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New study on Covid-19

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Abstract

The study focused on the subject of COVID is based on the possibility of assuring the prevention of serious clinical onset in cases of exposure to SARS CoV2, performing, alternatively to vaccination, a periodic self-prophylaxis of neutralizing Ig antibodies from previous passive / or active prophylaxis against spike protein of SARS CoV2.

Keywords: Anti-Covid Vaccination; Hyperimmune Plasma; Anti-Covid Antibodies; Neutralizing Ig

1. Introduction

The hyperimmune plasma containing the neutralizers has no effect on the sick but otherwise has full anti-infection efficacy, so much so that it would ensure the human body is protected from any clinical risks following infection, in the same way as the vaccine behaves.

2. Results and Discussion

The global approach against COVID-19 consist in ensuring that humans can possess an army of neutralizing antibodies, to avoid serious clinical onsets if exposed to the SARS CoV2 virus responsible for COVID-19.

This can be induced with recovery from a previous COVID19 infection, or after the administration of the second or third dose of the specific vaccine.

In both cases about 28/40 days after exposure to the virus or the vaccine, the body already has neutralizing antibodies against covid, in most cases.

"An important condition is the one that which today has allowed us to understand that the antibody titer does not protect us from the potential risk of contagion but from the risk of serious clinical onsets such as to need hospitalization".

We've learned that the immune response to vaccination guarantees the presence of immunization antibodies around 4/6 months [1].

Hence the reason to resort to the booster, known today with the abbreviation name of "third dose".

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This recall guarantees the re-stimulation of the production of neutralizing antibodies. Therefore, taking these data into account, we either imagine a perpetuation of vaccinations until we eradicate the virus or create that famous "mass immunization".

Regarding the immune response against SARS CoV2, it is important to remember that exist a difference of gender between men and women.

Indeed, women demonstrate a greater immune response, and this seems to be attributable to the effect of the higher amount of ACE2 receptor present in women compared to men.

Considering that COVID-19 uses the bond with ACE2 to get into cells, and since this receptor is extensively present in women, this condition guarantees a good function of the body, despite the portion linked to the virus, otherwise in the male sex, which unfortunately is almost completely linked by the virus, conditioning the male organism to the almost certain disease [2].

We have seen that at the beginning of Covid the ill were treated with experimental protocols and hyperimmune plasma but the second one had no effect on an already seriously ill body, as much that this technique was eliminated. Moreover, the same scientific publications have confirmed that the hyperimmune plasma containing the neutralizers has no effect on the ill ones [3, 4].

On the contrary, hyperimmune plasma is fully effective in preventing any contagion from clinical beginnings, to ensure that the human body is protected from any clinical risks following infection, in the same way as the COVID-19 vaccine behaves.

At this point we could say that the concept of the vaccine can be easily replaced with the administration of neutralizers. All of us, especially in this moment that the Omicron variant is infecting most people including those vaccinated even with three doses, are in possession of these neutralizers: once verified their presence, by going to a transfusion center, by plasmapheresis (very simple and usual activity) [5], we can get the transfusion of our own hyperimmune plasma bag (640ml) in one hour or divided into two bags, as is usually done with 2 bags (320ml) of neutralizers, without the incompatibility risk or biological risk. These plasma bags must be frozen within six hours, into freezers that nowadays are abundantly suitable even at home.

Indeed, the optimal temperatures dictated by scientific studies for plasma freezing confirm that it can be stored at temperatures below -25 ° C for up to 24 months, between -18 ° C and -25 ° C for 3 months; between -25 ° C and -40 ° C for 6 months [6]. Therefore, with this procedure, the bags of our plasma containing the neutralizing antibodies could be stored in the home freezer without restriction.

At the expiration of the green pass, which usually coincides with the potential lowering of neutralizers, the individual, by going to any private laboratory / clinic, will deliver the bag that will be thawed by putting it in incubators set at 37°C (optimum defrosting) and then will make a simple infusion intravenous in the same way as a glucose by administering a single 320 ml bag of neutralizing antibodies.

Consequently, the laboratory / outpatient clinic will issue a certification of successful infusion and will update the green pass for additional six months, so for the second time thus covering a herd immunization within 12 months. This method would guarantee a peaceful collective involvement that is going to avoid the continuation of vaccine administrations, condition that eliminates both the rare but present neurological risks and the rare but registered risks of haemorrhagic strokes [7,8].

Another important data is that the plasma won't be donated to others, therefore there wouldn't be public health costs, nor problems related to the compatibility of the blood between the cured person and the cured person because they are the same person.

3. Conclusions

Self-immunization against covid is possible. It is based "on the periodic self-prophylaxis of neutralizing Ig against the spike protein of SARS CoV2". However, it is essential to be vaccinated. This "would make it possible to achieve the much-vaunted herd immunization" without resorting to continuous vaccinations.

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