



Jan B. Hommel

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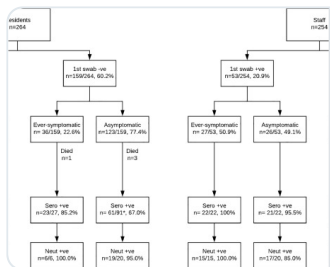
Ai ai ai... Hugo toch... [@hugodejonge](https://twitter.com/hugodejonge)

Daar gaat je glanzende politieke carrière...

Dit is tot nu toe misschien nog wel het allerslechtste nieuws dat je kon krijgen.

Het wordt geen leuke zaterdagavond voor je, vrees ik.

Lees maar weer mee:



High prevalence of SARS-CoV-2 antibodies in care homes affected by COVID-19: Pros... RT-PCR provides a point prevalence of SARS-CoV-2 infection but significantly underestimates total exposure in outbreak settings. In care homes experiencing large COVID-19 outbreaks,...

[https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(20\)30341-2/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(20)30341-2/fulltext)

"Nursing and residential homes have been disproportionately affected by COVID-19 with high rates of hospitalisations and deaths among residents."

"London, England, was one of the most affected cities and large outbreaks associated with high case fatality rates (CFR) among residents were reported in London care homes."

"We found that 40% of residents (105/264) and 21% of staff (53/254) had confirmed SARS-CoV-2, with half of both groups remaining asymptomatic throughout the surveillance period."

Het overzicht van de studie:

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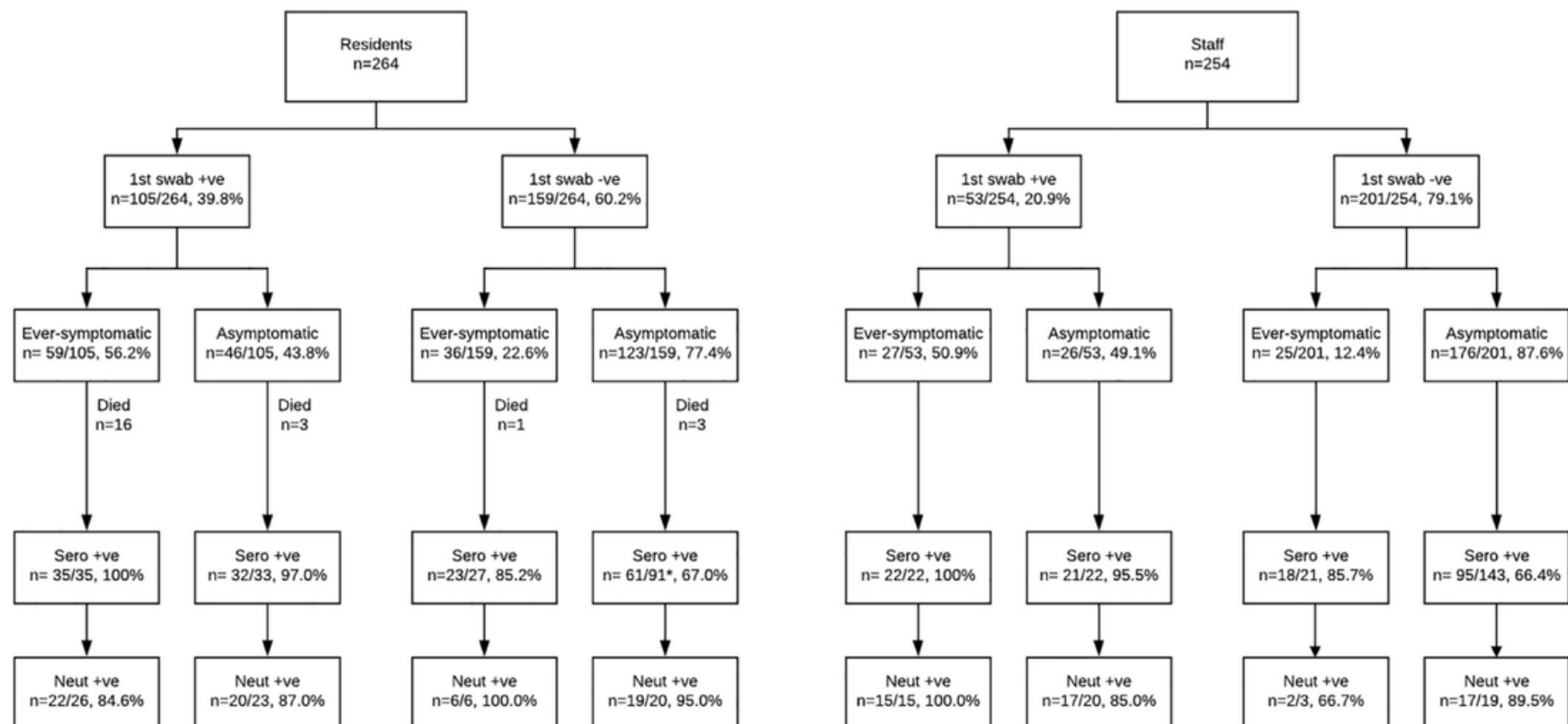


