MERCOLA
Take Control of Your Health

Omicron Variant and Vaccine Resistance

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE -

- Another SARS-CoV-2 variant dubbed Omicron has reportedly arisen in fully "vaccinated" patients in Botswana. Handfuls of cases have also emerged in other areas of the world
- In response, Japan, Israel and Morocco have closed their borders to all foreign travelers. The U.S., the U.K., Canada and the European Union have banned travelers from southern Africa specifically. Australia has delayed its reopening plans and China has announced a "zero-tolerance approach" to the new variant
- Fear over Omicron is likely unjustified, as it appears far milder than previous strains. Primary symptoms of infection include extreme fatigue for a couple of days, headache, body aches, scratchy throat and intermittent dry cough. No severe cases have been identified
- While the mass vaccination campaign appears to be driving the rapid mutation of the virus, governments around the world continue to double down on this failed strategy
- According to National Institutes of Allergy and Infectious Diseases director Dr. Anthony Fauci, Omicron might evade both monoclonal antibodies and COVID shot-induced antibodies, but he insists getting the COVID shot (if unvaccinated) or a booster if "fully vaccinated" is your best bet

The inevitable is now here. Another SARS-CoV-2 variant dubbed Omicron has reportedly arisen in fully "vaccinated" patients in Botswana.[1] Handfuls of cases have also emerged in other areas of the world. Judging by the doomsday headlines[2] and government

imposed lockdowns and border closings, the technocratic elite would really like everyone to panic about this one.

In response, Japan, Israel and Morocco immediately closed their borders to all foreign travelers. The U.S., the U.K., Canada and the European Union banned travelers from southern Africa specifically. Australia delayed its reopening plans and China announced a "zero-tolerance approach" to the new variant.[3] But is the fear justified? Probably not.

While the Omicron variant appears to spread more rapidly than previous mutations, and affects people younger than 40 to a greater degree than before, there's no evidence that it has a higher lethality. On the contrary, it may actually be milder.

That seems to be the opinion of Dr. Angelique Coetzee, chair of the South African Medical Association, who discovered the Omicron variant, who in a recent interview (see video above) said:[4]

> *"Looking at the mildness of the symptoms that we are seeing — apparently, there's no reason for panicking as we don't see severely ill patients… The most predominant complaint is severe fatigue for one or two days, with headache, body aches and pain.*
>
> *Some will have a scratchy throat and some will have a dry cough [that] comes and goes. Those are more or less the big symptoms we have seen."*

Viruses Typically Mutate Into Less Dangerous Variants

This all makes sense, based on what we already know about viruses. As reported by Paul Elias Alexander, Ph.D., with the Brownstone Institute:[5]

> *"The WHO has said the Omicron variant can spread more quickly than other variants. Likely true. The virus is behaving just like how viruses behave.*
>
> *They are mutable and mutate, and via the Muller's ratchet theory, we expect these to be milder and milder mutations, not more lethal ones given the pathogen seeks to infect the host and not arrive at an evolutionary dead end.*

The virus will mutate downward so that it can use the host (us) to propagate itself via our cellular metabolic machinery. The Delta variant has shown us this: It is very infectious and mostly non-lethal — specially for children and healthy people ...

[T]here is no reporting of increased virulence/lethality of this new Omicron variant, and this will remain the case based on what we've seen from Delta and prior variants. There are no guarantees, but we operate based on risk and all things point to the same for this new variant.

Just because there might be a wave in South Africa does not mean there will be waves in the U.S. or Israel or other places with greater natural immunity. This was the prize of letting people enjoy day-to-day living.

The nations that have ended lockdowns are likely to move past this new variant scare, and be fine. This is more of an overreaction by the WHO and governments and much ado about nothing."

Is a New Round of COVID Shots the Answer?

While the mass vaccination campaign appears to be driving the rapid mutation of the virus, governments around the world continue to double down on this failed strategy. More shots are the answer, they say.

