

**Long Term Care Facility Patients in the UK
and Males in Alberta, Canada
May be at Increased Risk of Spike Protein
Toxicity
(mRNA COVID-19 Vaccines & Virus Exposures)**

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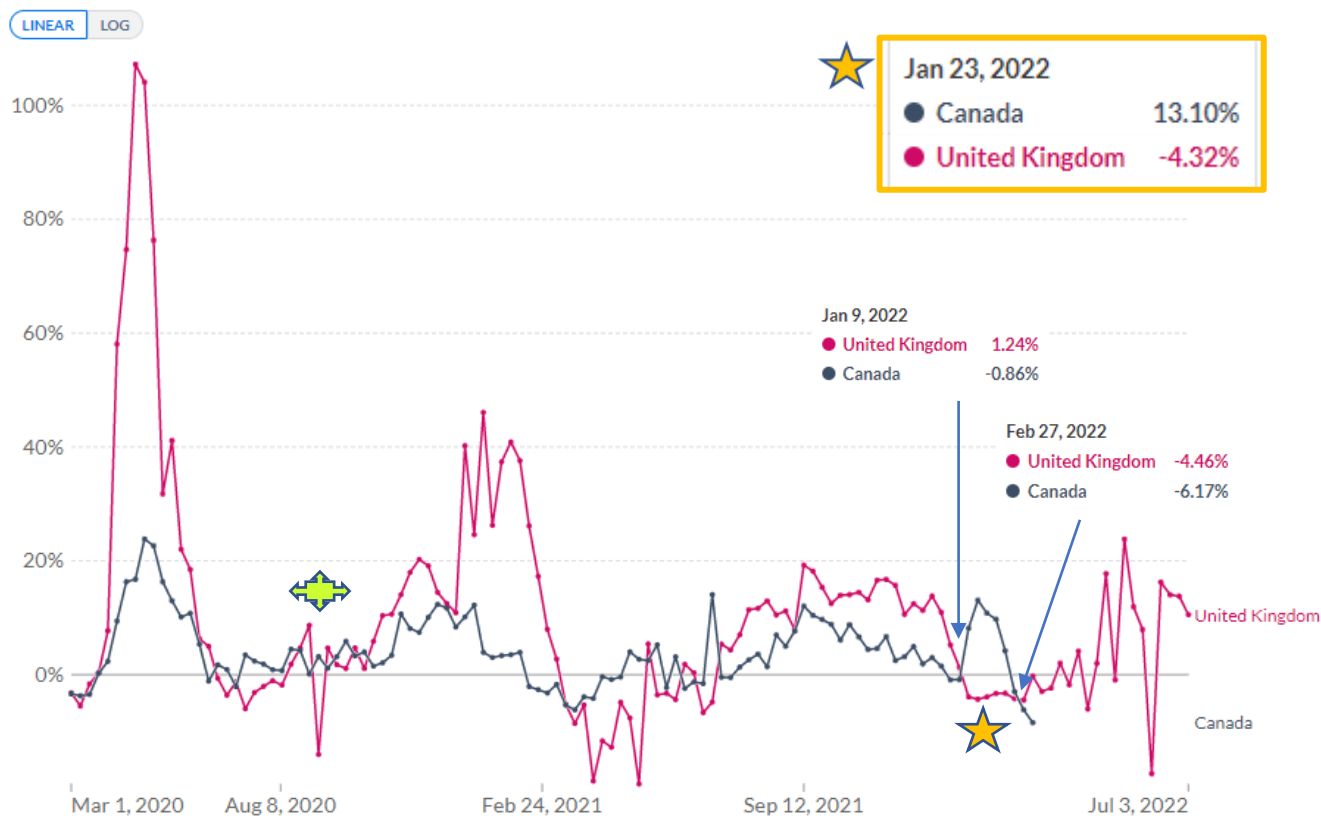
July 29, 2022

<https://hervk102.substack.com/>

The **excess all-cause mortality (EACM)** for Canada has not been updated since March 6, 2022, but for the UK it is available until July 3, 2022. The EACM plot provides valuable information such as **negative EACM** (EACM that drops below 0 % in comparison to previous years) which is thought to represent periods of time when ‘trained (innate) immunity’ heterologous (non-specific) protection may be activated such as by vaccination (**first dose *only* for mRNA COVID-19 vaccines**).

Excess mortality: Deaths from all causes compared to projection based on previous years
The percentage difference between the reported number of weekly or monthly deaths in 2020–2022 and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.

Our World in Data



Source: Human Mortality Database (2022), World Mortality Dataset (2022)

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Jan 26, 2020 Jul 3, 2022

Essentially the UK EACM profile mirrors what was seen in Canada with the notable exception of the time period of January 9, 2022 to February 27, 2022. In Canada there was a positive EACM whereas in the UK it represented a negative EACM. **★ Also CANADA did not experience a negative EACM around September 6, 2020** as it was not involved in the clinical trial testing of vaccines which involved **637,379 UK participants (up until December 2020)**.¹ The alpha variant emerged in the UK starting in November 2020. In Canada it emerged around February 17, 2021.

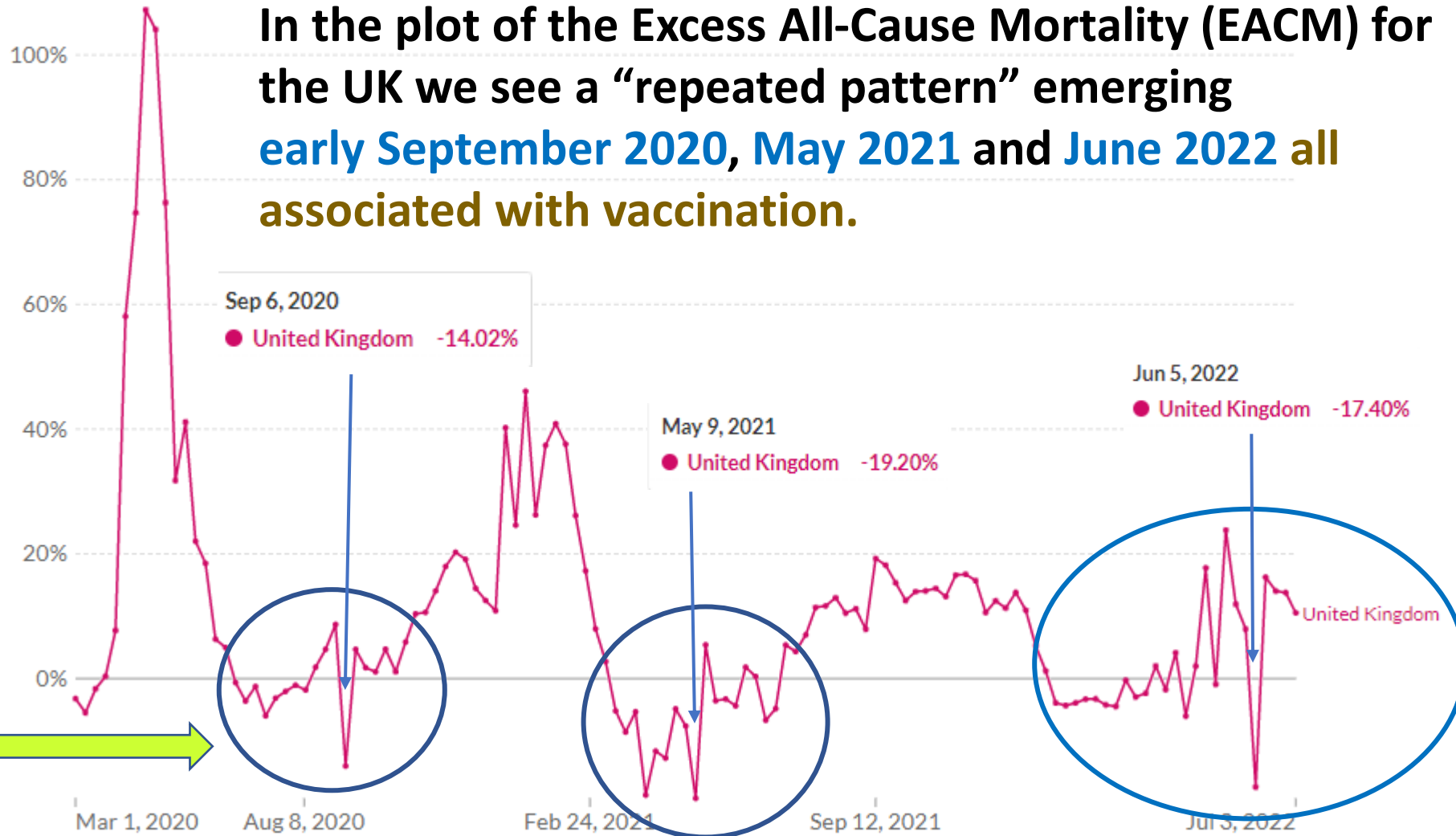
1. <https://www.gov.uk/government/news/over-half-a-million-people-taking-part-in-pioneering-covid-19-research>

