

Dear Professor Robson:

As a mucosal immunologist I understand why none of the Covid-19 shots in the arm, viz induction of systemic immunity (whether mRNA or subunits) can possibly protect against common cold/flu -type respiratory tract infections. For a man of your standing I am astounded at your ill-informed medical advice to a trusting public. Your article in *The Australian* today (attached) astounds me by your lack of basic immunological medical knowledge - which is in fact embedded in immunology textbooks (at least 40 or more years).

I have sent copies of this short letter to some in the media and my friends and colleagues.

I am a biomedical scientist and immunologist with many years research experience in the relevant areas (mucosal immunology, molecular and cellular immunology and antibody diversity mechanisms and evolution of the immune system) - and I am writing to communicate the latest consensus in understanding how and why a 'jab-in-the-arm' of any current protein subunit or mRNA expression vector vaccine antigen does not protect against, or curtail transmission of, seasonal or pandemic Flu, Covid or related respiratory tract viral or bacterial pathogens that enter via the oral-nasal portal (e.g. RSV, whooping cough).

Through to the middle of 2021 when the vaccine roll out was well advanced in northern hemisphere infected zones experiencing Covid-19 epidemics the epidemiology data showed no protection anywhere against catching Covid-19 [1].

We published several papers that discussed why such 'jabs-in-the-arm' shots would not raise appropriate immunity, and could not protect the respiratory tract against Covid infections – pathogens coming in via the oral-nasal portal of entry [2,3]. That sort of immunity requires local mucosal induction of immunity , both adaptive non-complement fixing secretory IgA immunity and also elevation of “trained” non-specific Innate Immunity, as recent key experiments now further attest [4,5,6].

At this time, and also earlier, it was becoming increasingly apparent to us and many other experts in the area that Covid-19 itself was a genuine global pandemic of a mild

common cold coronavirus, affecting principally the very old and infirmed co-morbid patients (in Victoria in 2020 the median age at Covid-associated death was 84 yr [2]).

However, the most important development very much relevant to your perspective as an man of medicine and an assumed infectious diseases expert has been the key report by recent long standing National Institutes of Health infectious diseases director Dr Anthony Fauci and his epidemiology and immunology colleagues, which was published in January 2023 in *Cell Host & Microbe* [7]. That paper clearly shows that all our conclusions and deductions mentioned above from the available data are correct. Indeed, the Morens, Taubenberger, Fauci paper is a clarion call for a complete rethink of current vaccination policy and strategy for seasonal colds and flus. The whole paper should be read carefully by you and your colleagues – the concluding paragraph of this milestone paper reads:

“Past unsuccessful attempts to elicit solid protection against mucosal respiratory viruses and to control the deadly outbreaks and pandemics they cause have been a scientific and public health failure that must be urgently addressed. We are excited and invigorated that many investigators and collaborative groups are rethinking, from the ground up, all of our past assumptions and approaches to preventing important respiratory viral diseases and working to find bold new paths forward.”

I urge you to carefully read Morens, Taubenberger, Fauci, to take their advice on board and thus advise the trusting Australian public accordingly through your influential position at the ANU Medical School and publication access in *The Australian*. As you do this please be aware there is another big issue that you have not addressed- the voluminous data now available on how dangerous these particular mRNA shots are to human health that could help explain the now widespread vaccine hesitancy since the Covid pandemic (which I have to assume your article is addressing). And with respect to very young children the global epidemiology data from the developed world is rock solid, very depressing and has been available for at least 15 years - thus vaccination across 30 advanced industrialised countries (irrespective of antigen specificity) of new born babies in the first year of life strongly suggests (in a regression analysis) that increased numbers of vaccine doses actually causes Sudden Infant Death Syndrome [8]. There are profound implications arising from that global study which I could expand on at some length, re need for a NDIS program in Australia, addressing the alarming steady rise of autistic spectrum disorders and other developmental health disorders over the past few decades.

I am very disappointed that an AMA leader as yourself is really spreading the wrong advice to a trusting public, what I would class as both misinformation and disinformation. I urge you as a man of medicine to urgently address these issues in the pages of *The Australian*. I also urge you to read the latest issue of *Quadrant* and the article by our senior clinical gastroenterologist and mucosal immunology colleague from University of Newcastle Professor Robert Clancy(“ Covid and the Sounds of Silence”).

Sincerely

Ted Steele

1. Subramanian SV, Kumar A. (2021) **Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States.** *Eur J Epidemiol* 36: 1237-1240. <https://doi.org/10.1007/s10654-021-00808-7>

2. Lindley RA, Steele EJ. (2021) **Analysis of SARS-CoV-2 haplotypes and genomic sequences during 2020 in Victoria, Australia, in the context of putative deficits in innate immune deaminase anti-viral responses.** *Scand J Immunol.* 2021; 94, e13100 <https://doi.org/10.1111/sji.13100>

3. Gorczynski RM, Lindley RA, Steele EJ, Wickramasinghe NC 2021 **Nature of Acquired Immune Responses, Epitope Specificity and Resultant Protection from SARS-CoV-2.**

J. Pers. Med. **2021**, 11(12), 1253; <https://doi.org/10.3390/jpm11121253>

4. Xiao Y, Lidsky PV, Shirogane Y, Aviner R, Wu CT, et al. (2021) **A defective viral genome strategy elicits broad protective immunity against respiratory viruses.** *Cell* 184: 6037-6051. DOI: [10.1016/j.cell.2021.11.023](https://doi.org/10.1016/j.cell.2021.11.023)

5. Oh JE, Song E, Moriyama M, Wong P, Zhang S, et al (2021) **Intranasal priming induces local lung-resident B cell populations that secrete protective mucosal antiviral IgA.** *Science Immunology* 6: eabj5129. DOI: [10.1126/sciimmunol.abj5129](https://doi.org/10.1126/sciimmunol.abj5129)

6. Afkhami S, D'Agostino MR, Zhang A, Stacey HD, Marzok A, et al. (2022) **Respiratory mucosal delivery of next-generation COVID-19 vaccine provides robust protection against both ancestral and variant strains of SARS-CoV-2.** *Cell* 185: 896–915. DOI: [10.1016/j.cell.2022.02.005](https://doi.org/10.1016/j.cell.2022.02.005)

7. Morens DM, Taubenberger JK, Fauci AS (2023) **Rethinking next-generation vaccines for coronaviruses, influenzaviruses, and other respiratory viruses** . *Cell Host & Microbe*. 31: 146- 157, Jan 11 2023. <https://doi.org/10.1016/j.chom.2022.11.016>

8. Miller NZ and Goldman S. (2011) **Infant mortality rates regressed against number of vaccine doses routinely given: Is there a biochemical or synergistic toxicity?** *Human Experimental Toxicology*, 30: 1420–1428
DOI: [10.1177/0960327111407644](https://doi.org/10.1177/0960327111407644)

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