National Institutes of Allergy and Infectious Diseases (NIAID) director Dr. Anthony Fauci has stated Omicron might evade both monoclonal antibodies and COVID shot-induced antibodies.[6] Sticking to the same script, National Institutes of Health director Dr. Francis Collins recently told Fox News viewers:[7]

"Please, Americans, if you're one of those folks who's sort of waiting to see, this would be a great time to sign up, get your booster. Or if you haven't been vaccinated already, get started."

It's befuddling, considering the shots don't protect against infection or spread, and the fact that Omicron apparently emerged in fully "vaccinated" patients.[8] What's more, if the Omicron variant actually evades COVID shot-induced antibodies, what's the point of getting it?

A vaccine-evading variant is clear evidence that mass vaccination is fueling more problematic mutations, so the recommendations simply don't jibe with the available data.

COVID Shots Are a Failure

In his article, Alexander highlights a long list of studies showing the COVID shots have suboptimal efficacy, including the following:[9]

The Lancet Infectious Diseases October 2021[10] — Fully "vaccinated" individuals who develop breakthrough infections have a peak viral load similar to that of unvaccinated people, and efficiently transmit the infection to unvaccinated and "vaccinated" alike in household settings.

The Lancet Preprint[11] — Fully "vaccinated" Vietnamese health care workers who contracted breakthrough SARS-CoV-2 Delta infections had viral loads that were 251 times higher than those found in cases infected with earlier strains. So, the shots do not appear to protect against infection with the Delta strain.

A July 31, 2021, medRxiv preprint by Riemersma et. al.[12] found no difference in viral loads between unvaccinated people and those "fully vaccinated" who developed breakthrough infections. They also found the Delta variant was capable of "partial escape from polyclonal and monoclonal antibodies."

Eurosurveillance rapid communication, July 2021[13] — An outbreak of the Delta variant in a hospital in Finland suggested the shots did little to prevent the spread of infection, even among the "vaccinated," and despite routine use of face masks and other protective equipment.

Eurosurveillance rapid communication, September 2021[14] — An upsurge of Delta variant infections in Israel, at a time when more than 55% of the population were "fully vaccinated," also showed the COVID shots were ineffective against this variant. The infection spread even to those who were fully jabbed AND wore surgical masks.

The Lancet Preprint, October 2021[15] — This Swedish study found the Pfizer injection's effectiveness progressively waned from 89% on Days 15 to 30, post-injection, to 42% from Day 181 onward. As of day 211, no protection against infection was discernible. Moderna's shot fared slightly better, waning to 59% as of Day 181. The AstraZeneca injection offered lower protection than Pfizer and Moderna from the start, and waned faster, reaching zero by day 121.

BioRxiv September 2021[16] — Six months after the second Pfizer shot, antibody responses and T cell immunity against the original virus and known variants was found to have substantially waned, in many cases reaching undetectable levels.

Journal of Infection August 2021[17] — When the Delta variant was the cause of the infection, neutralizing antibodies had decreased affinity for the spike protein, while antibodies that worsen infection had increased affinity.

The Lancet Infectious Diseases November 2021[18] — 26% of patients admitted to hospital with confirmed severe or critical COVID-19 were "fully vaccinated;" 46% had a positive COVID test but were asymptomatic, 7% had mild infection and 20% had moderate illness. So, among those who developed symptoms of infection, the majority ended up with severe or critical illness.

medRxiv August 2021[19] — People with no previous SARS-CoV-2 infection who got the Pfizer shot had a 5.96-fold increased risk for breakthrough infection and a 7.13-fold increased risk for symptomatic disease, compared to people who had natural immunity.

Can COVID-19 Injections Promote ADE?