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LINEAR LOG

In the plot of the Excess All-Cause Mortality (EACM) for the UK we see a “repeated pattern” emerging **early September 2020, May 2021 and June 2022 all associated with vaccination.**

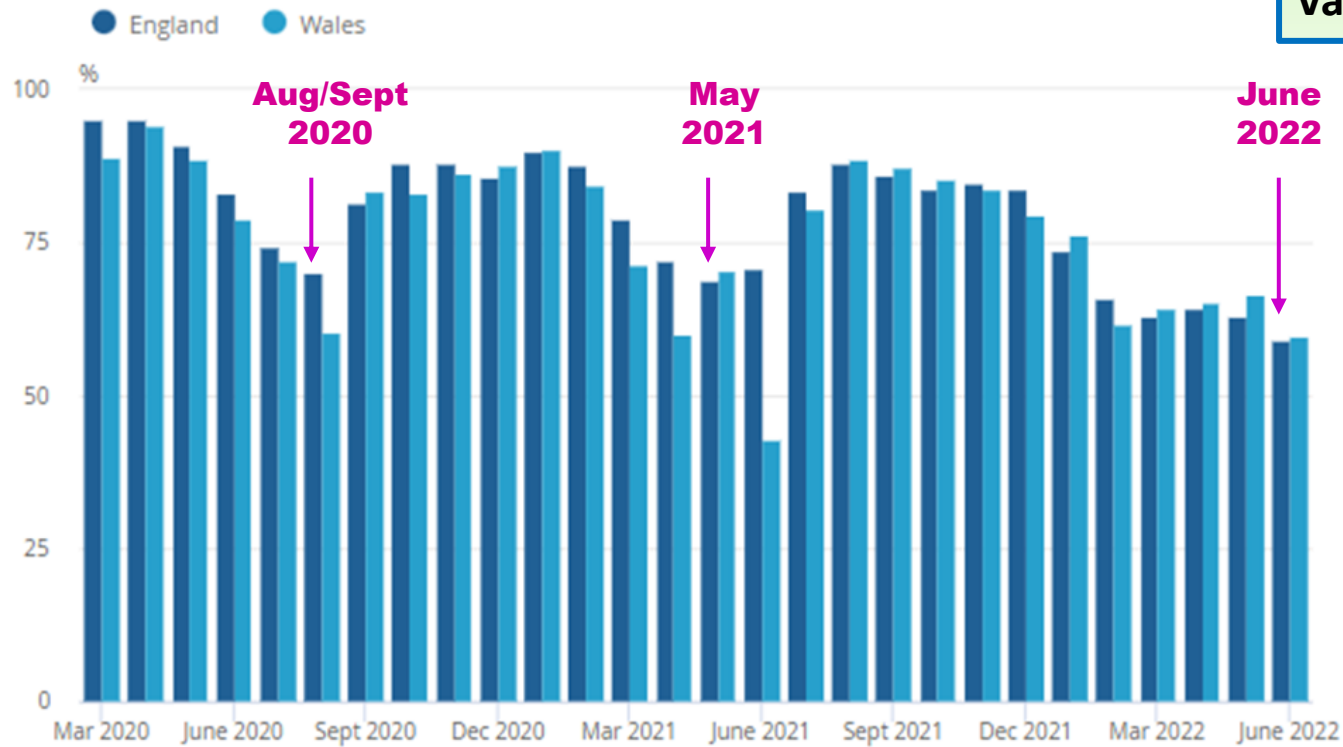


637,379 participants from across the UK took part in the RCTS for the COVID-19 vaccines

