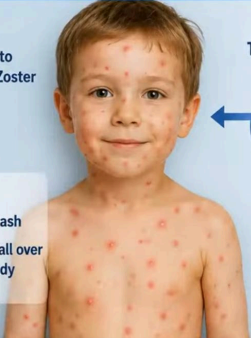


Every reinfection leaves a mark- After six years of tracking COVID data, Dr Philip McMillan — a physician in the United Kingdom — explains why ongoing COVID circulation remains one of the most underestimated public health risks of 2026,
Slide 2936

SAME VIRUS. TWO DIFFERENT MANIFESTATIONS.

Varicella Zoster Virus (VZV)

CHICKENPOX (PRIMARY INFECTION)	SHINGLES (REACTIVATION)
First time exposure to Varicella Zoster Virus  ✓ Fever ✓ Itchy rash ✓ Spots all over the body	Reactivation of the same virus later in life  ✓ Painful rash ✓ Blisters in a localized area ✓ Burning, tingling, or stabbing pain

THE SAME VIRUS

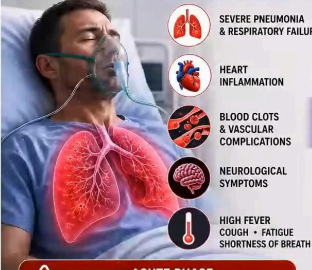


VARICELLA ZOSTER VIRUS (VZV)

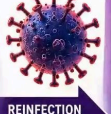
One virus. Two different outcomes.
Your **immune history** determines the disease presentation.

SAME VIRUS. DIFFERENT DISEASE.

SARS-CoV-2 CAN CAUSE VERY DIFFERENT OUTCOMES.

1 FIRST INFECTION SEVERE COVID-19 ACUTE RESPIRATORY ILLNESS	2 REINFECTION / REPEATED EXPOSURE LONG COVID & MULTI-ORGAN IMPACT CHRONIC • SYSTEMIC • OFTEN INVISIBLE
 • SEVERE PNEUMONIA & RESPIRATORY FAILURE • HEART INFLAMMATION • BLOOD CLOTS & VASCULAR COMPLICATIONS • NEUROLOGICAL SYMPTOMS • HIGH FEVER, COUGH, FATIGUE, SHORTNESS OF BREATH ACUTE PHASE RISK OF HOSPITALIZATION & DEATH	 BRAIN & NERVES • BRAIN FOG • HEADACHES • MEMORY ISSUES • SLEEP PROBLEMS EYES & EARS • VISION CHANGES • DRYNESS • LOSS OF SMELL / TASTE HEART & CIRCULATION • CHEST PAIN • PALPITATIONS • BLOOD CLOTS IMMUNE SYSTEM • AUTOIMMUNE REACTIONS • CHRONIC INFLAMMATION MUSCLES & JOINTS • CHRONIC FATIGUE • MUSCLE PAIN • JOINT PAIN SKIN & BLOOD VESSELS • RASHES • POOR CIRCULATION CHRONIC PHASE LONG-TERM DISABILITY & REDUCED QUALITY OF LIFE

THE SAME VIRUS SARS-CoV-2



REINFECTION OR REPEATED EXPOSURE

REINFECTION IS NOT JUST "ANOTHER COLD."
IT CAN RESET AND **WORSEN DISEASE** THROUGHOUT THE BODY – OVER TIME.

REDUCE EXPOSURE
SUPPORT IMMUNE HEALTH
EARLY RECOGNITION
GET THE CARE YOU NEED



COVID STORM

New / different symptoms from the original infection

The real problem and disease manifestations with severe covid relate directly to immune hyper-activation and responses, and not the virus itself. It's the immune system targeting virus infected cells being triggered by autoimmune response that runs into causing organ damage. Without this understanding nothing makes sense. It's whether people are getting systemic responses, with spike protein from the virus getting into their blood stream, and infected or injured cells. They have more symptoms. You have things like their blood pressure spiking. You have gut and intestinal symptoms. All that indicates the virus has broken through the castle wall (**see below**):



What *Changed* After the Pandemic?

186M NHS hospital admissions analysed

We examined every hospital admission in England from 2016 to 2025 – across 1,658 disease categories – to find which conditions are rising, falling, or behaving in ways never seen before.