Fig. 1. Flow diagram of residents and staff in 6 London care homes experiencing a COVID-19 outbreak during the pandemic who consented to follow-up testing including blood sampling for SARS-CoV-2 antibodies four to six weeks later. 'Ever-symptomatic' indicates that symptoms were experienced at some point during the follow-up period.

*Three individuals in this group became SARS-CoV-2 PCR positive at follow-up RT-PCR testing conducted simultaneously with SARS-CoV-2 antibody testing.

"SARS-CoV-2 seropositivity for the cohort was 77.9% (95%CI, 73.6-81.7%). Seropositivity was associated with being symptomatic and SARS-CoV-2 RT-PCR nasal swab positive at the initial test."

"Thus, 186 of the remaining 241 residents consented to SARS-CoV-2 antibody testing and 81.2% (151/186) were seropositive."

"Of the 186 residents for who convalescent serological analysis was available 35 had been symptomatic and RT-PCR positive during the initial testing period; all were SARS-CoV-2 antibody positive."

"For the residents who were RT-PCR positive but remained asymptomatic throughout the outbreak, 97.0% (32/33) were SARS-CoV-2 antibody positive."

"Of the 118 residents with convalescent serology who had tested RT-PCR negative initially, seropositivity was 85.2% (23/27) in those who had been symptomatic during the outbreak and 67.0% (61/91) in residents who remained asymptomatic."

"Among the 254 staff members involved in the initial investigation, 208 consented to additional investigations and 75.0% (156/208) were seropositive."

"All of those who were SARS-CoV-2 RT-PCR positive at initial testing and symptomatic during the outbreak were positive for SARS-CoV-2 antibodies (22/22), as were 95.5% (21/22) of RT-PCR positive asymptomatic staff."

"Of the 164 staff members with convalescent serology who were SARS-CoV-2 RT-PCR negative at the initial test time point 21 experienced COVID-19 compatible symptoms

"The remaining 143 SARS-CoV-2 PCR negative staff undergoing serological analysis remained asymptomatic throughout the surveillance period; 95 (66.4%) were SARS- CoV-2 antibody positive."

Nog een overzicht:

Table 1

Demographics of care homes cohort and seropositivity by group: percentage and 95% confidence intervals shown. Statistical analysis using Fisher's exact test^(f) and Chi-square test of proportions^(c), p values as shown.

	n	% total	Seropositive (n)	(%)	95% CI
Overall	394	100	307	77.9	73.6 - 81.7
Sex					
Male	95	24.1	73	76.8	67.4 - 84.2
Female	299	75.9	234	78.3	73.2 - 82.6
p value ^(f)				0.78	
Age group					
19–39	66	16.8	49	74.2	62.6 – 83.3
40–59	113	28.7	88	77.9	69.4 – 84.5
60–79	71	18.0	52	73.2	61.9 – 82.1
>80	144	36.5	118	81.9	74.9 – 87.4
p value ^(c)				0.43	
Residents and Staff					
Residents	186	47.2	151	81.2	75.0 - 86.1
Staff	208	52.8	156	75.0	68.7 - 80.4
p value ^(f)				0.15	
Symptoms at any time during first test period					
Symptomatic	105	26.6	98	93.3	86.9 - 96.7
Asymptomatic	289	73.4	209	72.3	66.9 - 77.2
p value ^(f)				<0.0001	
First round PCR results					
1st PCR +	112	28.4	110	98.2	93.7 - 99.7
1st PCR -	282	71.6	197	69.9	64.3 - 74.9
p value ^(f)				<0.0001	

