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Opinion Article

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Is COVID-19 an Immune Complex Disease and are Billions Vaccinated Concomitantly Dosed with an Immunomodulatory Effector-Checkpoint Viral Mimetic Fc Receptor ?

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COVID-19 has often been presented as a hundred diseases of diverse systems and organs needing many specialist experts to study and treat each aspect of this vast scope of pathological complexity in isolation. Alternatively, over the preceding decades, the Merck Manual, numerous publications, and certain patents have described systemic antigen-antibody immune complex diseases caused by viral and other infections with diverse symptoms similar to those of COVID-19. COVID-19 and systemic immune complex disease also selectively impact the same risk groups. Although, immune complex has been identified at sites of COVID-19 pathology in several publications, a recent study reported the unexpected finding that circulating immune complex (CIC) is not elevated in sera or a good biomarker for COVID-19 pathology. Is negative CIC "the dog that did not bark," indicating a mechanism of viral Fc receptor mimicry in which immune complex is sequestered at sites of infection and pathology? Further, are we administering a vaccine to the global population that contains a coronavirus spike protein Fc receptor (FcR) mimetic that functions as an immunoglobulin binding factor (IBF)? Microbes commonly use molecular mimicry to facilitate infection and replication and FcR-antibody dependent enhancement (ADE) can occur. Microbial IBF have been observed for other coronavirus spike proteins, and similar bacterial IBF are used as effector and checkpoint immunotherapy drugs and vaccine adjuvants. Microbial IBF, COVID-19 and vaccines encompasses many of the same immune reactions, local Arthus and systemic "anaphylactoid" reactions, immune complex aggregation and blood clotting, and can alter T cell mediated delayed hypersensitivity. Strangely, anecdotal reports of COVID-19 vaccine spectrum of response, from efficacy to "long-haul" COVID-19 side effects, is more like that of an immunotherapy treatment than a vaccine. The information on viral immune complex disease and viral IBF is hidden in plain sight in peer reviewed science and patent art and is easily disproved or confirmed experimentally for SARS-CoV-2 and associated COVID-19 pathology and vaccine immunity. Elucidating these conceptions of COVID-19 etiology could change the course of pandemic and alter the health of billions, and the straightforward science should be accomplished to confirm or disprove them [1-6].

Conflict of Interest: Fred Cowan is inventor and owner of the following patent and application and Charles Rories is CEO of Uppsala Inc.

A Method for Treating Cellular Fc Receptor Mediated Immune Disorders. U.S. Patent Number: 5,189,014, Feb. 23, 1993 (original application filled 1979). https://patents.google.com/patent/US5189014A/en

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