SARS-CoV-2

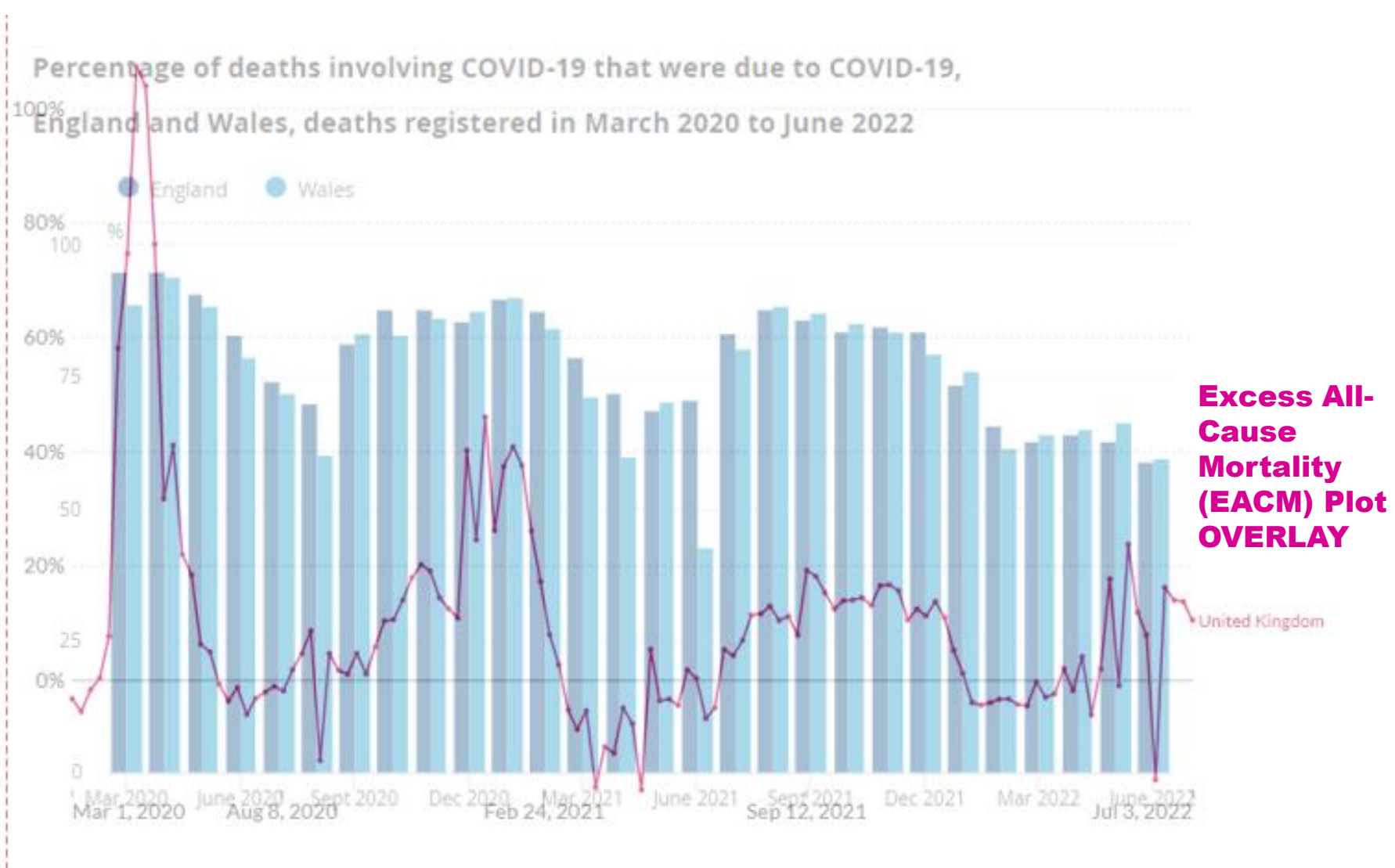
The proportion of deaths due to COVID-19 out of deaths involving ~~COVID-19~~ reached its lowest point since the start of the pandemic in England

Percentage of deaths involving COVID-19 that were due to COVID-19, England and Wales, deaths registered in March 2020 to June 2022



Patterns correlate with nadirs of % of SARS-CoV-2 deaths due to COVID-19 meaning patterns occur around the dates of **peak SARS-CoV-2 toxicity** which were associated with **vaccination**.

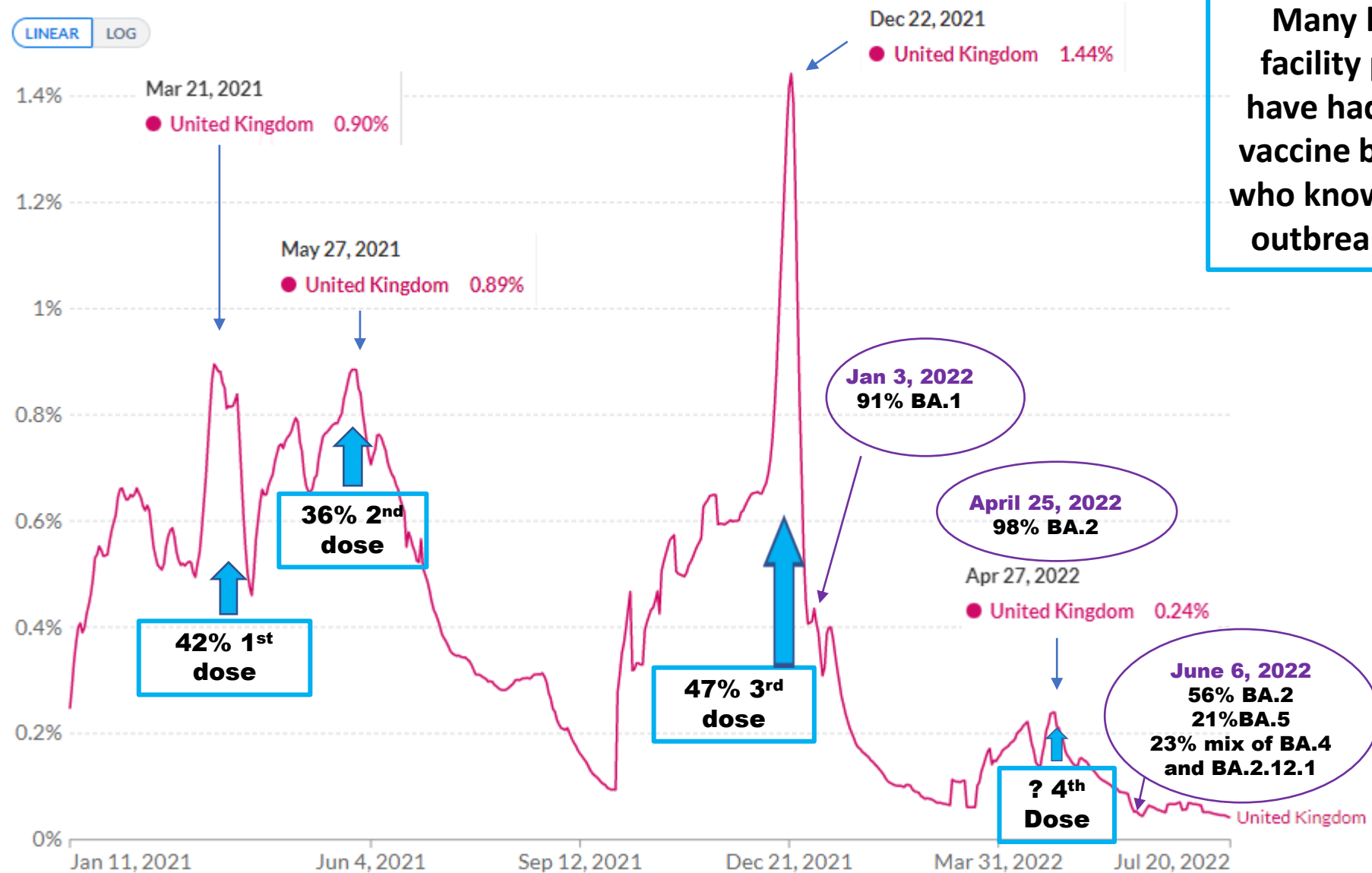
Source: Office for National Statistics - Monthly mortality analysis



In the UK throughout the pandemic, when there was a **Pattern associated with mass vaccination**, this correlated with a lower percentage of SARS-CoV-2+ deceased patients who died due to COVID-19 pneumonia (ie., there was increased SARS-CoV-2 toxicity due to having recently received the mRNA vaccine).

Daily share of the population receiving a COVID-19 vaccine dose

7-day rolling average. All doses, including boosters, are counted individually.

