relentless repress sceptics in many areas, the “social breaks” and “common sense” provided by sceptics has largely disappeared so that hysteria spreads like wildfire and the response of the media and social media tends toward chaotic hysterical lurches from one extreme to another.

Public Response

As such, the political response is hard to predict. But, likely it will involve an initial phase of denial and censorship of any comments suggesting there is a problem, followed by a very rapid and totally chaotic switch to hysterical over-reaction (if that is possible given the seriousness) and that will be followed by the draconian action including the repression of anyone who suggests that the seriousness of the problem is being exaggerated.

Thus, the big question is not the degree of response, but instead at what point will the suppression of the issue of ADE become untenable precipitating a switch to ...

!!!!PANIC!!!!

Based on previous behaviours and the possible progression outlined above, it is possible that the lurch to panic mode may occur within weeks. It is also possible that, even if the worst case scenario were to occur, that the lurch would not occur for many months, even potentially till winter 2022. Indeed, it is even possible that society becomes stuck in denial mode and despite enormous numbers of deaths, that the problem is never taken seriously.