Select your age group

0-17
CHILDREN & TEENS

18-29
YOUNG ADULTS

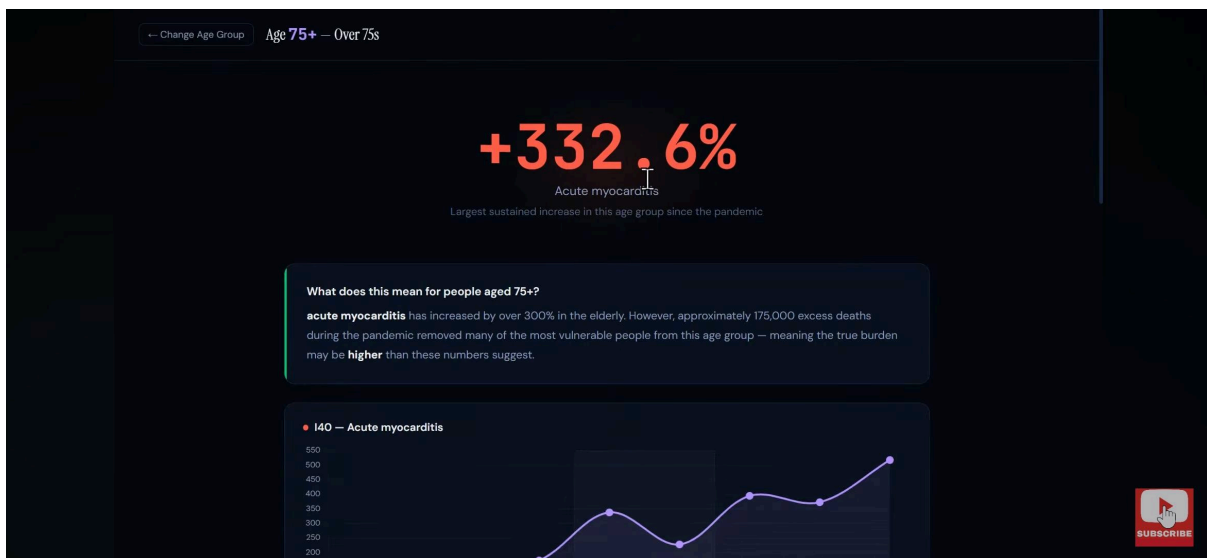
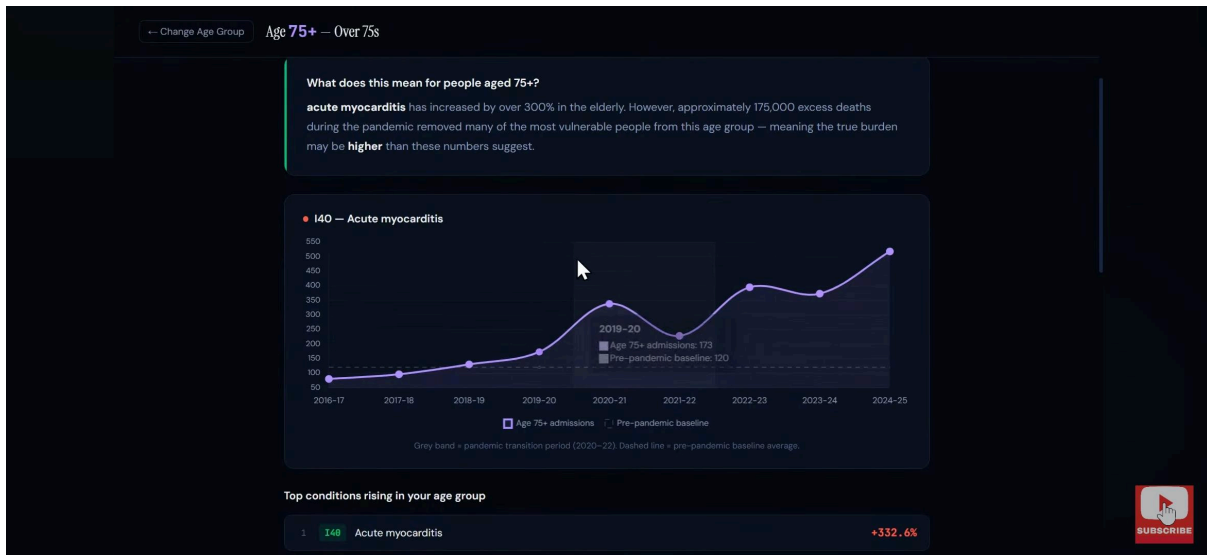
30-44
ADULTS 30-44