Over the course of 2020, many published studies highlighted the risk of antibody-dependent enhancement (ADE) following the COVID shots. For example, one October 28, 2020, paper stressed that:[20]

> *"... vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralizing antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE)."*

While we've not seen conclusive evidence of ADE yet, there are signs that point in that direction. Twenty years of research have demonstrated that making a vaccine against coronaviruses is fraught with risk.[21] In fact, most previous coronavirus vaccine efforts — for severe acute respiratory syndrome coronavirus (SARS-CoV), Middle East respiratory syndrome coronavirus (MERS-CoV), respiratory syncytial virus (RSV) and similar viruses — have ended up triggering ADE.[22,23,24,25,26,27]

What that means is that, rather than enhance your immunity against the infection, the vaccine actually enhances the virus' ability to enter and infect your cells, resulting in more severe disease than had you not been vaccinated.[28] The 2003 review paper "Antibody-Dependent Enhancement of Virus Infection and Disease" explains it this way:[29]

> *"In general, virus-specific antibodies are considered antiviral and play an important role in the control of virus infections in a number of ways. However, in some instances, the presence of specific antibodies can be beneficial to the virus. This activity is known as antibody-dependent enhancement (ADE) of virus infection.*
>
> *The ADE of virus infection is a phenomenon in which virus-specific antibodies enhance the entry of virus, and in some cases the replication of virus, into monocytes/macrophages and granulocytic cells through interaction with Fc and/or complement receptors.*

> *This phenomenon has been reported in vitro and in vivo for viruses representing numerous families and genera of public health and veterinary importance.*
>
> *These viruses share some common features such as preferential replication in macrophages, ability to establish persistence, and antigenic diversity. For some viruses, ADE of infection has become a great concern to disease control by vaccination."*

The 2014 paper,[30] "Antibody-Dependent SARS Coronavirus Infection Is Mediated by Antibodies Against Spike Proteins," concluded that monoclonal antibodies generated against SARS-CoV spike proteins actually promoted infection, and that overall, "antibodies against SARS-CoV spike proteins may trigger ADE effects," thereby raising "questions regarding a potential SARS-CoV vaccine."

So far, all Omicron cases have been relatively mild, but should it turn out that fully "vaccinated" people are developing severe disease while the unvaccinated don't, then that would be an indication that ADE is at play.

SARS Vaccine Shown to Cause ADE

An interesting 2012 paper[31] with the telling title, "Immunization with SARS Coronavirus Vaccines Leads to Pulmonary Immunopathology on Challenge with the SARS Virus," demonstrates what many researchers now fear, namely that COVID-19 vaccines may end up making people more prone to severe SARS-CoV-2 infection.

The paper reviews experiments showing immunization with a variety of SARS vaccines resulted in pulmonary immunopathology once challenged with the SARS virus. As noted by the authors:[32]

> *"Inactivated whole virus vaccines whether inactivated with formalin or beta propiolactone and whether given with our without alum adjuvant exhibited a Th2-type immunopathologic in lungs after challenge.*

As indicated, two reports attributed the immunopathology to presence of the N protein in the vaccine; however, we found the same immunopathologic reaction in animals given S protein vaccine only, although it appeared to be of lesser intensity.

Thus, a Th2-type immunopathologic reaction on challenge of vaccinated animals has occurred in three of four animal models (not in hamsters) including two different inbred mouse strains with four different types of SARS-CoV vaccines with and without alum adjuvant. An inactivated vaccine preparation that does not induce this result in mice, ferrets and nonhuman primates has not been reported.

This combined experience provides concern for trials with SARS-CoV vaccines in humans. Clinical trials with SARS coronavirus vaccines have been conducted and reported to induce antibody responses and to be "safe." However, the evidence for safety is for a short period of observation.

The concern arising from the present report is for an immunopathologic reaction occurring among vaccinated individuals on exposure to infectious SARS-CoV, the basis for developing a vaccine for SARS.

Additional safety concerns relate to effectiveness and safety against antigenic variants of SARS-CoV and for safety of vaccinated persons exposed to other coronaviruses, particularly those of the type 2 group."

