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Why the Fall COVID Shot Uptake Is an Abysmal 7%

Analysis by Dr. Joseph Mercola | November 28, 2023

STORY AT-A-GLANCE

- In September 2023, the U.S. Centers for Disease Control and Prevention recommended everyone 6 months and older get an updated COVID-19 shot
- Only 7.1% of adults and 2.1% of children had received the updated COVID-19 shot as of October 14
- A CDC survey found that 37.6% of adults said they "probably or definitely will not get vaccinated"
- Among parents, 37.7% said they "probably or definitely will not get their child vaccinated"
- The media have blamed the low uptake partly on the shots' shift to the commercial market, but surveys suggest concerns about side effects and lack of effectiveness may be involved

In September 2023, the U.S. Centers for Disease Control and Prevention recommended everyone 6 months and older get an updated COVID-19 shot "to protect against the potentially serious outcomes of COVID-19 illness this fall and winter."[1]

Admitting that any protection offered by the shots "declines over time," they reiterated their common pandemic refrain that getting a COVID-19 shot "remains the best protection against COVID-19-related hospitalization and death."[2] Americans, however, are no longer falling for the rhetoric, with the vast majority declining to take part in this ongoing experiment.

Only 7.1% of Americans — And 2.1% of Children — Got the Shot

About four weeks after the September 2023 rollout of the updated 2023-24 COVID-19 shot, the CDC released data from its National Center for Immunization and Respiratory Diseases (NCIRD) National Immunization Surveys (NIS). NIS are telephone surveys conducted by NCIRD in order to monitor vaccination coverage.

The data, which were presented to a CDC advisory panel, revealed "abysmal" uptake, as CDC vaccine adviser[3] Dr. Camille Kotton of Harvard Medical School put it,[4] with only 7.1% of adults and 2.1% of children receiving the updated COVID-19 shot as of October 14.[5] The survey reported that 24.6% of adults said they "definitely will" get the shot — conflicting with the actual numbers who did — while 37.6% said they "probably or definitely will not get vaccinated."

Further, 37.7% of parents said they "probably or definitely will not get their child vaccinated," compared to 33.8% who said they "definitely will" get their child the shot.[6] The media has blamed the low uptake partly on the shift to the commercial market. The CDC's COVID-19 Vaccination Program was discontinued by October 3, 2023,[7] with the shots now distributed by the health care industry instead of the government. Ars Technica reported:[8]

> *"The disappointing vaccination rate so far may partly reflect a rocky rollout for this year's updated shots, which were for the first time distributed on the commercial market rather than via a federal distribution system.*
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> *In the earliest days of this year's rollout, people seeking the updated shots reported encountering limited supplies, cancelled pharmacy appointments, and billing chaos. Some insurance companies were slow to update their billing codes to include the updated vaccines, leading some insured people facing erroneous $200 bills."*

Many of these issues have reportedly been resolved, and CDC director Mandy Cohen said she's hopeful that more people will get the shots. But last year, COVID-19 shots had a similarly dismal uptake rate of just 17%.[9]

How Long Will the 'Updated' Shot Work?

The updated COVID-19 shot targets the XBB.1.5 Omicron subvariant, which has been the dominant strain in the U.S. for much of 2023. However, this strain "has since been overtaken as the virus continues to evolve,"[10] raising questions about whether the updated shots are already out of date, which could render them ineffective, as we've seen many times in the past with flu shots.

Even the CDC states, "When flu vaccines are not well matched to some viruses spreading in the community, vaccination may provide little or no protection against illness caused by those viruses."[11] SARS-CoV-2 is known to mutate rapidly, even faster than other human viruses like influenza.

According to research published in Cell Host & Microbe, "SARS-CoV-2 is accumulating protein-coding changes faster than other endemic viruses."[12] Eric Topol, founder and director of the Scripps Research Translational Institute, explained, "SARS-CoV-2 is accumulating mutations with amino acid substitutions faster than other endemic viruses, including 2.5-fold more rapidly than influenza (A/H3N2 HA1), the prototype of rapid antigen evolution, and >7-fold faster other coronaviruses."[13]

Early on, a number of experts raised concerns that COVID-19 jabs and the mass vaccination program could worsen the pandemic by triggering the development of new variants, via a concept known as antigenic, or immune, escape.

A general principle in biology, vaccinology and microbiology is that if you put a living organism like bacteria or viruses under pressure, via antibiotics, antibodies or chemotherapeutics, for example, but don't kill them off completely, you can inadvertently encourage their mutation into more virulent strains.

Those that escape your immune system end up surviving and selecting mutations to ensure their further survival. As explained in The Journal of Clinical Investigation, "Immune escape mutations are those that lead to modifications in the antigenic properties of pathogens to avoid preexisting immunity. The continuous adaptation of viruses in their antigenic properties is known as antigenic evolution."[14]

Will Original Antigenic Sin Make COVID-19 Shots Useless?

Antigenic evolution, in turn, may increase the risk of a phenomenon known as original antigenic sin (OAS), or imprinting, which may render next-generation COVID vaccines useless.[15] The Journal of Clinical Investigation review noted:[16]

> *"The similarities in antigenic evolution between influenza virus HA and coronavirus S [spike protein] suggest that for both virus families, in contrast to reinfection with the same strain, an infection with a heterologous strain or antigenic drift variant may preferentially boost non-neutralizing antibody clones, which makes the infected individual's immune system at risk for OAS."*

The term "original antigenic sin" was first used by Thomas Francis in 1960, who determined that hemagglutination inhibition assay titers — which are used to determine the antibody response to a viral infection — were highest against strains of seasonal influenza to which different age cohorts had first been exposed.[17]

In other words, the first influenza virus that you're exposed to affects the way your lifelong immunity to that virus plays out.[18] Later infections with virus strains similar to the first one will boost your antibody response against the original strain, and it's not only influenza that this applies to. Imprinting is also known to occur in children with multiple dengue virus infections, for instance.[19]

In some cases, imprinting can be beneficial, but it can also be problematic. One study found that birth-year cohorts that had a first influenza exposure to seasonal H3 subtype viruses were less susceptible to avian influenza H7N9 virus later in life, while those exposed to H1 or H2 subtype viruses in childhood were less susceptible to avian H5N1-bearing viruses when they were older.[20]

Scott Hensley, an associate professor of microbiology at the University of Pennsylvania, explained to STAT News, "We've all been trained on different influenza viruses. If you vaccinate 100 people, guess what? They're all going to respond differently. We think a large part of that is that we all have a different immunological imprint."[21] The same thing could be happening with SARS-CoV-2.