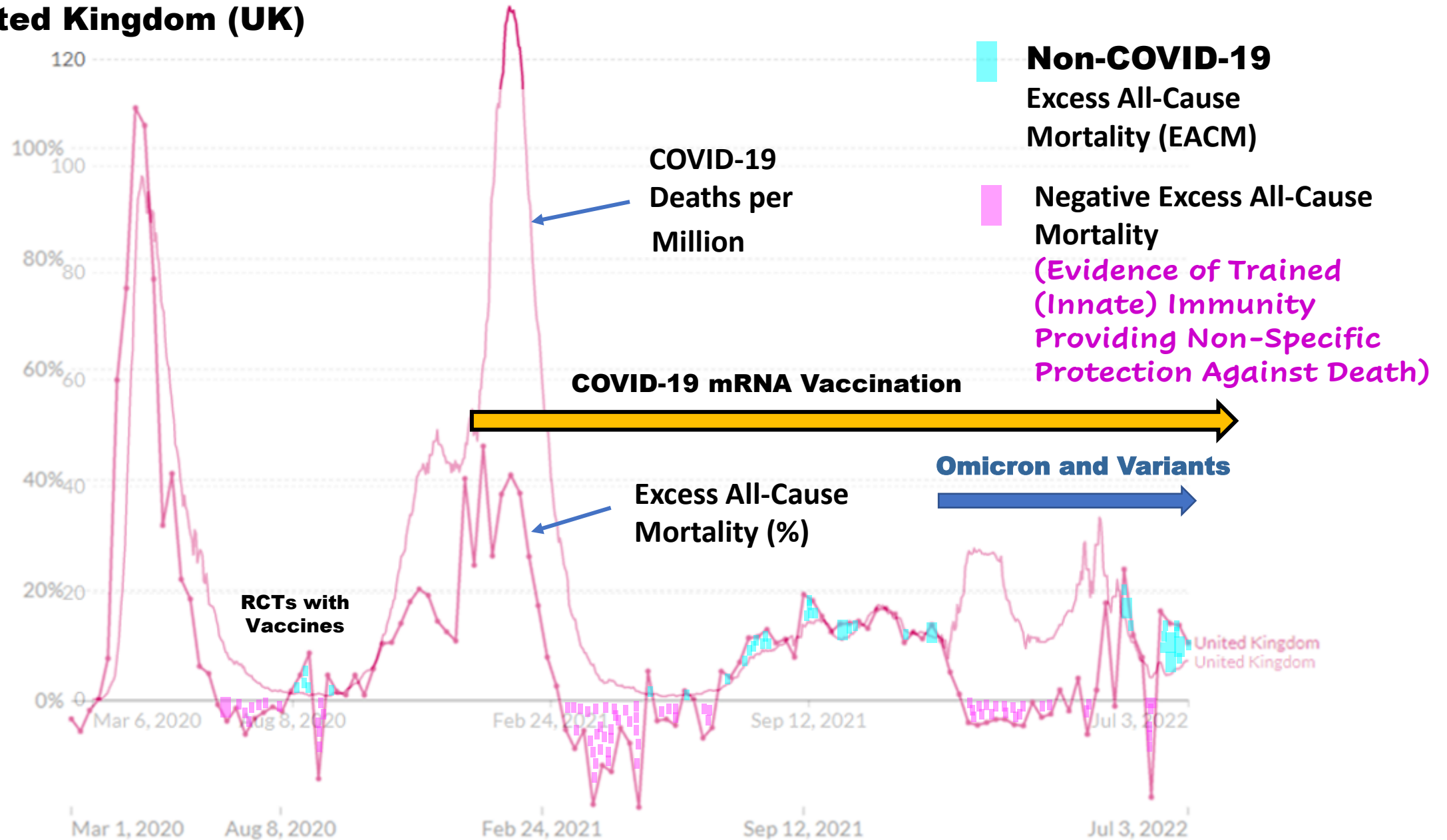


Many long term care facility patients would have had the 4th dose of vaccine by May 2022 and who knows the number of outbreaks experienced.

When the **UK** EACM plot is overlaid on top of the COVID-19 mortality per million people, instances of **negative EACM** can be seen as well as **non-COVID-19 mortality** (see next slide).

The **non-COVID-19 mortality** was even more enhanced around the June 5, 2022 date. **This might be due to toxicity with the mRNA spike vaccines.**

The United Kingdom (UK)



Overlay of the **Excess All-Cause Mortality (% EACM compared to 2015-2019)** over the **COVID-19 deaths per million (7 day moving average)**.

Of the waves in the ‘ **% of SARS-CoV-2 associated deaths with pneumonia**’, the lowest was 59% in June 2022 and this prolonged decrease seemed to have started with the omicron variant, evident with a low **negative EACM** around January 23, 2022 (see next slide). **Interestingly, omicron does not seem to cause as much COVID-19 pneumonia as the alpha strain**¹ and does not appear to block interferon responses.²

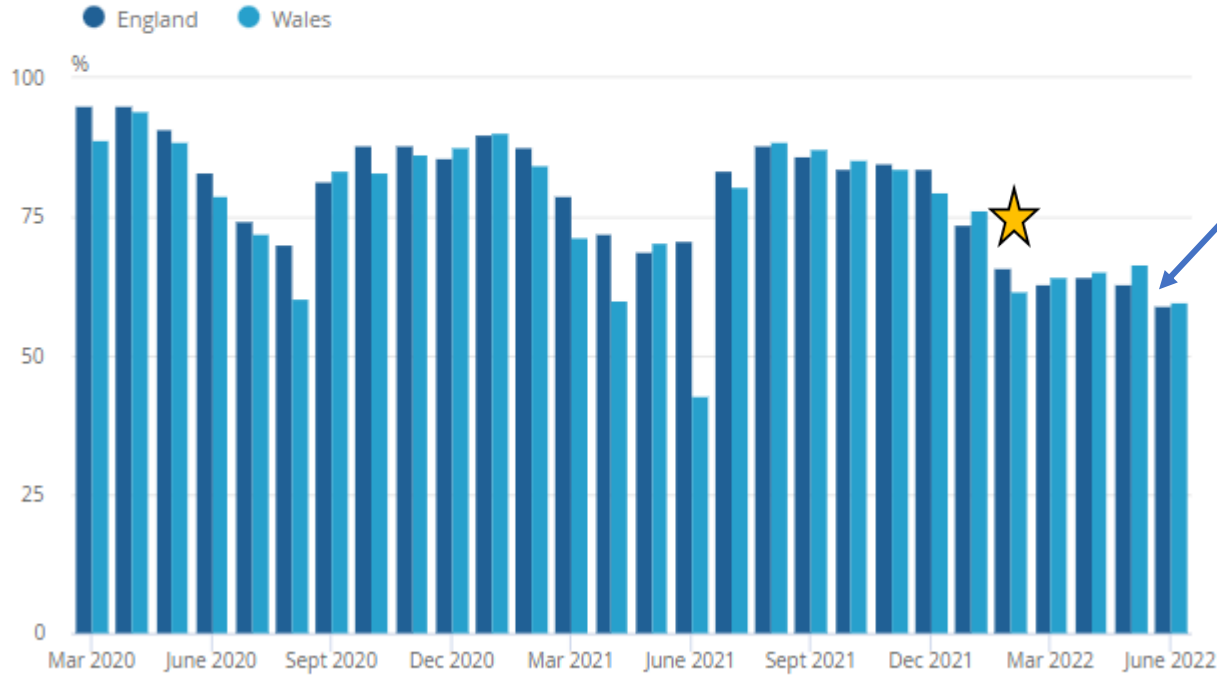
1. Yang N, et al. Clinical and Pulmonary CT Characteristics of Patients Infected With the SARS-CoV-2 Omicron Variant Compared With Those of Patients Infected With the Alpha Viral Strain. *Front Public Health*. 2022 Jul 12;10:931480. doi: 10.3389/fpubh.2022.931480.
2. Alfi O, et al. SARS-CoV-2 Omicron Induces Enhanced Mucosal Interferon Response Compared to other Variants of Concern, Associated with Restricted Replication in Human Lung Tissues. *Viruses*. 2022 Jul 21;14(7):1583. doi: 10.3390/v14071583.

