

SARS-CoV-2 Task Force: How to increase your Covid-19 immunization capacity

NEW!

Dear Premium Customers,

The latest figures published confirm that virtually all sections of the population – regardless of age bracket or whether they have underlying health conditions – are vulnerable to Covid-19 in all its severity. Individual cases take different courses and progress at different speeds. No two cases of this disease are identical. Sometimes the condition of the patient deteriorates rapidly and unexpectedly only hours after apparently stabilizing; he or she begins to struggle for air, and artificial ventilation has to be applied.

The situation is aggravated by the fact that intensive care units usually try to follow a guideline therapy because they do not have enough information about the individual patient's current state of health; this can have fatal consequences. The number of mistaken decisions taken just keeps on rising. A trial and error strategy in the absence of information about the patient – which is especially common in the USA – can have even graver results, as has been shown by a new study in the Netherlands that examined the possible long-term consequences; these include severe damage to the heart, lungs, liver and kidneys. We believe that this situation will soon be improved by the involvement of A.I. technology, which will help doctors to determine whether a therapy is appropriate or harmful.

Individual strategies are not only necessary for the treatment of Covid-19; they are also essential in developing a preventive immunization strategy against the disease. Standard protocols will not help and may even damage the entire system. As individuals, we all differ greatly in terms of our genetic makeup, our history of previous illnesses, our lifestyle to date, our immune system and other factors.

An individual immunization strategy is all the more important because – according to our current state of knowledge (26/04/20) – a vaccination program capable of being administered to billions of people is unlikely to become available until the end of next year – unless, of course, the researchers manage to land a lucky punch.

At the same time, the question of whether a first infection with coronavirus provides immunity against catching it again is as yet unresolved. The World Health Organization (WHO) finally came round to our way of thinking a few days ago, issuing these words of caution: "There is no evidence that a first infection affords any protection from a second infection." Our prognosis is that herd immunity is more likely to be achieved by a comprehensive vaccination program than by the population enduring a high infection rate.

On the other hand, a recent study conducted at the Berlin Charité hospital shows that patients with antibodies against similar coronaviruses tend to experience milder symptoms or even none at all.

In any case, monitoring SARS-CoV-2 antibodies (as in our Covid-19 Immunization Program) makes absolute sense. As we see it, only ongoing results can be interpreted at present. We do not consider a one-time test for presence of antibodies to be reliable, regardless of the quality of the screening. Moreover, there is only a narrow timeframe in which the test can be reliably performed. Neither infected persons, who do not yet show any symptoms, nor those in a later stage of the disease will necessarily register a positive result.

There is another argument in favor of an individual Covid-19 immunization strategy. We are currently investigating the possible consequences of an Influenza A infection starting in the autumn pairing up with a SARS-CoV-2 infection, a combination that could prove disastrous for our health. We obviously recommend an influenza vaccination for that reason, but we are nonetheless interested in what would happen immunologically in case of a simultaneous infection. Or what would happen in a SARS-CoV-2 infection with the immune system in a weakened state after emerging from a bout of influenza.

An individual Covid-19 immunization strategy has as its objective the maximization of resistance, with the permanent optimization of the immune system, and the minimization of vulnerability, with the continuous reduction of personal risk factors.

In addition to risk factors presented by known pre-existing conditions, our Artificial Intelligence program (S.A.I.P.) has identified almost one hundred additional risk factors in the areas of genetics, epigenetics and biochemistry. In particular, our test panel has been significantly expanded to include the detection of

the key proteins ACE2 and TMPRSS2 which SARS-CoV-2 uses to enter and infect the cells of the lungs, nose, eyes, intestine, heart, kidney and liver.

One such risk factor which would play a major role in an infection is an existing course of medication. Dehydration impairs the functioning of the kidney, and this leads to overdosing with severe consequences, for example of metformin, which is taken by diabetes patients who in any case generally belong to the risk groups that suffer from high blood pressure, overweight, fatty liver and elevated liver/kidney enzyme levels. These need to be kept as low as possible for the eventuality of an infection – the risk of complications and severity is otherwise enormous. This also applies to suboptimal levels in the heart such as fat metabolism disorders, arteriosclerosis, etc. Therefore, all current courses of medication need to be reviewed against the background of a Covid infection. Historical courses of medication against the background of past cytokine storms are likewise enormously important in assessment of the risk.

In reducing risk factors, our Covid-19 immunization program focuses primarily on mitochondrial health. The virus seems to bind to the hemoglobin of the red blood cells and inhibits the binding and transport of oxygen to mitochondria. This would release the iron contained in the hemoglobin and cause FE_3^+ radical formation, blood clotting and high Ferritin levels. The lungs cannot perform the O_2/CO_2 exchange and body cells/organs do not receive the necessary oxygen.

Adenosine triphosphate (ATP) production in mitochondria may fall and a hypoxic state results. The first and last step of new heme production, which is necessary for the creation of new hemoglobin, is performed in the mitochondria.

The immunization program aims to optimize the state of the mitochondria.

Pregnant women also have a strongly increased risk, which is shown by a number of tragic cases, for example the 28-year-old nurse from Bedfordshire (UK) who died in the University Hospital Luton soon after becoming infected there. It shows that not one but two organisms have to be treated. Here, everything that comes under the immune system optimization category applies twice over. This was yet another case in which the condition of the patient initially showed improvement before the symptoms worsened.

The optimization of the immune system is all about ensuring an adequate response to external attack. In the Salvagene Covid-19 immunization program, our Artificial Intelligence program (S.A.I.P.) has been adapted to prioritize the overall events in the covid-19 environment. For more details, see Keynote 16.

Due to the strong demand and our finite resources, the program is for the moment ONLY available to Premium clients. We strongly recommend that Premium clients with a Covid-19 risk factor greater than 1.0 implement the program in full.

Further details can be found on www.salvagene.com.

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