



## The Leaky Vaccine Breakthrough Variant Is Here

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✓ Fact Checked

### STORY AT-A-GLANCE

- › High COVID vaccination rates create pressure on the virus to mutate into variants with higher levels of contagion and pathogenicity. Recent research concluded that those who are fully “vaccinated” against COVID-19 are indeed more susceptible to COVID variant infections than unvaccinated people
- › The narrow protection you get from the COVID shot will inevitably necessitate a booster shot for each emerging new variant that is resistant to the shots
- › U.K. data show the COVID death toll is higher among the fully vaccinated compared to the unvaccinated. Between February 1, 2021, and September 12, 2021, 63.5% of those who died from COVID-19 within 28 days of a positive test were fully vaccinated
- › Infection-enhancing anti-SARS-CoV-2 antibodies now recognize both the original Wuhan/D614G strain and Delta variants, which suggests antibody-dependent enhancement (ADE) is emerging
- › Israeli research shows antibody levels rapidly decrease after the second dose of Pfizer’s COVID shot. IgG antibodies – which are part of your humoral immune response – decreased at a consistent rate over time, whereas the neutralizing antibodies rapidly decreased during the first three months, and then slowed down thereafter

It was only a matter of time before a vaccine-resistant strain of COVID-19 would surface, and that time has already come to pass. As reported by The Conservative

Treehouse October 3, 2021:<sup>1</sup>

*“What this study<sup>2</sup> finds is exactly what vaccine developer Geert Vanden Bossche (Belgium) has been predicting. The predominance of antibody-resistant SARS-Cov-2 variants in vaccine breakthrough cases from the San Francisco Bay Area, California ...*

*Dr. Vanden Bossche has been using Israeli data and showing<sup>3</sup> how the widespread vaccination rates were creating pressure on the virus to mutate into variants with higher levels of contagion.*

*The unvaccinated group has been keeping the pressure down by defeating the virus and carrying natural immunity. However, as the unvaccinated population is increasingly made smaller, the pressure on the virus to mutate increases. Subsequently, these mutations stay at higher or more effective levels of infection.”*

## **Vaccine-Evading Variants Are Emerging**

The study, posted on the preprint server medRxiv, August 25, 2021, concluded that those who are fully “vaccinated” against COVID-19 are in fact more susceptible to COVID variant infections than unvaccinated people.

Vanden Bossche’s theory was that vaccine antibodies would suppress natural antibody responses, allowing variants to slip through, and this seems to be what’s happening. As explained by The Conservative Treehouse October 3, 2021:<sup>4</sup>

*“Among vaccinated individuals, a COVID variant virus is not recognized by the specialized antibodies provided by the vaccine, and the natural antibodies have been programmed to stand down.”*

According to the authors of the study:<sup>5</sup>

*“Associations between vaccine breakthrough cases and infection by SARS*

*coronavirus 2 (SARS-CoV-2) variants have remained largely unexplored. Here we analyzed SARS-CoV-2 whole-genome sequences and viral loads from 1,373 persons with COVID-19 from the San Francisco Bay Area from February 1 to June 30, 2021, of which 125 (9.1%) were vaccine breakthrough infections.*

*Fully vaccinated were more likely than unvaccinated persons to be infected by variants carrying mutations associated with decreased antibody neutralization (78% versus 48%), but not by those associated with increased infectivity (85% versus 77%) ...*

*These findings suggest that vaccine breakthrough cases are preferentially caused by circulating antibody-resistant SARS-CoV-2 variants, and that symptomatic breakthrough infections may potentially transmit COVID-19 as efficiently as unvaccinated infections, regardless of the infecting lineage.”*

“Be careful around vaccinated people, because they can carry a more resistant form of COVID-19,” The Conservative Treehouse warns, adding that the narrow protection you get from the COVID shot will inevitably necessitate a booster shot for each emerging new variant that is resistant to the shots.

## **UK Data Show Increased COVID Mortality Among Fully Vaxxed**

British data also raise serious questions about the wisdom of this injection campaign. In its Technical Briefing 23,<sup>6</sup> published September 17, 2021, Public Health England reveals data showing the COVID death toll is actually higher among the fully vaccinated compared to the unvaccinated.

Between February 1, 2021, and September 12, 2021, 157,400 fully vaccinated patients (26.52% of total cases) were diagnosed with a Delta variant. Among the unvaccinated, there were 257,357 Delta variant cases (43.36% of total cases).

