

Leading Florida Neurologist Dr. Lisa Avery Proposes a “Stop-Gap” Solution to COVID-19

An Acquired Cross-Reactive Immunity Solution to 2020 SARS-COV-2 Pandemic

Clearwater, Dec 13, 2020 ([Issuewire.com](https://www.issuewire.com)) - Today, [Dr. Lisa Avery](#), a neurologist in Clearwater, Florida, announced the results of a focused study of cross-reactive immunity and resistance to COVID-19.

Dr Avery investigated active immunity, with a focus on correlating cross-reactive immunity and COVID-19 disease resistance. The theory is that cross-reactive immunity is protecting certain individuals, especially children, from the new and different coronavirus causing COVID-19. Cross reactive immunity sometimes referred to as cross-immunity or cross-protective immunity, is a phenomenon of immunity

“The scientific theory is to use acquired cross-immunity as a ‘stopgap measure’ to prevent the spread of SARS-CoV-2 virus or COVID-19 infection,” Avery explained. “It seems that we can create resistance to COVID-19 by using certain well-established vaccine(s) to generate cross-reactive immunity against SARS-CoV-2. Significant antigenic commonality exists between the SARS-CoV-2, ZVZ and HBV viruses and the HBV and VZV vaccines; and there is strong evidence that cross-reactive immunity due to prior immunization against VZV and/or HBV may be providing protection against SARS-CoV-2.”

Generally, it takes about ten years before the true effectiveness of a new vaccine is known. During that time, SARS-CoV-2 could mutate (antigenic shift and drift), so using certain well-established vaccine(s) to generate cross-reactive immunity may be the pivotal factor in controlling the COVID-19 pandemic.

The VZV and HBV vaccination history of children and some adults appears to be well-correlated with the observed age-related disparity of SARS-CoV-2 infection rates and severity of COVID-19 symptoms. By using VZV vaccination +/- HBV vaccine series to activate/enhance cross-reactive neutralizing antibodies against SARS-CoV-2, the idea is to quickly create protection against infection and mitigate the symptomatology, morbidity and mortality of COVID-19 until a SARS-CoV-2 vaccine is proven effective.

The study is based on the principle that different antigens can appear similar when the body’s immune system is triggered to fight an unwelcome virus and cause an immune response. Then, the possible result of being infected is either a complete response, the body killing off the virus with no infection or disease, or a milder course of a new viral illness.

Dr. Avery investigated the correlation between vaccination history and resistance to COVID-19 observed with certain population groups. At present, children seem resistant to SARS-CoV2. Compared to adults, children ages one to 10 or 12 years seem relatively resistant to SARS-CoV-2 infection. Regardless of additional illness, overall, children have fewer symptoms and a milder course of COVID-19. Further analysis of the data revealed an overwhelming majority of pediatric COVID infection is seen in infants younger than one-year-old. These findings correlate with the current chickenpox VZV vaccination schedule.

For adults, the risk of SARS-CoV-2 infection and the severity of COVID-19 disease correlates with certain pre-existing conditions and advancing age. However, the data is inconsistent regarding the infection rate and variable severity of COVID-19 symptoms among 19-25-year-olds. Interestingly, there

are some adults, especially those over 50, who also seems resistant to COVID-19, which also correlates with the two-dose subunit VZV vaccine for shingles.

These valuable insights from Dr. Avery are further discussed on her website.

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