

Will mRNA Flu Vaccines Get Emergency Use Authorization Next?

Analysis by [Dr. Joseph Mercola](#)

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STORY AT-A-GLANCE

- › Despite evidence of serious danger, a number of mRNA “vaccines” are in the pipeline. Among them is a COVID-flu RNA vaccine combo, which is currently being tested on ferrets, and several different mRNA seasonal influenza vaccines, which have already entered human trials
- › Companies currently testing mRNA flu “vaccines” on human subjects include Moderna, Sanofi and Translate Bio. Pfizer/BioNTech is also pursuing plans for an mRNA flu shot
- › Influenza vaccination confers narrow immunity against a specific viral strain or strains, leaving your body open to other viruses. The mRNA shots confer even more specific immunity, as your body is responding to the antigen alone rather than the whole virus
- › Pfizer plans to ask for EUA authorization for a third COVID booster shot in August 2021, citing evidence of waning immunity
- › Researchers are working on transmissible vaccines to control viral reservoirs and diminish possibility of spillover. Are human transmissible vaccines next?

As detailed in "[How COVID Vaccines Can Cause Blood Clots and More](#)," the gene-based COVID-19 injections are a disaster in the making. mRNA-based "vaccines" have been in the works for years, and were never perfected. Now all of a sudden, despite evidence of serious danger, a number of mRNA "vaccines" are in the pipeline.

Among them is a COVID-flu RNA vaccine combo, which is currently being tested on ferrets,^{1,2,3} and several different mRNA seasonal influenza vaccines,⁴ which have already entered human trials. As reported by The Verge, July 7, 2021:⁵

"Moderna gave its mRNA-based seasonal flu vaccine to the first set of volunteers in a clinical trial, the pharmaceutical company announced today. The start of the trial marks the next stage of the company's work on this type of vaccine technology after the overwhelming success of its COVID-19 vaccine, which was built using the same strategy ...

People who get an mRNA vaccine are injected with tiny snippets of genetic material from the target virus. Their cells use that genetic information to build bits of the virus, which the body's immune system learns to fight against ...

Moderna is the second group to start testing its mRNA flu shot in human trials – Sanofi and Translate Bio kicked off a trial this summer. Pfizer and BioNTech have been interested in mRNA flu shots for a few years, and they're pushing forward with those plans as well."

Moderna Tests Quadrivalent mRNA Flu 'Vaccine'

Moderna plans to enroll 180 participants aged 18 and older in its Phase 1/2 randomized, stratified, observer-blind, dose-ranging⁶ study of mRNA-1010, a quadrivalent flu "vaccine" that aims to protect against seasonal influenza A H1N1, H3N2 and influenza B Yamagata and Victoria.

In a press release, Moderna's CEO Stephanie Bancel stated the company hopes to be able to create combination vaccines to protect against several different infections at the same time, such as influenza, COVID-19 and other respiratory infections:⁷

"Respiratory combination vaccines are an important pillar of our overall mRNA vaccine strategy," Bancel said. "We believe that the advantages of mRNA vaccines include the ability to combine different antigens to protect against

multiple viruses and the ability to rapidly respond to the evolution of respiratory viruses, such as influenza, SARS-CoV-2 and RSV.

Our vision is to develop an mRNA combination vaccine so that people can get one shot each fall for high efficacy protection against the most problematic respiratory viruses."

The rapid push to replace conventional flu vaccines with mRNA-based alternatives — before mRNA COVID shots have even been licensed — raises the question, and risk, of whether mRNA flu shots might be getting emergency use authorization (EUA) next.

Worldwide, 3 million to 5 million people come down with influenza, which places "substantial burden on health care systems," according to Moderna,⁸ so it's not hard to imagine the U.S. Food and Drug Administration giving EUA to any number of shots under the justification that we need to protect the health care system from being overloaded with respiratory infection cases.

Vaccines and Virus Interference

Whether combo mRNA shots against several different types of respiratory viruses will actually work or have an even worse disaster potential than the COVID shots remains to be seen. What we do know is that conventional flu vaccines have the potential to cause viral interference with the mRNA COVID shots, essentially making you more prone to severe COVID-19 if you've received a conventional flu vaccine.