SARS-COV-2

The proportion of deaths due to COVID-19 out of deaths involving COVID-19 reached its lowest point since the start of the pandemic in England

Percentage of deaths involving COVID-19 that were due to COVID-19, England and Wales, deaths registered in March 2020 to June 2022

$$\text{(COVID-19 Pneumonia Deaths/ Total Deaths with a Positive SARS-CoV-2 Test)} \times 100 = \%$$



59% in June 2022

By February 2022, a consistent lowering of the % of SARS-CoV-2 associated deaths with pneumonia (or SARS-CoV-2 toxicity) was reached.

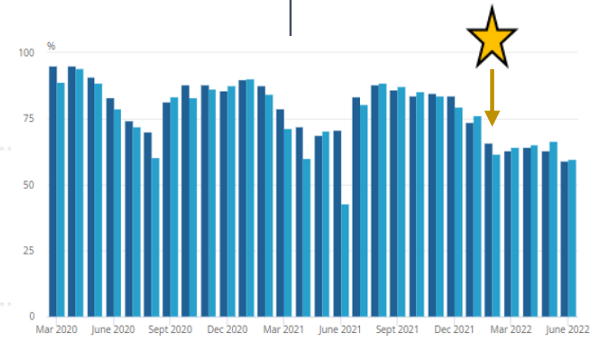
Source: Office for National Statistics - Monthly mortality analysis

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/deaths#deaths-by-age>

Excess mortality: Deaths from all causes compared to projection based on previous years

The percentage difference between the reported number of weekly or monthly deaths in 2020–2022 and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.

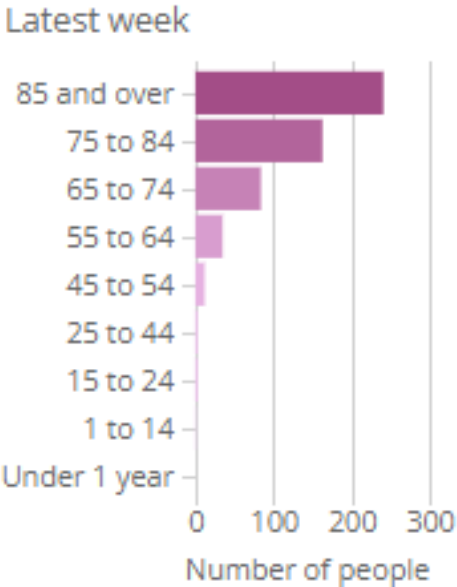
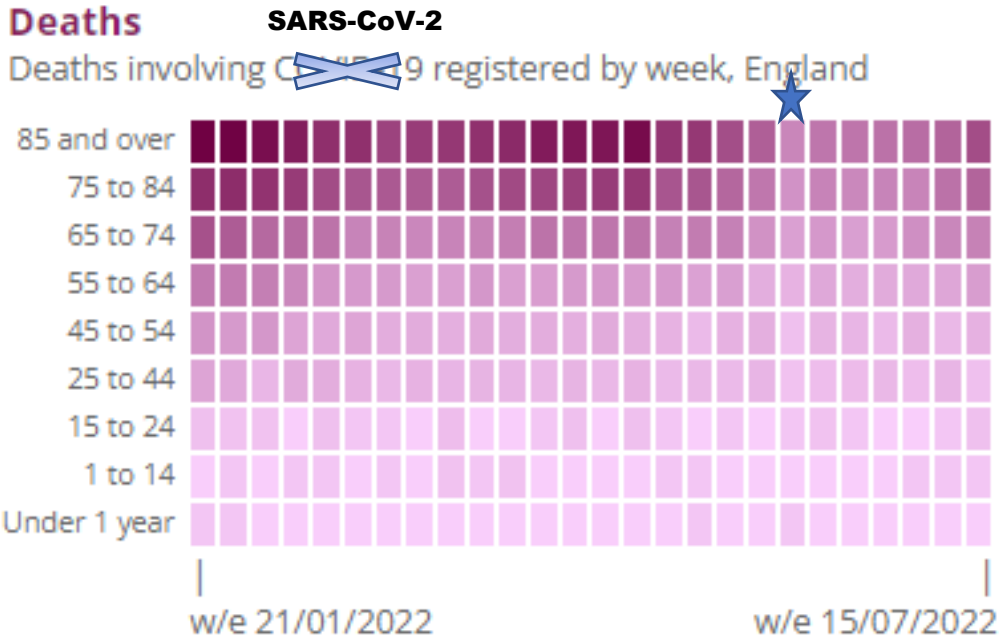
LINEAR LOG



UK Deaths by age

★ Week Ending June 3, 2022

Deaths remain highest for those aged 85 years and over



The week where there were fewer SARS-CoV-2 deaths marked by a blue star (on the left) corresponds to the sharp decline in Excess All-Cause Mortality (ie., **negative EACM**) in the next slide. This means trained (innate) immunity protected against death involving SARS-CoV-2 positivity (with or without pneumonia).

