

Study: COVID Shot Enhances Delta Infectivity

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STORY AT-A-GLANCE

- › According to the U.S. Centers for Disease Control and Prevention, people who got the COVID shot early are now at increased risk for severe COVID disease
- › This may be a sign that antibody dependent enhancement (ADE) is occurring, or it may simply indicate that the protection offered is limited to a few months, at best
- › Recent research warns the Delta variant “is posed to acquire complete resistance to wild-type spike vaccines.” This could turn into a worst-case scenario that sets up those who have received the Pfizer shots for more severe illness when exposed to the virus
- › To “stay ahead of the virus,” the Biden administration is now considering recommending a booster shot five months after the initial two doses rather than waiting eight months, as previously suggested
- › Israeli data show Pfizer’s shot went from a 95% effectiveness at the outset to 39% by late July 2021, when the Delta strain became predominant. The U.S. Food and Drug Administration’s expectation for any vaccine is an efficacy rate of at least 50% compared to placebo

The official COVID-19 vaccine narrative changes rapidly these days. It took just one month for it to go from “if you’re vaccinated you’re not going to get COVID,”¹ including the Delta variant,² to “people who got vaccinated early are at increased risk for severe COVID disease.”³

From the get-go, I and many other medical experts have warned of the possibility of these shots causing antibody dependent enhancement (ADE), a situation in which the shot actually facilitates a cascade of disease complications rather than protects against it. As a result, you may suffer more severe illness when encountering the wild virus than had you not been “vaccinated.”

While we don't yet have definitive proof that ADE is occurring, we are seeing suspicious signs that it might be. Data showing those who got the shot early this year are now at increased risk of severe infection could be such a sign. At bare minimum, it's an indication that the protection you get from these shots is very temporary, lasting only a few months.

This makes sense when you consider they program your body to produce just one type of antibody against a specific spike protein. Once the spike protein, or other elements in the virus, starts to mutate, protection radically diminishes. Worse, the vaccine facilitates the actual production of the variants because it is “leaky” and provides only partial ineffective immune protection.

Natural immunity is far superior, as when you recover from the infection, your body makes antibodies against all five proteins of the virus, plus memory T cells that remain even once antibody levels diminish. This gives you far better protection that will likely be lifelong, unless you have impaired immune function.

Real-world data from Israel confirms this, showing those who have received the COVID jab are 6.72 times more likely to get infected than people with natural immunity.^{4,5,6}

CDC Admits ‘Vaccine’ Immunity Doesn’t Last

In an August 20, 2021, report, BPR noted:⁷

“The data we will publish today and next week demonstrate the vaccine effectiveness against SARS COVID 2 infection is waning,’ the CDC director [Rochelle Walensky] began ... She cited reports of international colleagues,

including Israel 'suggest increased risk of severe disease amongst those vaccinated early.'

Fear not, the same people who tried to sell Americans immunity through a jab and promised to hand back the freedoms they impeded on have a plan, and they're not leaving much room for personal choice.

'In the context of these concerns, we are planning for Americans to receive booster shots starting next month to maximize vaccine induced protection. Our plan is to protect the American people and to stay ahead of this virus,' Walensky shared ...

The CDC director appears to all but admit that the vaccine's efficacy rate has a strict time limit, and its protections are limited in the ever-changing environment.

'Given this body of evidence, we are concerned that the current strong protection against severe infection, hospitalization and death could decrease in the months ahead. Especially among those who are higher risk or those who were vaccinated earlier during the phases of our vaccination roll out,' Walensky explained ...

Starting September 20, Americans who completed their two doses of the Pfizer or Moderna vaccine at least eight months ago will be eligible for a booster shot. The goalposts back to a 'normal' society continue to be moved further and further. When will Americans, especially those who complied with initial vaccinations, have had enough?"

Data Reveal Rapidly Waning Immunity From Shots

Indeed, Israeli data show Pfizer's shot went from a 95% effectiveness at the outset, to 64% in early July 2021 and 39% by late July, when the Delta strain became predominant.^{8,9} Meanwhile, the U.S. Food and Drug Administration's expectation for any vaccine is an efficacy rate of at least 50%.

