

# Are you interested in learning how to connect the dots on the ongoing public health issues?



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JAN 20, 2025



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Over the past 10 days or so, I've been sharing some teasers on X and LinkedIn to encourage more people to join the forum and engage in what I believe, with all modesty, is a very relevant platform for meaningful discussions about the ongoing COVID-19 pandemic, current respiratory epidemics, and other potential global health threats. Please feel free to share, as the time and effort invested in this forum deserve much more attention.

Here are some of the topics and questions we're discussing and further exploring at the ANH Forum of Immune Biology:

- Many people are puzzled by the ongoing health crisis. We are currently witnessing a surge in diverse acute respiratory viral diseases, along with long COVID, chronic microbial and immune-mediated diseases, including cancers. At the same time,

SARS-CoV continues to evolve, infect, and transmit, even though wastewater levels and COVID-19 (C-19) hospitalization and mortality rates remain relatively low.

Compounding this situation is a mega panzootic of bird flu. These unprecedented phenomena — particularly their temporal and spatial overlap in highly C-19-vaccinated countries — raise questions about whether they are purely coincidental, entirely independent, and unrelated to the collective immune priming induced by C-19 vaccines.

If you want to explore whether these phenomena share a common root and understand how these pressing public health issues might be connected, we invite you to join our Immune Biology Forum. This platform provides a space for meaningful discussions on these complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in interactive discussions with more depth than the superficial exchanges often found on social media.

Below are the links to sign up for the forum and, if you wish, purchase the lectures:

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- Pandemics caused by viruses that "naturally" lead to acute, self-limiting infections can only end when the virus is no longer transmitted. In the case of IMMUNE ESCAPE pandemics, typically observed in highly COVID-19 (C-19) vaccinated populations, this can only occur when the virus eventually eliminates those who lost their adaptive immune protection during the pandemic and when those who strengthened their innate immune protection ultimately eliminate the virus.

If you'd like to learn more about these different outcomes, their impact on individuals in highly C-19 vaccinated populations, and the underlying population-level immune mechanisms, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in deeper, interactive conversations—beyond the superficial exchanges often found on social media.

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- In May 2023, the WHO rightly claimed that the *acute* phase of the COVID-19 (C-19) pandemic was over and lifted the Public Health Emergency of International Concern status. But when and how will the *chronic* phase of this pandemic end? Or are we now perhaps confusing 'chronicity' with 'endemicity'?

If you'd like to explore these and other questions about the evolutionary trajectory of this pandemic, its impact on individual and public health in highly C-19-vaccinated regions, and the underlying immune mechanisms at the population level, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in deeper, interactive conversations—beyond the superficial exchanges often found on social media.

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- Why does the current SARS-CoV-2 pandemic appear to be stuck in a metastable state, with relatively low rates of *acute* COVID-19-related disease, hospitalization,

and mortality on one hand, but ongoing viral evolution and uninterrupted viral transmission on the other?

If you'd like to explore this and other unanswered questions about the evolutionary trajectory of this pandemic, its impact on individual and public health in highly C-19-vaccinated regions, and the underlying immune mechanisms at the population level, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in deeper, interactive conversations—beyond the superficial exchanges often found on social media.

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- What do you do to turn a natural, acute, self-limiting viral pandemic into a chronic, self-perpetuating **immune escape** pandemic? You apply stringent infection-prevention and social measures and/or vaccinate entire populations with prophylactic vaccines during the pandemic. It's the perfect recipe for preventing herd immunity and fuelling a wildfire of immune escape.

- How do COVID-19 (C-19) vaccine breakthrough infections and booster doses of mRNA-based 'vaccines' lead to immune refocusing, and how is immune refocusing linked to the gain-of-function of SARS-CoV-2 and avian influenza virus in highly C-19 vaccinated populations (i.e., in the form of enhanced infectiousness/transmission)? Also, why are these populations at an increased risk of enhanced viral virulence upon continued exposure to these viruses?

If you'd like to explore these and other unanswered questions about the evolutionary trajectory of this pandemic, its impact on individual and public health in highly C-19-vaccinated regions, and the underlying immune mechanisms at the population level, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in deeper, interactive conversations—beyond the superficial exchanges often found on social media.

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- The WHO consistently but naively claimed that any reduction of SARS-CoV-2 transmission resulting from their pandemic measures and recommendations would reduce the likelihood for variants to emerge. The simplicity of their reasoning undoubtedly stemmed from the finding that high mutation rates of RNA viruses are associated with increased replication and transmission rates. However, since most of these mutations are reportedly deleterious or neutral (<https://pubmed.ncbi.nlm.nih.gov/29688481/>), how could they contribute to the emergence of (co-)dominantly spreading, genetically diverse SARS-CoV-2 variants in highly Covid-19 vaccinated countries?
- Why did the WHO ignore the impact of collective suboptimal immune pressure on the productive infectivity of SARS-CoV-2 in populations subjected to strict *infection-prevention* measures, followed by intra-pandemic mass vaccination *targeting a protein critical for viral infectiousness* (i.e., the spike protein)?
- Did they assume that the increasing prevalence of (co-)dominantly circulating variants—*each characterized by enhanced infectiousness and/or transmissibility*—was purely coincidental, rather than a consequence of viral escape from the hostile conditions imposed on the host?
- How could they disregard the effects of *selective, population-level immune pressure* exerted by highly C-19 vaccinated populations on viral reproduction and transmission?