However, while Delta infections were far more prevalent among the unvaccinated,

these patients also had better outcomes. In all, 63.5% of those who died from COVID-19 within 28 days of a positive test were fully vaccinated (1,613 compared to 722 in the unvaccinated group).

## More Signs of Antibody-Dependent Enhancement

In a letter to the editor of the *Journal of Infection*,<sup>7</sup> published August 9, 2021, three researchers point out that “infection-enhancing anti-SARS-CoV-2 antibodies recognize both the original Wuhan/D614G strain and Delta variants,” which suggests antibody-dependent enhancement (ADE) is emerging. According to the authors:<sup>8</sup>

*“Antibody dependent enhancement (ADE) of infection is a safety concern for vaccine strategies. In a recent publication, Li et al. (Cell 184 :4203–4219, 2021) have reported that infection-enhancing antibodies directed against the N-terminal domain (NTD) of the SARS-CoV-2 spike protein facilitate virus infection in vitro, but not in vivo.*

*However, this study was performed with the original Wuhan/D614G strain. Since the Covid-19 pandemic is now dominated with Delta variants, we analyzed the interaction of facilitating antibodies with the NTD of these variants ... [W]e show that enhancing antibodies have a higher affinity for Delta variants than for Wuhan/D614G NTDs ...*

*As the NTD is also targeted by neutralizing antibodies, our data suggest that the balance between neutralizing and facilitating antibodies in vaccinated individuals is in favor of neutralization for the original Wuhan/D614G strain.*

*However, in the case of the Delta variant, neutralizing antibodies have a decreased affinity for the spike protein, whereas facilitating antibodies display a strikingly increased affinity. Thus, ADE may be a concern for people receiving vaccines based on the original Wuhan strain spike sequence (either mRNA or viral vectors).”*

As noted by independent journalist Sharyl Attkisson,<sup>9</sup> “Despite the fact that multiple medical authorities predicted, told us, and hoped, ADE would not impact Covid-19 vaccines, data from the study indicates it has done just that.”

## Antibody Levels Decrease After Second Dose

While you’re not considered “fully vaccinated” until 14 days after your first dose of Janssen’s or AstraZeneca’s shot, or second dose of Moderna’s or Pfizer’s, a recent Israeli study found antibody levels actually decrease after the second dose of Pfizer’s COVID shot. The findings were reported by The Jerusalem Post, October 7, 2021:<sup>10</sup>

*“Antibody levels decrease rapidly after two doses of the Pfizer coronavirus vaccine, a study<sup>11</sup> by researchers at the Sheba Medical Center published ... in the New England Journal of Medicine ...*

*The research also showed the probability that different groups of individuals – based on age and general health status – will find themselves below a certain antibody threshold after a period of six months.”*

In all, 4,868 staff members at the Sheba Medical Center participated in the study,<sup>12</sup> undergoing monthly serological tests to measure their antibodies for up to six months after their second Pfizer shot.

Everyone, regardless of age or gender, saw a rapid decline in their antibodies after the second dose. IgG antibodies – which are part of your humoral immune response – decreased at a consistent rate over time, whereas the neutralizing antibodies rapidly decreased during the first three months, and then slowed down thereafter. According to the authors:<sup>13</sup>

*“Although IgG antibody levels were highly correlated with neutralizing antibody titers (Spearman’s rank correlation between 0.68 and 0.75), the regression relationship between the IgG and neutralizing antibody levels depended on the time since receipt of the second vaccine dose ...*

*The highest titers after the receipt of the second vaccine dose (peak) were observed during days 4 through 30, so this was defined as the peak period.*

*The expected geometric mean titer (GMT) for IgG for the peak period, expressed as a sample-to-cutoff ratio, was 29.3. A substantial reduction in the IgG level each month, which culminated in a decrease by a factor of 18.3 after 6 months, was observed.*

*Neutralizing antibody titers also decreased significantly, with a decrease by a factor of 3.9 from the peak to the end of study period 2, but the decrease from the start of period 3 onward was much slower, with an overall decrease by a factor of 1.2 during periods 3 through 6. The GMT of neutralizing antibody, expressed as a 50% neutralization titer, was 557.1 in the peak period and decreased to 119.4 in period 6 ...*

*Six months after receipt of the second dose, neutralizing antibody titers were substantially lower among men than among women, lower among persons 65 years of age or older than among those 18 to less than 45 years of age, and lower among participants with immunosuppression than among those without immunosuppression."*

