1. **Natural immunity** >> after 2x vaccine When I look up papers about the neutralizing activity of sera, these are increasingly better for naturally experienced infections + a vaccine booster than "naive" who get 2 shots. The kids deserve to build their own immunity. It is up to the elderly to protect themselves, and both groups can limit the spread and/or hospitalization by flushing (see table)

2. **Is ADE completely excluded?**

If I remember correctly, children make antibodies that also disappear very quickly... Conversely, people with severe COVID make the highest levels of antibodies, the lowest with a vaccine... So there is always the question of antibody risk. dependent enhancement.

Although there is currently no clear-cut ADE, there is the observation that more and more fully vaccinated people, who follow all the measures, become infected. Only due to an Ab-waning effect?

And that is not through their children at school (because those are grown up), but through their leisure activities!!

Returning to the children. What if we soon get a mutant that would cause an ADE to happen with the vaccine-generated antibodies? Who pays the bill then? I agree that it is hard to predict and it is equally possible that the vaccine-induced Ab will prevent the new variant from infecting children. But, until we know more about this issue, let's not vaccinate the children in the meantime.

3. **Urgent need for better models relevant to the actual population**

If we really want to evaluate the usefulness of the vaccines, these studies must urgently also determine their neutralizing capacity in cell models in the presence of trypsin/tryptase/chymase (eg increased in renal dialysis patients, certain dementia, certain cancers) and neutrophils (cfr increased in epithelium after cold) - both factors that enhance/accelerate SARS-COV2 infection and invasion.

And why not accept the rationale for salt flushing, if it turns out that people with co-morbidities from fully vaccinated still end up in hospital?

We also have to get away from diagnosis with flocked rods in the nose - I've experienced it twice now - tiny spots of blood each time, good to attract neutrophils and make trypsin and the virus rage even more strongly in the nose.

England is doing well now – it let the wave pass in the summer, but also switched largely to throat testing. I still press: LUX (more lenient than with us) - no excess mortality on EUROMOMO, but the nose-picking with flocked rods has long since been banned (rather via oral route in the throat)

4. **Face mask for children in the classroom...**

That's what I call madness, unless it can be proven: What is the evidence that a mask works at this age?

On the news, by the way, there was a remarkable testimony of a teacher: the first class that dropped out at the school... was the very class who wore a mask.

See the case control study here: Table 2
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7169729/pdf/TMI-14-52.pdf

- Wearing disposable mask: yes 11.6 - no 10.5 --> so no effect -wearing one layer mask: yes 27.3- no 14.8% ----> even more contaminated! so several layers are needed!

- Performing nasal wash: yes 4.7– no 14.8% --> more effect than a mask!!!
If trained health care workers couldn't protect themselves with "comfort masks" against the less contagious SARS-CoV-1 virus, what could be the benefit for children with this virus? The minister should at least give every child fresh masks every day!!!

Note that the nasal rinse was more effective than any intervention - more than wearing the mask!

So I eagerly await the study that contradicts these data from China.

5) The attached table about salt rinsing has been completed in the meantime;

Regardless whether substances were added to the saline solution or not, a consistent benefit of salt rinses or aerosol were found. The most interesting observation is the drop in hospital admissions and less shortness of breath already after rinsing 2-3, and the better recovery oxygenation/less need for ventilation.

Although the researchers Salva et al. focused on ibuprofen administered by aerosol - not realizing that it effect of 3x/day 3% salt aerosol (at least partly) produced the effect - in line with the other results presented in the table, i.e. with what we know in children with RSV: salt is more than one placebo!

[No wonder 2/3 Chinese insist that rinsing with salt works against COVID!]

Let children with a common cold rinse their nose, as well as their parents.

Now that I received this study through contacts in the US, I also understand why I received messages from doctors from China during the first wave on how important it is to rinse the upper airways with salt solution.

It makes sense from a pathophysiology point of view:
- (Certainly flocked) rods pull out epithelial cells (cfr Dhaley); also colds (rhinovisuses) cause epithelial damage -> this attracts neutrophils -- > ie increased risk of SARS-CoV-2 infection (cfr Calvert)... After healing it up-regulates trypsin, i.e. again an increased risk of invasion - no wonder we’re getting SARS-CoV-2 positive
- Masks render the physiological slightly acidic pH more neutral/alkaline (add the test yourself): ie: faster TMPRSS2 activity and higher trypsin activity if not dampened by salt --> increased risk again
- Take the beautiful aerosol studies from pharmaceutical development
- Children will inspire virus deeper than adults... ie. chance to infect themselves more seriously and to use finer aerosols at home to spread! The deeper they come from, the finer they are!

No, children do not suffer from this virus, and must fully develop. It is up to us to do 'extra' efforts to protect ourselves, even if only with stupid kitchen salt!!

Especially that this young generation will face much more serious problems e.g. the climate change - It is irresponsible that we, the older generation, claim everything to prevent us from being hospitalized in ICU, especially if just simple salt rinse could already avoided a lot of trouble.

I therefore regret that this measure never got attention in your letters.