En dit maakt nog meer duidelijk:

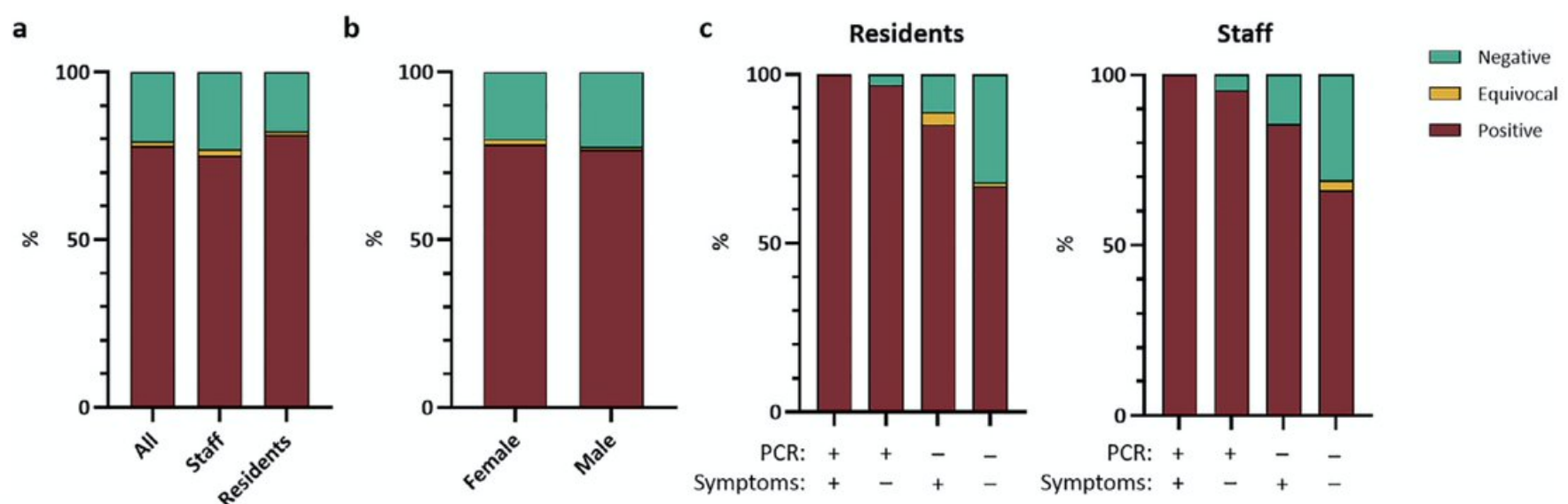


Fig. 2. Proportion of indicated study populations with positive (maroon), equivocal (yellow) or negative (green) native viral antigen lysate assay. a) Seroconversion for all cohort and staff and resident sub groups. b) Seroconversion by sex for whole cohort. c) Seroconversion by acute RT-PCR result and presence of symptoms for residents and staff. All $N = 394$; Staff $N = 208$; Residents $N = 186$.

