Study Shows Vaccine Will Enhance Delta Infectivity

By [Dr. Joseph Mercola](#) | [mercola.com](#)

Story at-a-glance

- A group of Japanese researchers released research showing that the SARS-CoV-2 Delta variant "is poised to acquire complete resistance" to existing COVID-19 jabs
- When four common mutations were introduced to the Delta variant, Pfizer's mRNA injection enhanced its infectivity, causing it to become resistant
- A Delta variant with three mutations has already emerged, which suggests it's only a matter of time before a fourth mutation develops, at which point

complete resistance to Pfizer's jab may be imminent

- A number of experts have 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
- Another study found that a worst-case scenario can develop when a large percentage of a population is vaccinated but viral transmission remains high, driving the development of resistant strains

COVID-19 jabs continue to be pushed as the only solution to the pandemic, even as "breakthrough" infections increasingly occur. A group of Japanese researchers has also released research showing that the SARS-CoV-2 Delta variant "is poised to acquire complete resistance" to existing COVID-19 jabs like Pfizer and BioNTech's BNT162b2,[1] now being sold as Comirnaty.

What's more, when four common mutations were introduced to the Delta variant, Pfizer's mRNA injection enhanced its infectivity, causing it to become resistant. A Delta variant with three mutations has already emerged,[2] which suggests it's only a matter of time before a fourth mutation develops, at which point complete resistance to Pfizer's jab may be imminent.

mRNA COVID-19 Injection Made Delta Variant More Infectious

The spike protein used in mRNA COVID-19 vaccines consists of the original SARS-CoV-2 spike protein, without mutations. Multiple variants of concern (VOC) have emerged, however, which have numerous mutations and are highly infectious. As mutations increase, so do concerns over vaccine resistance and enhanced infectivity. As the researchers explained in bioRxiv, the preprint server for biology:[3]

> *"The receptor binding domain (RBD) of the spike protein binds to the host cell receptor ACE2, and the interaction mediates membrane fusion during SARS-CoV-2 infection.*
>
> *Neutralizing antibodies against SARS-CoV-2 are mainly directed to the RBD and block the interaction between the RBD and ACE2. Most SARS-CoV-2 variants have acquired mutations in the neutralizing antibody epitopes of the RBD, resulting in escape from neutralizing antibodies."*

When a single mutation was added to the Delta spike, most of the anti-RBD antibodies still recognized it. This wasn't the case with four mutations, however, which the researchers called Delta 4+. Not only was Delta 4+ not recognized, but infectivity was enhanced:[4]

> *"… we analyzed the Delta 4+ pseudovirus with four additional RBD mutations. Surprisingly, most BNT162b2-immune sera enhanced infectivity of the Delta 4+ pseudovirus in a dose-dependent manner at relatively low concentrations of BNT162b2-immune sera, but showed weak neutralization only at the highest concentration of the sera.*
>
> *Especially, PFZ7 greatly enhanced the infectivity at relatively low serum concentration. Some sera, such as PFZ13 and PFZ14, did not show neutralizing activity even at the highest concentration of the sera."*

In short, while Pfizer's COVID-19 jab still neutralized the Delta variant, when four common mutations were introduced to the RBD, the vaccine lost the ability to neutralize the variant and instead enhanced its infectivity.

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. This has implications for booster shots on the horizon as well, which are unlikely to be effective.

"The third round of booster immunization with the SARS-CoV-2 vaccine is currently under consideration," the researchers explained. "Our data suggest that repeated immunization with the wild-type spike may not be effective in controlling the newly emerging Delta variants."[5]

Despite the growing recognition that increasing injections may only make matters worse, President Biden said he has 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.[6]

Immune Escape: How the Injections Could Make Variants Worse

A number of experts have 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 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 ends up surviving and selecting mutations to ensure their further survival.

Geert Vanden Bossche, Ph.D., a vaccinology expert and former global director of vaccine programs, including work for the Bill & Melinda Gates Foundation, is among those who have

warned about immune escape due to the pressure being placed upon the virus during mass vaccination.

"It will have a very tough time … and a lot of these microorganisms will die," Bossche says. "But if you cannot really kill them all, if you cannot prevent, completely, the infection and if there are still some microorganisms that can replicate despite this huge pressure, they will start to select mutations that enable them to survive."[7]

COVID-19 has a high capacity for the mutation but, according to Bossche, if the virus isn't under pressure, it won't necessarily see a need to select mutations to, for instance, become more infectious. But if you put it under pressure, as is occurring during the mass vaccination campaign — or as Bossche calls it the "one big experiment" — this may change.