If you'd like to explore these and other unanswered questions about this large-scale gain-of-function experiment, as well as the impact of the resulting *immune escape* pandemic on individual and public health in highly C-19-vaccinated populations and the underlying immune mechanisms at the population level, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in deeper, interactive conversations—beyond the superficial exchanges often found on social media.

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- Why has SARS-CoV-2 (SC-2) increasingly shifted its course in highly COVID-19 (C-19) vaccinated countries from being an *acute, self-limiting infection* to a *prolonged, more chronic condition*, such as long COVID?
- Why has this transition been characterized by an increasing number of acute infections that were no longer seasonal (i.e., predominantly occurring during the winter) or age-related?



- Why have surges in viral infection rates no longer been followed by corresponding increases in hospitalization and mortality rates, as was initially observed?
- Why is SC-2 transmission and infection no longer reflected by high viral activity in wastewater?
- Why do viral transmission and evolutionary dynamics persist despite low levels of viral activity in wastewater and relatively low rates of overt C-19 symptoms and C-19 hospitalizations?
- Why has the spectrum of viral mutations in the (co-)dominantly circulating variants shifted from a *limited number of distinct variants* to a *large array of variants with only a limited number of mutational differences*?
- Why do antibodies induced by reinfections or updated vaccines fail to provide protection against long COVID?
- Finally, why has the pandemic evolved from a natural pandemic to an immune escape pandemic, and more recently, to a *multi-country epidemic* of highly C-19 vaccinated countries?

If you're interested in exploring these and other unanswered questions about this immune escape pandemic in highly C-19 vaccinated populations, as well as the impact of its altered evolutionary dynamics on individual and public health and the underlying immune mechanisms at the population level, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex

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- Why does the high intrinsic infectiousness of currently circulating SARS-CoV-2 (sub)variants no longer translate into high rates of productive viral infection?
- How and why would the transition of SARS-CoV-2 infection—*naturally an acute and self-limiting infection*—into *chronicity* in highly COVID-19 vaccinated populations eventually lead to the large-scale emergence of a hyper-acute infection, thereby catching these populations by surprise?
- Why are intramuscularly administered vaccines more likely to trigger antigenic sin in previously primed individuals compared to mucosal vaccines?

If you'd like to learn the answers to these and other unanswered questions about the evolutionary trajectory of this pandemic, the impact of large-scale vaccination with the types of COVID-19 vaccines used during its course on individual and public health in

highly C-19-vaccinated regions, and the underlying immune mechanisms at the population level, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in deeper, interactive conversations—beyond the superficial exchanges often found on social media.

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- How is it that, despite mandatory polio vaccination, new strains of poliovirus are surfacing in the wastewater of Western, industrialized countries? Why do large-scale polio vaccinations seem to promote the further spread of wild poliovirus
- How can we finally break the vicious cycle of more vaccination—more immune escape—more vaccination?

If you'd like to explore the answers to these and other unresolved questions about newly emerging, mass vaccination-induced (multi-country) epidemics and potential pandemics, as well as their impact on individual and public health and the underlying

immune mechanisms at the population level, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in deeper, interactive conversations—beyond the superficial exchanges often found on social media.

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- How can people in countries with high COVID-19 (C-19) vaccination rates protect themselves from C-19 disease and other respiratory illnesses upon re-exposure to circulating SARS-CoV-2 variants or viruses such as RSV, seasonal and avian flu, and human metapneumovirus? How do the precautions for C-19 vaccinees differ from those for the unvaccinated?

If you'd like to gain more insight into the current epidemiological situation in highly C-19 regions and how we could mitigate its impact on individual and public health, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors,

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- How can trained cell-mediated innate immunity (CMII) compensate for failing adaptive immune responses?

If you'd like to learn more about the immune mechanisms underlying this phenomenon and the broad protection provided by trained CBII, regardless of the host's genetic background, we invite you to join our Immune Biology Forum. It provides a space for meaningful science-based discussions on complex biological topics, enabling laypeople, doctors, and scientists to learn, ask questions, and engage in deeper, interactive conversations—beyond the superficial exchanges often found on social media.

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James Beck 2d



This guy has fallen so far in credibility and is now becoming a media whore.

If he is so concerned about the risk to humanity, put the information out FREE and editing by someone who can put the information into an understandable format to readers to effect change.

Otherwise, go away.



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