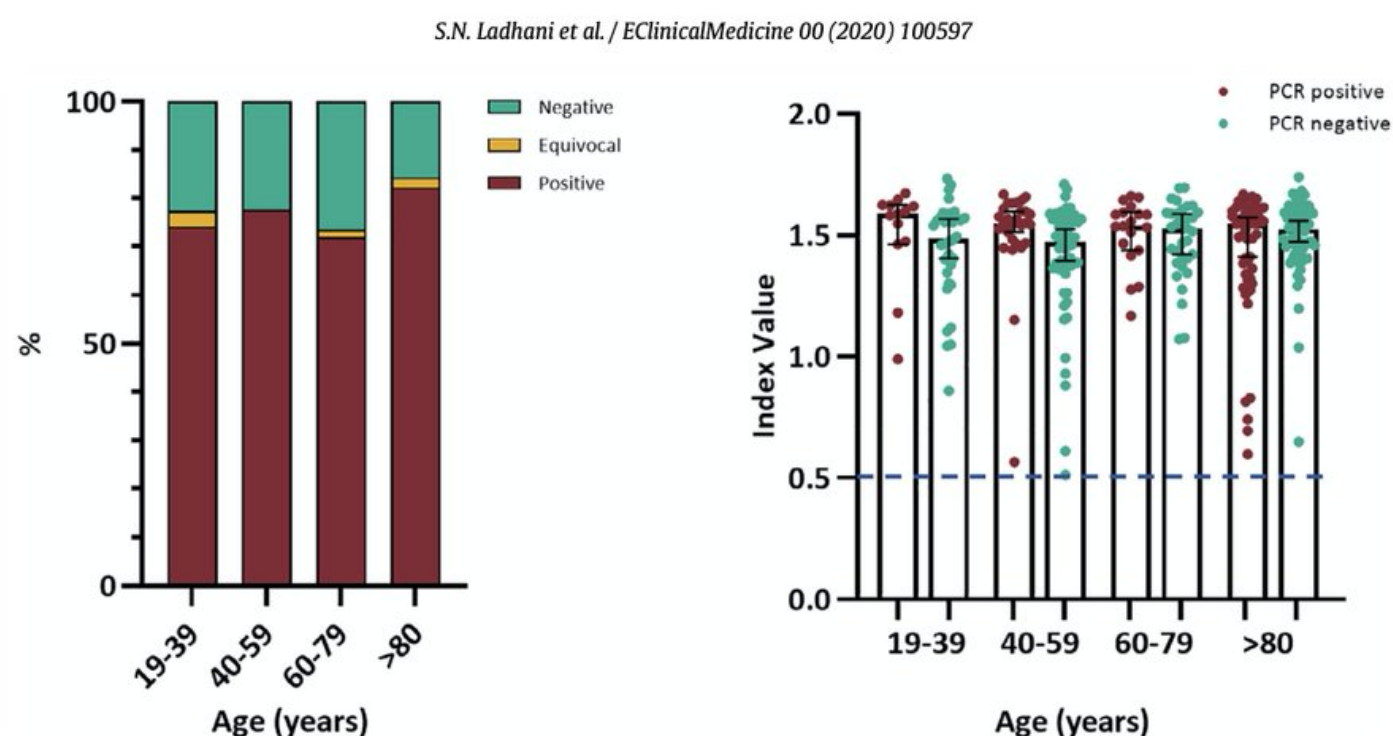


Fig. 3. Age group analysis native viral antigen lysate assay. Left panel: Seroconversion percentage by age group for whole cohort, $N = 394$. Right panel: Native viral antigen assay index value for seropositive individuals by initial RT-PCR status and age group, $N = 307$. Bars indicate median and 95% confidence interval. Dashed line indicates assay positive cut-off. Statistical analysis using Chi-square test of proportion ($p = 0.43$) and Kruskal-Wallis with Dunn's multiple comparisons test ($p = 0.07$).