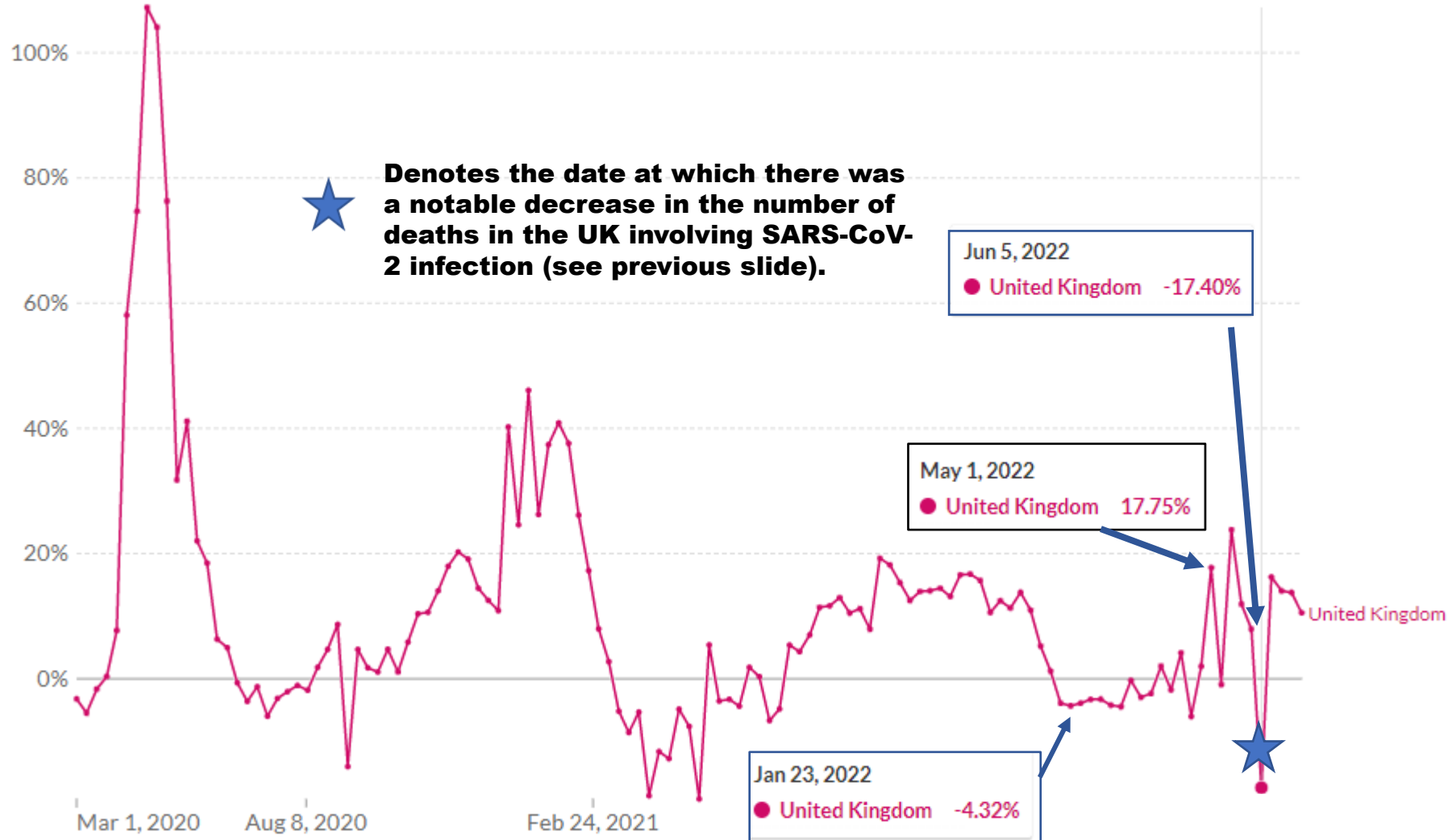
Source: Office for National Statistics

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19latestinsights/deaths#deaths-by-age>

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LINER LOG

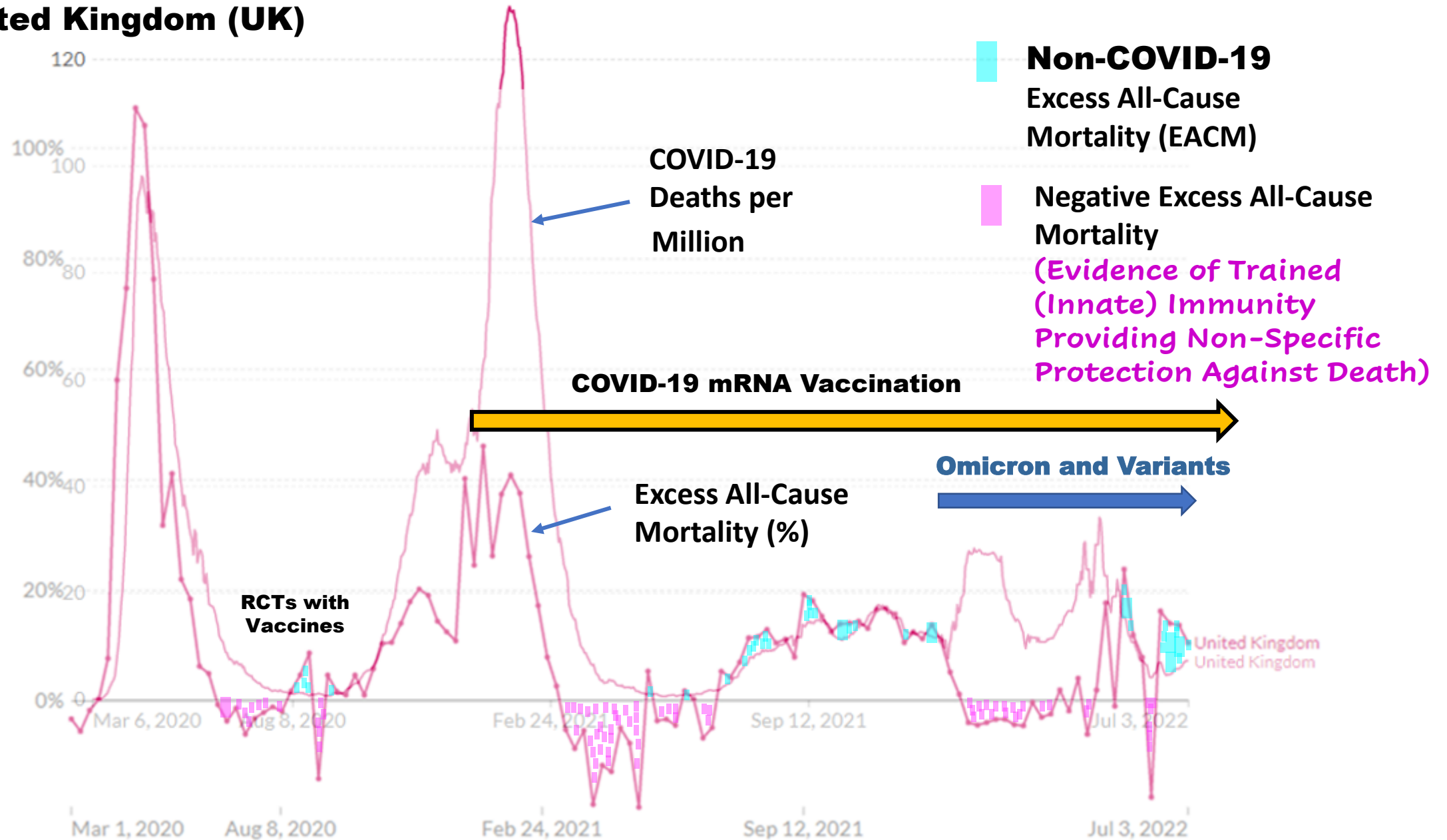


The data in **Slide 12** shows that the non-specific protection by trained innate immunity which generates **a negative EACM** at the population level on June 5, 2022, works well against SARS-CoV-2 associated deaths (with or without pneumonia).

On the other hand, the major instance of **a negative EACM** on June 5, 2022 is bracketed by **non-COVID-19 deaths** around the time of the vaccination profile pattern, **which appears to imply vaccine toxicity may explain the rise in non-COVID-19 deaths and perhaps the SARS-CoV-2 associated non-pneumonia deaths.**

Seniors in long term care facilities may be at higher risk because many have received 4 mRNA doses by June 5, 2022, and they may have been subjected to more natural exposures to SARS-CoV-2 spike than those not living in long term care facilities, given also the extreme infectiousness of the omicron variants.