Pfizer's own trial data even showed rapidly waning effectiveness as early as March 13, 2021. BMJ associate editor Peter Doshi discussed this in an August 23, 2021, blog.¹⁰

By the fifth month into the trial, efficacy had dropped from 96% to 84%, and this drop could not be due to the emergence of the Delta variant since 77% of trial participants were in the U.S., where the Delta variant didn't emerge until months later. This suggests the COVID shot has a very temporary effectiveness regardless of new variants.

What's more, while Israeli authorities claim the Pfizer shot is still effective at preventing hospitalization and death, many who are double-jabbed do end up in the hospital, and we're already seeing a shift in hospitalization rates from the unvaccinated to those who have gotten one or two injections. For example, by mid-August, 59% of serious COVID cases were among Israelis who had received two COVID injections.¹¹

Vaxxed Over Age 50 at Increased Risk for Serious Infection

Data from the U.K. show a similar trend among those over the age of 50. In this age group, partially and fully "vaccinated" people account for 68% of hospitalizations and 70% of COVID deaths.¹²

Covid-19 Delta variant: hospital admissions & deaths in England

(up to August 15)

Hospital admissions

Aged 50 or over



Under 50



Deaths

Aged 50 or over



Under 50



PA graphic. Source: Public Health England
Some admissions/deaths could not be matched with vaccination records

80% of COVID Hospitalizations in Massachusetts Were Vaxxed

Data¹³ from the U.S. Centers for Disease Control and Prevention also raise questions about the usefulness of the COVID shots. Between July 6 and July 25, 2021, 469 COVID cases were identified in a Barnstable County, Massachusetts, outbreak.

Of those who tested positive, 74% had received two COVID injections and were considered “fully vaccinated.” Even despite using different diagnostic standards for non-jabbed and jabbed individuals, a whopping 80% of COVID-related hospitalizations were also in this group.^{14,15}

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The CDC also confirmed that fully vaccinated individuals who contract the infection have as high a viral load in their nasal passages as unvaccinated individuals who get infected, proving there's no difference between the two, in terms of being a transmission risk.¹⁶

If vaccination status has no bearing on the potential risk you pose to others, why do we need vaccine passports? According to Harvard epidemiologist Martin Kulldorff, this evidence demolishes the case for passports.¹⁷ They clearly cannot ensure safety, as evidenced by outbreaks where the vaccination rate was 100%. Examples include outbreaks onboard a Carnival cruise liner¹⁸ and the HMS Queen Elizabeth, a British Navy flagship.¹⁹

Study Predicts Pfizer Shot Will Enhance Delta Infectivity

A study²⁰ posted August 23, 2021, on the preprint server bioRxiv now warns the Delta variant “is posed to acquire complete resistance to wild-type spike vaccines.” This could essentially turn into a worst-case scenario that sets up those who have received the Pfizer shots for more severe illness when exposed to the virus. As explained by the authors:²¹

“Although Pfizer-BioNTech BNT162b2-immune sera neutralized the Delta variant, when four common mutations were introduced into the receptor binding domain (RBD) of the Delta variant (Delta 4+), some BNT162b2-immune sera lost neutralizing activity and enhanced the infectivity.

Unique mutations in the Delta NTD were involved in the enhanced infectivity by the BNT162b2-immune sera. Sera of mice immunized by Delta spike, but not wild-type spike, consistently neutralized the Delta 4+ variant without enhancing infectivity.

Given the fact that a Delta variant with three similar RBD mutations has already emerged according to the GISAID database, it is necessary to develop vaccines that protect against such complete breakthrough variants.”

Proactive Use of COVID Shots Drive Dangerous Mutations

It's now clear that early warnings against mass vaccination during an active outbreak are being realized. It's not the unvaccinated that are driving mutations; it's the vaccinated, as the injections simply do not prevent infection.

