<u>BUZZ CHRONICLES</u> > <u>MATHS</u> <u>Saved by @CodyyyGardner</u> See On Twitter

Twitter Thread by Yardley Yeadon





Sir Desmond is right. SAGE makes mathematical predictions based on flawed models.

I chose to stick my neck out almost 4mo ago here:

https://t.co/b0rT5Lq9HI

I experienced much anxiety doing this, aware that, if I was badly wrong here, I would be destroyed as a contributor.

<u>@DesmondSwayne</u> That said, I thought the immunology so clear that I made three, specific & testable predictions which should apply if I was right.

Please examine them, on the right, under the pie chart:

<u>@DesmondSwayne</u> In particular, I predicted that the epidemic would not reignite in London. Obviously, we have many "cases" but I urge people to disregard these & instead to look at excess deaths, on the principle that a severe (occasionally lethal) respiratory virus would show itself this way.

<u>@DesmondSwayne</u> Here is a chart showing the trend of deaths in London alone over recent years. A prominent peak of deaths is evident as the virus swept through in spring. Also visible the August heatwave. But there are no excess deaths now.

I submit this is a striking example of herd immunity.

<u>@DesmondSwayne</u> I'm still waiting for SAGE or indeed anyone to provide an alternative explanation for the sharp nature of the spring excess deaths peak which doesn't involve herd immunity or otherwise removing from the pool those vulnerable to lethal outcomes (same result). Given this sharp...

<u>@DesmondSwayne</u> ...turning point, which occurred in time too soon after 'lockdown' to have been caused by it, I have wracked my brains & asked dozens of scientists. No one has proffered an interpretation that permits the same population to support a large, growing outbreak of the same virus...

<u>@DesmondSwayne</u> ...again later in the same year. The general rule in immunology is that, upon infection by what I term a 'plain respiratory virus', the subject develops humoral (antibody) & cellular (T-cell mediated) immunity, which is robust & durable. The next time the subject encounters the..

<u>@DesmondSwayne</u> ...same virus, if it's sufficiently soon after the first infection, antibodies may be protective. However if it's later, when circulating antibody levels have decayed, instead memory T-cells afford that protection from illness. Because this prevents much replication of the...

<u>@DesmondSwayne</u> ...virus, such immunity also prevents the immune subject from becoming a source for onward transmission. Hence it was paradoxical & I believe wrong for Van Tam yesterday to assert that "vaccines would protect vs severe illness but might not diminish transmission". I'd expect...

<u>@DesmondSwayne</u> ...the opposite: that, if vaccines had some protective effect, it'd first be apparent by reducing transmission but might not be completely protective vs severe illness. Turning back to the my article "What SAGE Got Wrong" (which was drafted in Sept & published mid-Oct), I...

<u>@DesmondSwayne</u> ...made a number of predictions based on my understanding of the position & contrasted what should happen if SAGE's pronouncements were instead correct. By inspection, it is clear I was correct in all particulars. I've mentioned lack of a major outbreak in London. Recall that...

<u>@DesmondSwayne</u> ...in spring, London was the national epicentre, with several hundred deaths per day at peak. SAGE asserted that "sadly, the vast majority of the population remains susceptible to the virus". I knew that was impossible based merely upon the shape of the excess deaths curve.

<u>@DesmondSwayne</u> But more than that, but consonant with it we had, by then, seen a dozen good quality, peer-reviewed journal articles from respected groups in top publications like Science & Nature, all of which showed prominent, PRIOR immunity to SARS-COV-2, in people who'd never seen the...

<u>@DesmondSwayne</u> ...virus. Two of those papers dissected the immune recognition involved & showed conclusively that shared regions of SARS-COV-2 & some endemic, common cold producing endemic coronaviruses were responsible for prior T-cell immunity. Taking all the published literature on this...

<u>@DesmondSwayne</u> ...topic together, it is clear that something between 30% & 60% of us already had immunity to the new virus. I'm inclined to take around 50% as most likely now that several other papers have emerged, higher than I'd thought back in September. On the other hand, I'd over-

<u>@DesmondSwayne</u> ...estimated the proportion of the population who'd by then been infected, because I used too low an estimate for 'infection fatality ratio', failing to take account of our older population (Dr John Ioaniddes work here is seminal). The combination though of greater prior immunity

<u>@DesmondSwayne</u> ...& lesser infected & recovered (and therefore immune) people leads us to the same place, based on the immunology: that there are too few remaining susceptible people to permit a large, consolidated & growing outbreak of the same virus (aka herd immunity).

I also predicted...

<u>@DesmondSwayne</u> ...that excess deaths would be distinctly regional because not all regions had been as intensely infected as was London by the time the seasonality aspect contributed to termination of the outbreak. Sure enough, students of Joel Smalley's careful work shows precisely this.

<u>@DesmondSwayne</u> If you look at his 'Questions for MPs' presentations, it is clear that the bulk of the covid19 deaths in late autumn & winter came from geographies less involved in spring, right down to subregional levels. Finally, I predicted that any excess deaths from the virus would show...