Dr. Peter McCullough — an internist, cardiologist, epidemiologist and a full professor of medicine at Texas A&M College of Medicine in Dallas, who is also the editor of two medical journals and has published hundreds of studies in the literature — is also concerned about immune escape:[8]

> *"If we keep this up with the injections, there is going to be one variant after another … We're playing with fire here with this mass vaccination … My interpretation as an internist and cardiologist — I'm a trained epidemiologist, I've literally done a year of intense COVID research and training — I'm going to tell you, I think this Delta outbreak that we have right now is the product of mass vaccination.*
>
> *If we didn't have the jab, we would have been better off. We had already treated this down to a very acceptable level."*

Mass Vaccination Driving Vaccine-Resistant Mutants

Another study — this one based on a mathematical model — simulates how vaccination rates and the rate of viral transmission influence SARS-CoV-2 variants.[9] They found that a worst-case scenario can develop when a large percentage of a population is vaccinated but viral transmission remains high — much as it is now. This represents the prime scenario for the development of resistant mutant strains. As noted in the study, published in Scientific Reports:[10]

> *"… [A] counterintuitive result of our analysis is that the highest risk of resistant strain establishment occurs when a large fraction of the population has already been vaccinated but the transmission is not controlled.*
>
> *Similar conclusions have been reached in a SIR model of the ongoing pandemic and a model of pathogen escape from host immunity. Furthermore, empirical data consistent with this result has been reported for influenza."*

It's very similar to the development of antibiotic resistance, during which bacteria mutate and get stronger to survive the assault of antibacterial agents. COVID-19 shots do not block infection completely; they allow infection to occur and may lessen symptoms, but during that time viruses can mutate to evade the immune system.

In an unvaccinated person, the virus does not encounter the same evolutionary pressure to mutate into something stronger but, according to Paul Bieniasz, a Howard Hughes investigator at the Rockefeller University, partially vaccinated individuals "might serve as sort of a breeding ground for the virus to acquire new mutations."[11]

Mu, Lambda Variants Showing Resistance

Already, variants have emerged that are showing signs of vaccine resistance. August 30, 2021, the World Health Organization highlighted the mu variant as a variant of interest (VOI), stating it has "a constellation of mutations that indicate potential properties of immune escape."[12]

As of August 31, 2021, 39 countries had reported mu cases.[13] The lambda variant, which WHO designated as a VOI on June 14, 2021,[14] also shows signs of increased infectivity and resistance to vaccines. Writing in medRxiv, researchers from Chile noted:[15]

> *"Our results indicate that mutations present in the spike protein of the Lambda variant of interest confer increased infectivity and immune escape from neutralizing antibodies elicited by CoronaVac.*
>
> *These data reinforce the idea that massive vaccination campaigns in countries with high SARS-CoV-2 circulation must be accompanied by strict genomic surveillance allowing the identification of new isolates carrying spike mutations and immunology studies aimed to determine the impact of these mutations in immune escape and vaccines breakthrough."*

Is Natural Immunity Superior for Variants?

As further evidence of COVID shots' waning effectiveness and the superiority of natural immunity, data presented July 17, 2021, to the Israeli Health Ministry revealed that, of the more than 7,700 COVID-19 cases reported since May 2021, only

72 occurred in people who had previously had COVID-19 — a rate of less than 1%. In contrast, more than 3,000 cases — or approximately 40% — occurred in people who had received a COVID-19 vaccine.[16]

In other words, those who were vaccinated were 6.72 times — nearly 700% — more likely to develop COVID-19 than those who had natural immunity from a prior infection. Speaking with journalist Daniel Horowitz, pathologist Dr. Ryan Cole explained that natural immunity produces broad immunity that can't be matched by vaccination:[17]

> *"A natural infection induces hundreds upon hundreds of antibodies against all proteins of the virus, including the envelope, the membrane, the nucleocapsid, and the spike. Dozens upon dozens of these antibodies neutralize the virus when encountered again.*
>
> *Additionally, because of the immune system exposure to these numerous proteins (epitomes), our T cells mount a robust memory, as well. Our T cells are the 'marines' of the immune system and the first line of defense against pathogens. T cell memory to those infected with SARSCOV1 is at 17 years and running still."*

A retrospective observational study published August 25, 2021,[18] also found that natural immunity is superior to immunity from COVID-19 jabs, with researchers stating, "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."

Further, according to a team of researchers from the Washington University School of Medicine, if you've had

COVID-19 – even a mild case – you're likely to be immune for life, as is the case with recovery from many infectious agents.[19]

Unfortunately, health officials aren't making a distinction for those who have recovered from COVID-19 and continue to recommend injections for all, which may be adding fuel to the fire instead of extinguishing it.

Sources and References

- [1, 2, 3, 4, 5] bioRxiv August 23, 2021
- [6] Twitter Jennifer Jacobs August 27, 2021
- [7] YouTube, The Discernable Interviews March 9, 2021
- [8] BitChute, Episode 20 of Perspectives on the Pandemic, August 26, 2021
- [9, 10] Scientific Reports July 30, 2021
- [11] NPR February 9, 2021
- [12, 13] Newsweek September 6, 2021
- [14] WHO, Tracking SARS-CoV-2 Variants
- [15] medRxiv July 1, 2021
- [16] Israel National News July 13, 2021
- [17] The Blaze July 14, 2021
- [18] medRxiv August 25, 2021
- [19] Nature May 24, 2021