## **COVID-19 Unrelated to Jab in 68 Countries, 2,947 US Counties**

The Israeli findings above can help explain the findings of a study<sup>14</sup> published September 30, 2021, in the European Journal of Epidemiology, which found no relationship between COVID-19 cases and levels of vaccination in 68 countries worldwide and 2,947 counties in the U.S. If anything, areas with high vaccination rates had slightly higher incidences of COVID-19. According to the authors:<sup>15</sup>

*"[T]he trend line suggests a marginally positive association such that countries with higher percentage of population fully vaccinated have higher COVID-19 cases per 1 million people."*

Iceland and Portugal, for example, where more than 75% of their populations are fully vaccinated, had more COVID-19 cases per 1 million people than Vietnam and South Africa, where only about 10% of the populations are fully vaccinated.<sup>16</sup>

Data from U.S. counties showed the same thing. New COVID-19 cases per 100,000 people were “largely similar,” regardless of the percentage of a state’s population that was fully vaccinated.

“There ... appears to be no significant signaling of COVID-19 cases decreasing with higher percentages of population fully vaccinated,” the authors wrote.<sup>17</sup> Notably, out of the five U.S. counties with the highest vaccination rates — ranging from 84.3% to 99.9% fully vaccinated — four of them were on the U.S. Centers for Disease Control and Prevention’s “high transmission” list. Meanwhile, 26.3% of the 57 counties with “low transmission” have vaccination rates below 20%.

The study even accounted for a one-month lag time that could occur among the fully vaccinated, since it’s said that it takes two weeks after the final dose for “full immunity” to occur. Still, “no discernable association between COVID-19 cases and levels of fully vaccinated” was observed.<sup>18</sup>

## **Key Reasons Why Reliance on Jabs Should Be Reexamined**

The study summed up several reasons why the “sole reliance on vaccination as a primary strategy to mitigate COVID-19” should be reevaluated. For starters, the jab’s effectiveness is rapidly waning.

“A substantial decline in immunity from mRNA vaccines six months’ post immunization has ... been reported,” the researchers noted, adding that even severe hospitalization and death from COVID-19, which the jabs claim to protect against, have increased from 0.01% to 9% and 0% to 15.1%, respectively, among the fully vaccinated from January 2021 to May 2021.<sup>19</sup>

If the jabs work as advertised, why haven’t these rates continued to rise instead of

fall? “It is also emerging,” the researchers noted, “that immunity derived from the Pfizer-BioNTech vaccine may not be as strong as immunity acquired through recovery from the COVID-19 virus.”<sup>20</sup>

**“ Natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity. ~ T. Patalon et.al. August 2021 ”**

For instance, a retrospective observational study published August 25, 2021, revealed that natural immunity is superior to immunity from COVID-19 jabs. According to the authors:<sup>21</sup>

*“This study demonstrated that natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity.”*

## Reinfection Is Very Rare

The fact is, while breakthrough cases continue among those who have gotten one or more COVID-19 injections, it’s extremely rare to get COVID-19 after you’ve recovered from the infection. How rare? Researchers from Ireland conducted a systematic review including 615,777 people who had recovered from COVID-19, with a maximum duration of follow-up of more than 10 months.<sup>22</sup>

“Reinfection was an uncommon event,” they noted, “with no study reporting an increase in the risk of reinfection over time.” The absolute reinfection rate ranged



from 0% to 1.1%, while the median reinfection rate was just 0.27%.<sup>23,24,25</sup>

Another study revealed similarly reassuring results. It followed 43,044 SARS-CoV-2 antibody-positive people for up to 35 weeks, and only 0.7% were reinfected. When genome sequencing was applied to estimate population-level risk of reinfection, the risk was estimated at 0.1%.<sup>26</sup>

There was no indication of waning immunity over seven months of follow-up, unlike with the COVID-19 injection, which led the researchers to conclude that “Reinfection is rare. Natural infection appears to elicit strong protection against reinfection with an efficacy >90% for at least seven months.”<sup>27</sup>

## All Risk for No Reward?

The purpose of informed consent is to give people all of the data related to a medical procedure so they can make an educated decision before consenting. In the case of COVID-19 injections, such data initially weren't available, given their emergency authorization, and as concerning side effects became apparent, attempts to share them publicly were suppressed.