<u>@DesmondSwayne</u> ...themselves by rising much more slowly than in spring, because the aggregate of mini-outbreaks each have the classic Gompertz curves but the mean of these, uncoordinated in time across separated geographies, has a lower gradient than the much more highly coordinated picture...

@DesmondSwayne ... of spring.

But what of SAGE's predictions? If they were right & 93% were still susceptible, we'd expect a very similar pattern of lethality as in spring. London would be a very prominent contributor. Most regions would again be hit. The evident excess deaths would appear in...

<u>@DesmondSwayne</u> ...a coordinated manner, giving rise to a sharp 'spike' in excess deaths. None of these three things occurred. SAGE therefore was definitely wrong. Whether my predictions were spot on for the precise reasons I gave or for other reasons is for others to judge. Lockdown fans...

<u>@DesmondSwayne</u> ...will doubtless point to the claimed 'covid19 deaths' recently and say "Yeadon is wrong". I respectfully ask you to notice that these deaths are merely attributed to the virus & this was done purely on the basis that they'd had a positive PCR test in the preceding 28d. But...

<u>@DesmondSwayne</u> ...if the attribution was correct, those 'covid19 deaths' would be additional to deaths from all other causes. They are not: as claimed covid19 deaths have risen, deaths from other causes has fallen, including deaths from the most common causes, ones which cannot really fall...

<u>@DesmondSwayne</u> ...as a result of reduced activity (such as road traffic deaths). I cannot think of a clearer example of misattribution than this. Again, please see Joel Smalley's analysis of publicly available data. I submit that the majority of these recent 'covid19 deaths' are misattributed.

<u>@DesmondSwayne</u> I don't blame physicians in this narrow sense, in that they're driven by the 28d rule to assign covid19 as the or a cause of death, even if the deceased showed no signs consistent with viral respiratory death (typically pneumonia). I further submit that, far from deaths from...

<u>@DesmondSwayne</u> ...all other causes being lower that the mean of the last 5 years (surely this stretches everyone's credulity beyond breaking point? His can reduced access to the NHS for 9mo be associated with fewer deaths?), they really are GREATER. So the claimed 'covid19 deaths' are...

<u>@DesmondSwayne</u> ...properly to be reduced both by the claimed decrement in all other causes AND by an unknown amount due to reduced access to the NHS PLUS severe persistent stress from the situation. Without overdoing this point at all, the number of daily deaths from what does look like...

<u>@DesmondSwayne</u> ...respiratory virus infection is then the same as, or lower than, the daily numbers if of deaths from influenza in an average winter. There's nothing much left to explain.

The dominant reason for misattribution, positive PCR test results are, IMO, completely untrustworthy.

<u>@DesmondSwayne</u> This article attempts to explain the sources of error in PCR mass testing: <u>https://t.co/7tdvEaNSvN</u> Potential for integrity destroying cross contamination exists. Those running these private 'Lighthouse Labs' simply will not engage in courteous discourse & instead, despite being..

<u>@DesmondSwayne</u> ...university professors, resort immediately to what's best described as potty-mouthed insults. It's generally the case that those with no real foundations resort to such tactics. What's beyond doubt is that any valid test has been characterised by independent 3rd parties.

<u>@DesmondSwayne</u> However, no one has been permitted to inspect or to even see assessments of the operational false positive rate for the tests as configured. Such a test, lacking the absolutely required characterisation, should NOT be in use at all.

If anyone wants to rely on results from...

<u>@DesmondSwayne</u> ...such a facility, be my guest. But I've long ago decided to discount all their results & claims that there are masses of "cases" daily, on the basis of which the country is progressively being placed into something approaching house arrest. Do note though, that on every one...

<u>@DesmondSwayne</u> ...of half a dozen or more occasions, where recent results from PCR mass testing have been checked, they have always been shown to have greatly exaggerated the position. Instead, re-checking with PCR or testing with rapid antigen tests always show far lower prevalence. Finally,

<u>@DesmondSwayne</u> ...I can only point out that people like me, Joel Smalley, Dr Clare Craig, Dr Jonathan Engler & others have absolutely no influence on what is happening in our country. Do not wait for us to shake the politicians into wakefulness. Many of them already know that what I've told...

<u>@DesmondSwayne</u> ...you here is broadly correct & that what SAGE is advising is way off base. I know this because they've told me so (recall we sent a short briefing to 650 MPs & 400 members of the Lords prior to the 'It'll end in Tiers" vote. We also spoke at length to some MPs. So they do know.

<u>@DesmondSwayne</u> I do not understand the political process but this episode has shown me the distinct limits of what I can do which, beyond what I've already done, is absolutely nothing. If you like me want dearly to rescue your country before it is irreversibly damaged by madcap responses,

<u>@DesmondSwayne</u> ...,guided by SAGE (for whatever motives, about which I never speculate, because it's not a science at all) then YOU the people must find ways to force politicians to pay attention & to alter course. I don't know how to do that, but it is essential. Good luck to us all!

@DesmondSwayne @threadreaderapp unroll