The end result, if we keep going, will be a treadmill of continuous injections to keep up with the merry-go-round of waning effectiveness in general combined with the emergence of vaccine-resistant variants. As reported by Live Science:²²

“Vaccine-resistant coronavirus mutants are more likely to emerge when a large fraction of the population is vaccinated and viral transmission is high ... In other words, a situation that looks a lot like the current one in the U.S.

The mathematical model,²³ published July 30 in the journal Scientific Reports, simulates how the rate of vaccination and rate of viral transmission in a given population influence which SARS-CoV-2 variants come to dominate the viral landscape ...

If viral transmission is low, any vaccine-resistant mutants that do emerge get fewer chances to spread, and thus, they're more likely to die out, said senior author Fyodor Kondrashov, who runs an evolutionary genomics lab at the Institute of Science and Technology Austria.”

These findings come as no surprise to those familiar with previous research showing the same exact thing. As explained in “Vaccines Are Pushing Pathogens to Evolve,” published in Quanta Magazine,²⁴ “Just as antibiotics breed resistance in bacteria, vaccines can incite changes that enable diseases to escape their control.”

The article details the history of the anti-Marek’s disease vaccine for chickens, first introduced in 1970. Today, we’re on the third version of this vaccine, as within a decade, it stops working. The reason? The virus has mutated to evade the vaccine. As a result of these leaky vaccines, the virus is becoming increasingly deadly and more difficult to treat.

A 2015 paper²⁵ in PLOS Biology tested the theory that vaccines are driving the mutation of the herpesvirus causing Marek’s disease in chickens. To do that, they vaccinated 100 chickens and kept 100 unvaccinated. All of the birds were then infected with varying strains of the virus. Some strains were more virulent and dangerous than others.

Over the course of the birds’ lives, the unvaccinated ones shed more of the least virulent strains into the environment, while the vaccinated ones shed more of the most virulent strains. As noted in the Quanta Magazine article:²⁶

“The findings suggest that the Marek’s vaccine encourages more dangerous viruses to proliferate. This increased virulence might then give the viruses the means to overcome birds’ vaccine-primed immune responses and sicken vaccinated flocks.”

Vaccinated People Can Serve as Breeding Ground for Mutations

Before 2021, it was quite clear that vaccines push viruses to mutate into more dangerous strains. The only question was, to what extent? Now all of a sudden, we’re to believe conventional science has been wrong all along. Here’s another example: NPR as recently as February 9, 2021, reported that “vaccines can contribute to virus mutations.” NPR science correspondent Richard Harris noted:²⁷

“You may have heard that bacteria can develop resistance to antibiotics and, in a worst-case scenario, render the drugs useless. Something similar can also happen with vaccines, though, with less serious consequences.

This worry has arisen mostly in the debate over whether to delay a second vaccine shot so more people can get the first shot quickly. Paul Bieniasz, a Howard Hughes investigator at the Rockefeller University, says that gap would leave people with only partial immunity for longer than necessary.”

According to Bieniasz, partially vaccinated individuals “might serve as sort of a breeding ground for the virus to acquire new mutations.” This is the exact claim now being attributed to unvaccinated people by those who don’t understand natural selection.

It’s important to realize that viruses mutate continuously and if you don’t have a sterilizing vaccine that blocks infection completely, then the virus mutates to evade the immune response within that person. That is one of the distinct features of the COVID shots – they’re not designed to block infection. They allow infection to occur and at best lessen the symptoms of that infection. As noted by Harris:²⁸

“This evolutionary pressure is present for any vaccine that doesn't completely block infection ... Many vaccines, apparently, including the COVID vaccines, do not completely prevent a virus from multiplying inside someone even though these vaccines do prevent serious illness.”

In short, like bacteria mutate and get stronger to survive the assault of antibacterial agents, viruses can mutate in vaccinated individuals who contract the virus, and in those, it will mutate to evade the immune system.

In an unvaccinated person, on the other hand, the virus does not encounter the same evolutionary pressure to mutate into something stronger. So, if SARS-CoV-2 does end up mutating into more lethal strains, then mass vaccination is the most likely driver.