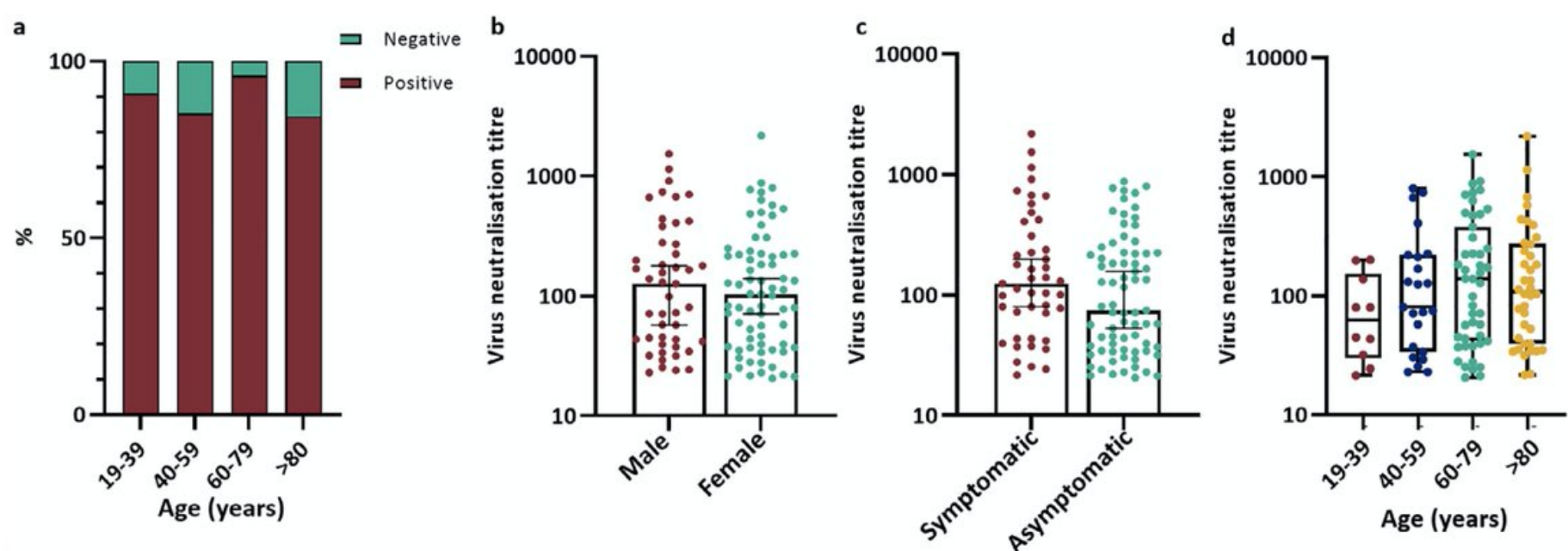


Fig. 4. Virus neutralising antibody titre analysis. a) Virus neutralising antibody titre positive and negative percentage by age group for whole cohort. $N = 132$ b) Virus neutralisation titre by sex. Bars indicate median and 95% confidence interval. c) Virus neutralisation titre by symptom status during the initial testing period. Bars indicate median and 95% confidence interval. d) Virus neutralisation titre by age group. Box and whisker plot with bars indicating full range of results. $N = 118$. Statistical analysis a) Chi-square test, $P = 0.27$; b) Mann-Whitney U Test, $P = 0.69$; c) Mann-Whitney U Test, $P = 0.10$ d) Kruskal Wallis with Dunn's multiple comparisons test adjustment, $P = 0.40$.

De conclusie's:

1. In six London care homes experiencing a COVID-19 outbreak at the peak of the

pandemic, 81.2% of surviving residents and 75.0% of staff were SARS-CoV-2 antibody positive five weeks after the initial outbreak investigation.

These rates are far higher than those reported from any other cohort including frontline healthcare workers managing patients with confirmed COVID-19 in hospitals.

2. Almost all residents and staff who were SARS-CoV-2 RT-PCR positive on nasal swab at initial testing developed SARS-CoV-2 antibodies, irrespective of whether they were symptomatic at any point during the outbreak.

3. The lowest seroprevalence was observed in residents and staff who remained asymptomatic throughout the outbreak and who were SARS-CoV-2 RT-PCR negative on both testing visits but, even in this group, more than two-thirds were positive for SARS-CoV-2 antibodies.

"In conclusion, almost all residents and staff with confirmed SARS-CoV-2 infection had detectable antibodies five weeks later, irrespective of whether they were ever symptomatic or remained asymptomatic throughout the outbreak."

"Additionally, a high proportion of those who were symptomatic but SARS-CoV-2 RT-PCR negative were also seropositive."

Our findings demonstrate that older and vulnerable residents are able to mount a robust antibody response to SARS-CoV-2 that is similar to younger healthy staff members.

Ik zal het voor je samenvatten, Hugo.

Want dit is ongeloofelijk slecht nieuws voor jou en door jouw vertroetelde vaccinindustrie.

Na een uitbraak van COVID-19 in 6 'care homes', bleek nadien het overgrote deel neutraliserende antilichamen te hebben.

Ongeacht of ze ziek waren geweest of niet.

Ongeacht of de RT-PCR negatief of positief was.

Zelfs het deel van de mensen die niet ziek waren geweest en een negatieve RT-PCR had, bleek deze antilichamen te hebben.

Precies zoals jij dacht te doen met je vaccin.

Al na een uitbraak, Hugo. Na een uitbraak al.

En als jouw vaccin bescherming biedt, Hugo, doen deze neutraliserende antlichamen dat ook.

Ergo:

Vaccin niet nodig. Vaccin overbodig. Net als jij, Hugo.

Dat wordt een heel duur grapje.

[@hugodejonge](#) [@MinPres](#) [#coronavaccin](#)

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Andrew Chen @andrewchen · Dec 27
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