Higher Vaccination Rates, Higher Infection Rates

One trend that could be indicative of ADE is the fact that areas with higher vaccination rates have higher infection rates. If the shots prevented infection, it would be the opposite. The Waterford district in Ireland, for example, has a 99.7% vaccination rate, the highest in the country, but also has the highest daily COVID case load.[33]

> **“[G]overnments asked us for two weeks to flatten the curve to help prepare hospitals so that they can tend to surges and other non-COVID illnesses. We as societies gave our governments two weeks, not 21 months. ~ Paul Elias Alexander, Ph.D.”**

And, for some reason, the U.S. COVID mortality rate is higher in 2021 than it was in 2020,[34] before the rollout of the shots, so clearly, they're not helping matters. As noted by Alexander in his Brownstone article:[35]

> *“[G]overnments asked us for two weeks to flatten the curve to help prepare hospitals so that they can tend to surges and other non-COVID illnesses. We as societies gave our governments two weeks, not 21 months.*
>
> *They failed to tend to the non-COVID illnesses, and we locked down the healthy and well (children and young and middle aged healthy persons) while failing to properly protect the vulnerable and high-risk persons such as the elderly ... This failure rests on public health messaging and government.*
>
> *Additionally, what did our governments in the U.S., Canada, UK, Australia etc. do with the tax money for the hospitals and personal protective equipment (PPE), etc.? Hospitals must be prepared by now. Governments have failed! Not the people. The task forces have failed, not the people.”*

Masks don't work. Lockdowns don't work. Shutting down small businesses and schools don't work. The COVID shots don't work. Yet with the emergence of Omicron, governments are reimplementing all of the same countermeasures that haven't worked for the past two years.

Insanity is doing the same thing over and over again, expecting different results. Yet that's what's passing for “science” these days. The answer to this madness is mass-noncompliance. We must peacefully reject these wholly unscientific and harmful “remedies.”

Sources and References

- [1, 8] Peckford 42 November 27, 2021
- [2, 3, 7] NY Times COVID Live Updates (Archived)
- [4] Twitter Aaron Ginn November 28, 2021
- [5, 9, 35] Brownstone Institute November 26, 2021
- [6] ABC News November 28, 2021
- [10] The Lancet Infectious Diseases October 29, 2021 DOI: 10.1016/S1473-3099(21)00648-4
- [11] Lancet Preprint, Transmission of SARS-CoV-2 Delta Among Vaccinated Health Care Workers, Vietnam October 11, 2021
- [12] medRxiv July 31, 2021, DOI: 10.1101/2021.07.31.21261387
- [13] Eurosurveillance rapid communication July 2021; 26(30)
- [14] Eurosurveillance rapid communication September 2021; 26(39)
- [15] The Lancet Preprint October 25, 2021
- [16] BioRxiv September 30, 2021 DOI: 10.1101/2021.09.30.462488
- [17] Journal of Infection August 9, 2021 DOI: 10.1016/j.inf.2021.08.010
- [18] The Lancet Infectious Diseases November 1, 2021; 21(11): 1485-1486
- [19] medRxiv August 25, 2021 DOI: 10.1101/2021.08.24.21262415
- [20] International Journal of Clinical Practice, October 28, 2020 DOI: 10.111/ijcp.13795
- [21] Twitter, The Immunologist April 9, 2020
- [22] PLOS Pathogens 2017 Aug; 13(8): e1006565
- [23] Swiss Medical Weekly April 16, 2020; 150:w20249
- [24, 30] Biochemical and Biophysical Research Communications August 22, 2014; 451(2): 208-214
- [25] JCI Insight February 21, 2019 DOI: 10.1172/jci.insight.123158
- [26, 31] PLOS ONE April 2012; 7(4): e35421 (PDF)
- [27] EBioMedicine 2020 May; 55: 102768, Introduction
- [28] PNAS.org April 14, 2020 117 (15) 8218-8221
- [29] Viral Immunology 2003;16(1):69-86
- [32] PLOS ONE April 2012; 7(4): e35421 (PDF), page 11
- [33] The Irish Times October 21, 2021
- [34] Forbes October 6, 2021