In August 2021, a large study from Israel<sup>28</sup> revealed that the Pfizer COVID-19 mRNA jab is associated with a threefold increased risk of myocarditis,<sup>29</sup> leading to the condition at a rate of one to five events per 100,000 persons.<sup>30</sup> Other elevated risks were also identified following the COVID-19 jab, including lymphadenopathy (swollen lymph nodes), appendicitis and herpes zoster infection.<sup>31</sup>

Dr. Peter McCullough, an internist, cardiologist and epidemiologist, is among those who have warned that COVID-19 injections are not only failing but putting lives at risk.<sup>32</sup>

According to McCullough, by January 22, 2021, there had been 186 deaths reported to the Vaccine Adverse Event Reporting System (VAERS) database following COVID-19 injection – more than enough to reach the mortality signal of concern to

stop the program.

“With a program this size, anything over 150 deaths would be an alarm signal,” he said. The U.S. “hit 186 deaths with only 27 million Americans jabbed.” McCullough believes if the proper safety boards had been in place, the COVID-19 jab program would have been shut down in February 2021 based on safety and risk of death.<sup>33</sup>

Now, with data showing no difference in rates of COVID-19 cases among the vaxxed and unvaxxed, it appears more and more likely that the injections have a high level of risk with very little reward, especially among certain populations, like youth.

## Mass Vaccination Drives Mutations

It’s well-known that if you put living organisms 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.

Many have warned about immune escape due to the pressure being placed upon the COVID-19 virus during mass vaccination,<sup>34</sup> and according to one mathematical model,<sup>35</sup> a worst-case scenario can develop when a large percentage of a population is vaccinated but viral transmission remains high, such as it is now. This is a prime scenario for the development of resistant mutant strains.<sup>36</sup>

At this point, COVID-19 injection failures and serious jab-related health risks are both apparent. We now also have data showing that having a high vaccination rate does nothing to lower COVID-19 incidence.

It might actually increase it slightly, as we’re seeing in India. In Kerala, India, which boasts a 93% vaccination rate, more than half of all new COVID cases are fully vaccinated, as are 57% of COVID-related deaths.<sup>37</sup> With all data pointing in the same direction, it’s clear that COVID shots aren’t the answer. As noted in the European of

Journal of Epidemiology:<sup>38</sup>

*“Stigmatizing populations can do more harm than good. Importantly, other non-pharmacological prevention efforts (e.g., the importance of basic public health hygiene with regards to maintaining safe distance or handwashing, promoting better frequent and cheaper forms of testing) needs to be renewed in order to strike the balance of learning to live with COVID-19 in the same manner we continue to live a 100 years later with various seasonal alterations of the 1918 Influenza virus.”*

## **If You’re ‘Vaccinated’ You May Be High-Risk for COVID**

As predicted from the very beginning of the mass vaccination campaign, we’re now starting to see evidence of ADE, which makes people more prone to serious illness rather than less.

Even if your risk for ADE is small (and we have no data on prevalence as of yet), the data we do have suggest the shots aren’t ending outbreaks, and indeed can’t, end them, as it’s the vaccinated who are facilitating the emergence of vaccine-evading variants. The real answer is natural herd immunity, as natural immunity protects against most variants and not just one.

To be on the safe side, I recommend considering yourself “high-risk” for severe COVID if you’ve received one or more shots, and implement known effective treatment at the first sign of a respiratory infection.

Options include the Zelenko protocol,<sup>39</sup> the MATH+ protocols<sup>40</sup> and nebulized hydrogen peroxide, as detailed in Dr. David Brownstein’s case paper<sup>41</sup> and Dr. Thomas Levy’s free e-book, “[Rapid Virus Recovery](#).” Whichever treatment protocol you use, make sure you begin treatment as soon as possible, ideally at first onset of symptoms.

## Sources and References

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- <sup>2, 5</sup> [medRxiv August 25, 2021, DOI: 10.1101/2021.08.19.21262139](#)
- <sup>3</sup> [YouTube Vejon Health Vanden Bosche and Robert Malone interview](#)
- <sup>6</sup> [Public Health England Technical Briefing 23, September 17, 2021](#)
- <sup>7, 8</sup> [Journal of Infection Letter to the Editor August 9, 2021](#)
- <sup>9</sup> [Sharyl Attkisson August 17, 2021](#)
- <sup>10</sup> [The Jerusalem Post October 7, 2021](#)
- <sup>11, 12, 13</sup> [NEJM October 6, 2021 DOI: 10.1056/NEJMoa2114583](#)
- <sup>14, 15, 16, 17, 18, 19, 20, 38</sup> [European Journal of Epidemiology September 30, 2021](#)
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- <sup>22, 23</sup> [Rev Med Virol. 2021;e2260](#)
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- <sup>25</sup> [News Rescue July 15, 2021](#)
- <sup>26, 27</sup> [medRxiv January 15, 2021](#)
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