The United Kingdom (UK)



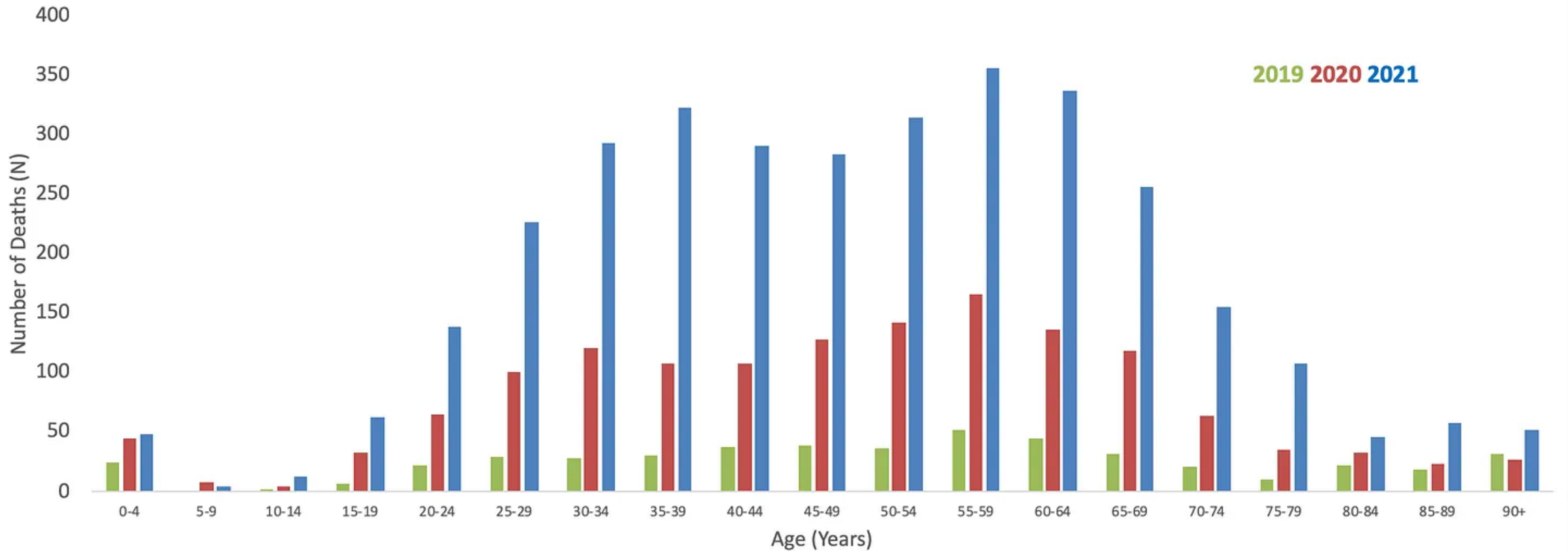
Overlay of the **Excess All-Cause Mortality (% EACM compared to 2015-2019)** over the **COVID-19 deaths per million (7 day moving average)**.

These statistics do not however address sudden adult death syndrome if SARS-CoV-2 testing is not performed, is a false negative or when and if the death is due to mRNA vaccine vector/spike protein toxicity.

Important information on age distribution of the 2021 unknown cause of death for Albertans (Canada) which was the # 1 cause of death for 2021 in Alberta, Canada, was provided by Jessica Rose on July 28, 2022.

We see a notable increase in the unknown cause of death in Alberta, Canada from 2019 to 2020 and even moreso, from 2020 to 2021, across all age groups.

Number of deaths occurring from '240 Other ill-defined and unknown causes of mortality' in the province of Alberta, by year, age, and cause of death. Updated: June 30, 2022 (Source: <https://open.alberta.ca/opendata/deaths-cause-by-gender-and-age>)



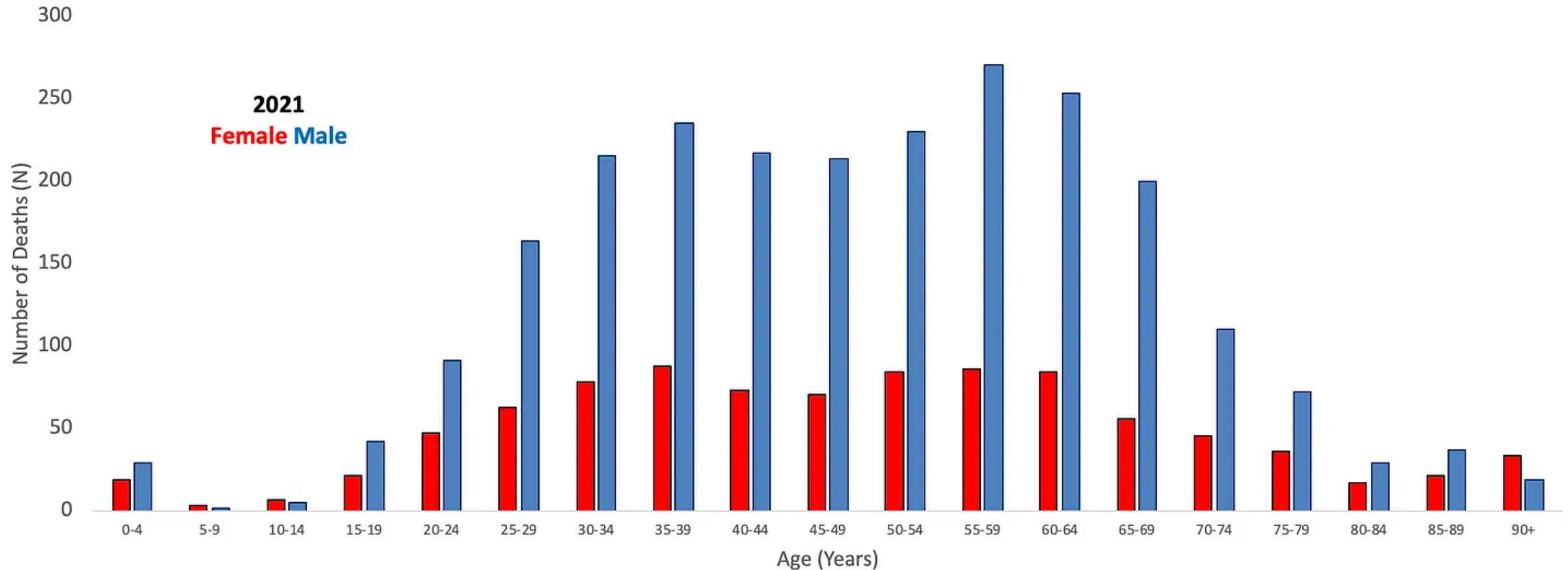
https://jessicar.substack.com/p/does-the-mystery-leading-cause-of?utm_source=email

July 28, 2022

When stratified by sex, males are more susceptible to this mystery leading cause of death than females across the ages in 2021

{For 2016 stats <https://www12.statcan.gc.ca>. Alberta **Males:Females**: Total= **1:1**, 15 to 64 yrs+= **1.02:1** and 65+ = **0.86:1**}.