However, in the case of COVID-19, it's possible that the immune system reaction triggered by the vaccine will act as the original imprint, leaving subsequent COVID-19 vaccines — updated to target emerging variants of SARS-CoV-2 — largely ineffective.[22]

Many Refuse COVID-19 Shots Over Risk of Side Effects, Lack of Effectiveness

In many cases, choosing not to get a COVID-19 shot may be due to concerns about side effects and "low perceived benefit of vaccination," according to a qualitative analysis published in BMC Public Health.[23] It found:[24]

> *"Another reason to refuse vaccination were users' concerns about various potential side effects and possible vaccine-related damage. Some users justified rejecting vaccination citing the lack of long-term studies and insufficient reliable information about side effects and consequential damages.*
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> *Among others, these fears were related to the risk of getting cancer, changes and damages to their genetic makeup, infertility and death. These concerns were often associated with past vaccine and drug scandals."*

In this case, the concerns are well-founded. In January 2023, the CDC and the Food and Drug Administration issued a joint statement warning that people ages 65 and older who received Pfizer's updated (bivalent) COVID-19 booster shot may be at increased risk of stroke.[25]

The CDC's Vaccine Safety Datalink (VSD), which uses near real-time surveillance to track vaccine safety, flagged the potential safety issue, revealing that those 65 and over were more likely to have an ischemic stroke 21 days after receiving Pfizer's bivalent COVID-19 shot compared to 22 to 44 days later.[26]

Further, a spreadsheet obtained from the CDC under FOIA revealed 770 safety signals triggered in the Vaccine Adverse Event Reporting System (VAERS) due to COVID-19

shots, including death, ischemic stroke, cardiac arrest, pulmonary thrombosis, Bell's palsy, heart attack, deep vein thrombosis and more.[27]

COVID Jabs Raise Heart, Contamination Concerns

Perhaps the unusually large number of athletes and young people dropping from heart problems also played a role in Americans' refusal to get the updated COVID-19 shot this fall. It's now known that people who receive a COVID-19 shot are at an increased risk of myocarditis, or inflammation of the heart muscle.[28]

With symptoms similar to a heart attack, including chest pain, shortness of breath, abnormal heartbeat and fatigue,[29] myocarditis isn't something that young, healthy adults typically experience. But soon after mRNA shots for SARS-CoV-2 became widespread, reports of myocarditis, including sudden death, began to emerge.[30]

Further, microbiologist Kevin McKernan and colleagues discovered simian virus 40 (SV40) promoters in COVID-19 shots that, for decades, have been suspected of causing cancer in humans, including mesotheliomas, lymphomas and cancers of the brain and bone.[31]

McKernan explains that in many cases, when tumors are sequenced, they're found to contain sequences from SV40 and other viruses, which can integrate into your genome, causing disruptions and instability that can trigger the cell line to grow out of control.[32]

The media have tried to discredit their findings,[33] but given that 93% of adults have chosen not to get an updated COVID-19 shot, media's efforts to downplay shot risks while overselling their benefits don't seem to be working this time around.

Sources and References

- [1, 2] U.S. CDC September 12, 2023
- [3, 8, 9] Ars Technica October 27, 2023
- [4] AP October 26, 2023
- [5, 6] CDC, Implementation Update on 2023-2024 COVID-19 Vaccines, Page 17
- [7] CDC, Implementation Update on 2023-2024 COVID-19 Vaccines, Page 3

- [10] Reuters October 12, 2023
- [11] U.S. CDC, Vaccine Effectiveness: How Well Do Flu Vaccines Work?
- [12] Cell Host & Microbe October 24, 2023
- [13] Ground Truths October 25, 2023
- [14, 16] The Journal of Clinical Investigation January 3, 2023, Molecular determinants of coronavirus antigenic evolution
- [15, 22] STAT News April 16, 2021
- [17, 19] J Immunol January 15, 2019, 202 (2) 335-340; DOI: 10.4049/jimmunol.1801149
- [18, 20] Science 11 Nov 2016: Vol. 354, Issue 6313, pp. 722-726
- [21] STAT News January 24, 2019
- [23] BMC Public Health volume 22, Article number: 846 (2022)
- [24] BMC Public Health volume 22, Article number: 846 (2022), Health Concerns
- [25] U.S. FDA January 13, 2023
- [26] Reuters January 13, 2023
- [27] Substack, Steve Kirsch's newsletter, January 13, 2023
- [28] CMAJ November 21, 2022, 194 (45) E1529-E1536; DOI: 10.1503/cmaj.220676
- [29] Mayo Clinic, Myocarditis
- [30] Rumble, Safe and Effective: A Second Opinion September 28, 2022, 37:18
- [31] Expert Rev Respir Med October 2011; 5(5): 683-697
- [32] American Thought Leaders, Jekielek/McKernan Transcript, Page 2
- [33] American Thought Leaders, Jekielek/McKernan Transcript, Page 20