45-59
MIDDLE AGE

60-74
OLDER ADULTS

75+
OVER 75s

Data: NHS Hospital Inpatient Statistics (HIS) 2016–2025. Published by NHS England. All diagnoses: ICD-10



The above charts show that the virus is inside the (castle) heart- damaging the heart, with 332% increase in myocarditis. This is pointing to systemic responses that are damaging the heart

The population-level data is only now beginning to reveal the full picture. Long COVID recovery statistics suggest most people believe they have fully recovered. But the emerging evidence from population registries and cohort studies tells a different story — one involving cumulative immune dysregulation, accelerated vascular ageing, gut microbiome disruption, and neuroinflammation that develops silently, often without symptoms. Furthermore, viruses show different disease patterns in adults vs children

EXPOSURE TO SPIKE PROTEIN?

That Can Prime the Immune System to Overreact

2 SYSTEMIC INFECTION-PRIMED (Mucosal Barrier Failure)

Virus broke through mucosal immunity and became systemic



- Virus entered blood, lymphatics or tissues
- Triggered systemic antibody and macrophage activation
- May lead to chronic immune priming and inflammation

WHY AT RISK:
Systemic spread, regardless of initial severity, can prime the immune system to

3 VACCINE HYPER-RESPONDER (Post-Vaccination)

Developed signs of strong, prolonged immune activation after vaccination



- Examples: Hypermetabolic lymphadenopathy (PET/CT)
- Prolonged immune activation (beyond normal timeframe)
- May indicate systemic immune priming

WHY AT RISK:
Their immune system may be stuck in an over-alert state and could hyper-react

The virus in the blood, lymphatics or tissues targets immune cells and triggers autoimmunity

WHO IS AT RISK FOR HYPERIMMUNE RESPONSES ON RE-EXPOSURE TO SPIKE PROTEIN?

Three Pathways That Can Prime the Immune System to Overreact

1 SEVERE COVID-PRIMED (Natural Infection)

Had moderate to severe COVID-19 especially early in the pandemic



- High viral load and widespread inflammation
- Strong immune activation and cytokine response
- Immune system may remain primed to overreact

WHY AT RISK:
Their immune system was intensely activated during the first infection and may hyper-reactivate when exposed to spike protein again.

2 SYSTEMIC INFECTION-PRIMED (Mucosal Barrier Failure)

Virus broke through mucosal immunity and became systemic



- Virus entered blood, lymphatics or tissues
- Triggered systemic antibody and macrophage activation
- May lead to chronic immune priming and inflammation

WHY AT RISK:
Systemic spread, regardless of initial severity, can prime the immune system to hyper-react on future exposures.

3 VACCINE HYPER-RESPONDER (Post-Vaccination)

Developed signs of strong, prolonged immune activation after vaccination



- Examples: Hypermetabolic lymphadenopathy (PET/CT)
- Prolonged immune activation (beyond normal timeframe)
- May indicate systemic immune priming

WHY AT RISK:
Their immune system may be stuck in an over-alert state and could hyper-react when exposed to spike protein again.

TRIGGER: Reinfection or re-exposure to spike protein

MONITOR FACTOR: A primed immune system that may respond with excessive inflammation when re-exposed to spike protein—regardless of the source.

TRIGGER: Reinfection or re-exposure to spike protein

TRIGGER: Reinfection or re-exposure to spike protein

NOT EVERYONE IN THESE GROUPS WILL BE AFFECTED. RISK VARIES BASED ON INDIVIDUAL FACTORS.

Hyperimmune Response: Systemic infection primed, mucosal barrier failure, leading to hyper responses upon infection

Hanta virus: There is a strong possibility that people on the ship had covid infections before being infected that triggered the **Hanta virus**.

Kyle Busch: Kyle had a sinus infection two weeks before a case of bacterial pneumonia, which quickly turned into sepsis and immediate death at age 41. His death was ruled natural.

However, the public is tired of covid and want to move on. The authorities want to move on because if you analyze covid you have to examine the actions taken in the pandemic. They don't want to go back there. There's almost an agreement between the public and the

scientific community- Let's move on. That's the problem, there is no moving on because of the implications that are still occurring no matter what we do. From a scientific point of view it is not in anyone's interest to ignore the pathology that we're seeing. We have a scientific responsibility to not stick our heads in the sand, and not to let the scientific community get away with saying there is no issue. We need answers. We need them now. But sadly, we may have gone past the point of mitigation without new anti- viral and anti- spike protein binders/ blockers like ***Act Rx medicine***.



EGG
PHARMA