Number of female and male deaths occurring from '240 Other ill-defined and unknown causes of mortality' in the province of Alberta, by year, age, and cause of death. Updated: June 30, 2022 (Source: <https://open.alberta.ca/opendata/deaths-cause-by-gender-a>)



https://jessicar.substack.com/p/does-the-mystery-leading-cause-of?utm_source=email

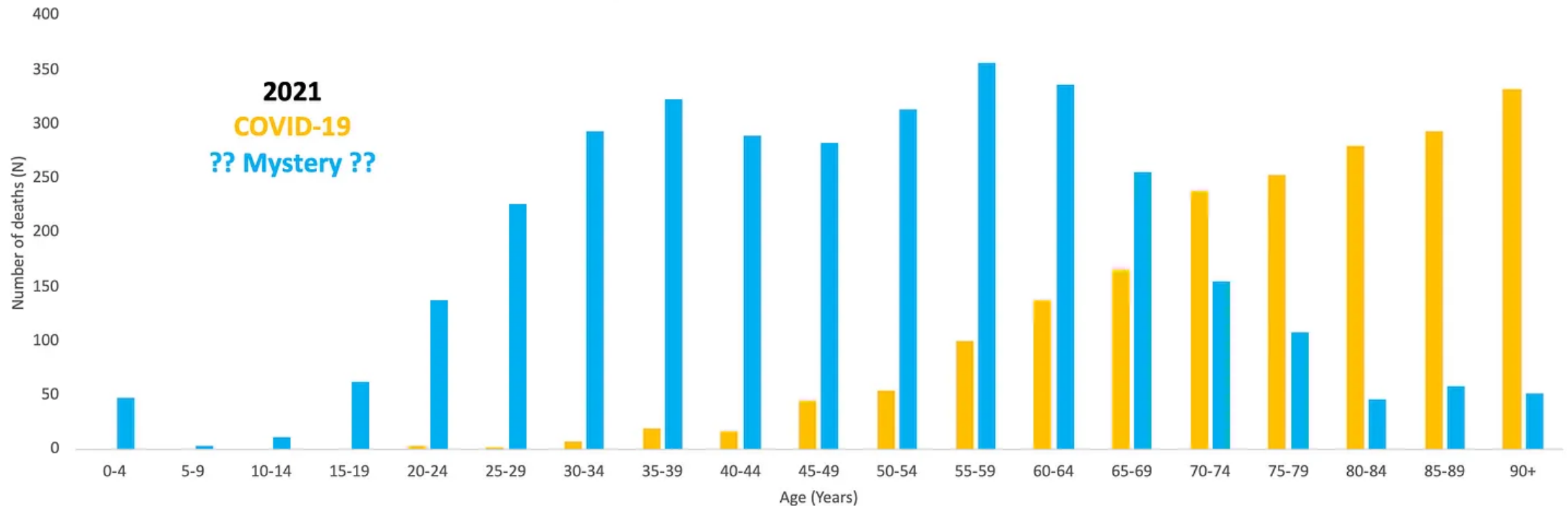
July 28, 2022

Albertans who died and were positive for SARS-COV-2 follows the older age distribution that we saw for deaths involving SARS-CoV-2 for the UK. This suggests that the entity causing the mystery deaths is separate from SARS-CoV-2 infection.

Number of deaths occurring due to "240 Other ill-defined and unknown causes of mortality" or "64 COVID-19, virus identified" in the province of Alberta, by year, gender, age, and cause of death.

Updated: June 30, 2022

(Source: <https://open.alberta.ca/openda>)



https://jessicar.substack.com/p/does-the-mystery-leading-cause-of?utm_source=email

July 28, 2022

What is notably different is the introduction of the **mRNA COVID-19 vaccines** at the start of and throughout 2021 in Alberta. These vaccines represent a new “gene therapy” technology with unknown side effects that were NOT evaluated beyond a few months. The longer-term safety of these mRNA vaccines remains unknown and unproven.

The finding of an increase in the mystery deaths in 2020 in Alberta, suggests that SARS-CoV-2 is in part the culprit. What the mRNA vaccines and SARS-CoV-2 have in common is the **toxic spike protein**. The further increase of mystery deaths in 2021 in Alberta, suggests the lingering of spike protein in the body (at least up to 60 days¹) associated with the mRNA vaccines, places the inoculated (at all ages, but especially males) at increased risk of death.

For more info on spike protein and COVID-19 mRNA vaccine toxicity please see:

1. Seneff S, Nigh G, Kyriakopoulos AM, McCullough PA. Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and microRNAs. Food Chem Toxicol. 2022 Jun;164:113008. doi: **10.1016/j.fct.2022.113008**.

For more information on how to protect oneself please see:

HERV-K102 and Pandemic Responses

The HERV-K Way to Keep Coronavirus (COVID-19) at Bay

How to prevent and reverse immunosenescence to reduce your risks of COVID-19 morbidity and mortality

Dr. Marian Laderoute
Feb 26

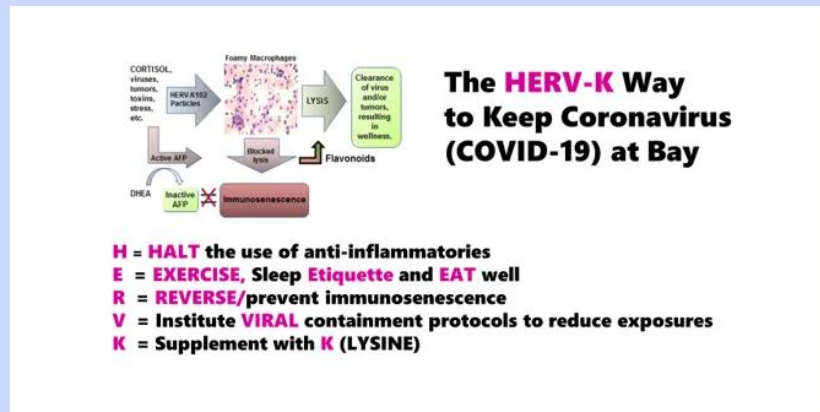


IMAGE: The meaning of the HERV-K acronym.

<https://hervk102.substack.com/p/the-herv-k-way-to-keep-coronavirus>

Kory P, Meduri GU, Iglesias J, Varon J, Cadegiani FA, Marik PE. "MATH+" multi-modal hospital treatment protocol for COVID-19 infection: clinical and scientific rationale. J Clin Med Res. 2022 Feb;14(2):53-79. doi: 10.14740/jocmr4658.

McCullough PA, Alexander PE, Armstrong R, Arvinte C, Bain AF, Bartlett RP, et al. Multifaceted highly targeted sequential multidrug treatment of early ambulatory high-risk SARS-CoV-2 infection (COVID-19). Rev Cardiovasc Med. 2020 Dec 30;21(4):517-530. doi: 10.31083/j.rcm.2020.04.264.

For more information on COVID-9 mRNA vaccine toxicity please see:

Seneff S, Nigh G, Kyriakopoulos AM, McCullough PA. Innate immune suppression by SARS-CoV-2 mRNA vaccinations: The role of G-quadruplexes, exosomes, and microRNAs. Food Chem Toxicol. 2022 Jun;164:113008. doi: 10.1016/j.fct.2022.113008.