What NFL Outbreak Can Tell Us

As reported August 27, 2021, by MSN,²⁹ as players were encouraged to get the COVID shot for everyone's safety, separate testing rules were put into place. Players who have gotten the jab only need to test every two weeks, while unvaccinated players undergo daily testing.

The relaxed testing requirement for double-jabbed players was used as incentive to go ahead and get the shot. As reported by MSN, "Conversely, the continued daily testing would become part of a punitive system that would make life so annoying for the unvaccinated that they would eventually get on board."³⁰

Well, this didn't work out as planned. Nine Titans players and head coach Mike Vrabel have now tested positive, showing it really doesn't matter if you're double-jabbed or not. The infection spreads among the vaxxed just the same. As noted by MSN:³¹

"The pandemic is in a phase where the unvaccinated are facing the vengeance of a more aggressive strain of COVID-19. It's also an era when the vaccinated are grappling with the reality that their shots are mitigating their symptoms and medical complications, but not completely preventing them from becoming infected or transmitting COVID to others."

To remedy the matter, the NFL Players Association, the union representing players of the National Football League, is now calling for a return to daily testing of all players, regardless of COVID jab status. Time and again, we find that incentives fall far short of their initial promise. This has been the case for masks as well.

First, we were told that if we got the COVID shot, we didn't need to wear masks anymore. Of course, universal mask recommendations returned full force when it became apparent that breakthrough infections were still occurring at a surprising rate.

Now, routine testing with a test known to produce false positives at a rate of about 97%³² is promoted again, regardless of injection status, and there's no reason to assume the same won't happen with vaccine passports. We're promised freedom if we give up medical autonomy, but freedom will never actually be granted. They'll just continue to move the goal post.

It is highly likely, in fact even predictable, that despite its dramatic ineffectiveness, the requirement for one or two COVID jabs will soon be turned into three, and vaccine passport holders who don't want to get that third shot will be back at Square 1. They'll be just as undesirable as those who got no shots.

Considering the speed at which SARS-CoV-2 is mutating, you can be assured there'll be a fourth shot, and a fifth and, well, you get the idea. Vaccine passports and COVID jab requirements will simply lead to a situation where you have to keep getting additional shots or lose all your privileges.

Of course, every single injection comes with health risks, and the risk for an adverse event will probably get bigger and bigger with each additional shot, and you don't need to be a modern-day Nostradamus to see where this will lead us.

Five-Month Booster Shot Now Under Consideration

Unfortunately, rather than accepting reality – which is that SARS-CoV-2 is here to stay, just like any number of other common cold and influenza viruses – and stopping the merry-go-round of injections that only make matters worse, President Biden said he'd spoken with Dr. Anthony Fauci about giving booster shots at the five-month mark after the initial round of injections rather than waiting eight months, as previously suggested.³³

While Fauci quickly responded³⁴ that eight months was still the goal, he also said that “we are open to data as they come in” if the Food and Drug Administration and the Advisory Committee on Immunization Practices determine a sooner timeline is necessary.

Israel began administering a third booster shot to people over the age of 60 July 30, 2021. August 19, eligibility for a booster was expanded to include people over the age of 40, as well as pregnant women, teachers and health care workers, even if they're younger than 40. Initial reports suggest the third dose has improved protection in the over-60 group, compared to those who only got two doses of Pfizer.³⁵ According to Reuters:³⁶

“Breaking down statistics from Israel's Gertner Institute and KI Institute, ministry officials said that among people aged 60 and over, the protection against infection provided from 10 days after a third dose was four times higher than after two doses. A third jab for over 60-year-olds offered five to six times greater protection after 10 days with regard to serious illness and hospitalization.”

Anyone who thinks one or more booster shots are the answer to SARS-CoV-2 is likely fooling themselves though. I look forward with trepidation to data on hospitalization and death rates, not to mention side effect rates, in the months to come.

Knowing what we already know about the risks of these shots and their tendency to encourage mutations, it seems reasonable to suspect that all we're doing is digging ourselves an ever-deeper, ever-wider hole that's going to be increasingly difficult to get out of.

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