We discussed this in my [May 2020 interview with Judy Mikovits, Ph.D.](#) Dr. Michael Murray, a naturopathic physician and author, also pointed this out in his blog post, "Does Flu Shot Increase COVID-19 Risk?"⁹ The trend was particularly evident in Italy at the beginning of the COVID pandemic, where many elderly succumbed to the infection.

As it turns out, Italy had introduced a new, more potent type of flu vaccine, called VIQCC, in September 2019. VIQCC is produced using cultured animal cells rather than embryonated chicken eggs, which gives a greater boost to the immune system. It also contains four types of influenza viruses.¹⁰ "It looks like this 'super' vaccine impacted the

immune system in such a way to increase coronavirus infection through virus interference," Murray wrote.

Lessons from the 2009 Swine Flu Pandemic

The kind of virus interference Murray was referring to had been shown to be at play during the 2009 pandemic swine flu. A 2010 review^{11,12} in PLOS Medicine led by Dr. Danuta Skowronski, a Canadian influenza expert with the Centre for Disease Control in British Columbia, found the seasonal flu vaccine increased people's risk of getting sick with pandemic H1N1 swine flu and resulted in more serious bouts of illness.

People who received the trivalent influenza vaccine during the 2008-2009 flu season were between 1.4 and 2.5 times more likely to get infected with pandemic H1N1 in the spring and summer of 2009 than those who did not get the seasonal flu vaccine.

To double-check the findings, Skowronski and other researchers conducted a follow-up study on ferrets. Their findings were presented at the 2012 Interscience Conference on Antimicrobial Agents and Chemotherapy.

In all, five observational studies conducted across several Canadian provinces found identical results. These findings also confirmed preliminary data from Canada and Hong Kong. As Australian infectious disease expert professor Peter Collignon told ABC News:¹³

"Some interesting data has become available which suggests that if you get immunized with the seasonal vaccine, you get less broad protection than if you get a natural infection ...

We may be perversely setting ourselves up that if something really new and nasty comes along, that people who have been vaccinated may in fact be more susceptible compared to getting this natural infection."

Flu Vaccination Raises Unspecified Coronavirus Infection

Virus interference was also demonstrated in a January 2020 study^{14,15} which found Department of Defense personnel who were vaccinated against influenza were significantly more likely to contract other respiratory viruses, including unspecified coronavirus infections and human metapneumovirus (hMPV¹⁶).

Service members who had received a **seasonal flu shot** during the 2017-2018 flu season were 36% more likely to contract coronavirus infection and 51% more likely to contract hMPV infection than unvaccinated individuals.^{17,18} As it turns out, hMPV is one of the respiratory viruses Moderna plans to combat using mRNA combination shots.¹⁹

Another is respiratory syncytial virus (RSV), which is similar to coronavirus. RSV is yet another virus shown to be very difficult to prevent with a vaccine. RSV vaccine experiments done in the 1960s ended in disaster, as several of the children studied developed antibody-dependent enhancement (ADE) and died from the resulting cytokine storm when exposed to the wild virus.²⁰

Considering influenza antibodies increase your risk for hMPV and coronavirus infection, and an RSV vaccine has yet to be developed due to the well-known risk of RSV vaccine-enhanced disease, why is Moderna focusing on making an mRNA shot against all four viruses at the same time?

COVID-19 Shots Confer Narrow Immunity

The problem that all of these studies highlight is that influenza vaccination confers very narrow immunity against a specific viral strain, leaving your body open to other viruses. The mRNA shots confer even more specific immunity, as your body is responding to the antigen alone rather than the whole virus.

“ If you instruct your body to develop a narrow range of antibodies against, say, SARS-CoV-2, a couple of influenza strains, along with hMPV and/or RSV, will that make you more susceptible to other far more

serious infections? Or will they start canceling each other out or cause cross-reactions? Might such a combination exhaust and destroy your immune system entirely?”

When it comes to SARS-CoV-2 – which appears to be a genetically manipulated virus designed to attack your cardiovascular system and basic immune function – the **spike protein** is actually the most dangerous part. This explains why so many are having **serious side effects from these COVID shots**. The spike protein acts as a toxin in and of itself.

The question is: If you instruct your body to develop a narrow range of antibodies against, say, SARS-CoV-2, a couple of influenza strains, along with hMPV and/or RSV, will that make you more susceptible to other far more serious infections? Or will they start canceling each other out or cause cross-reactions?

Might such a combination exhaust and destroy your immune system entirely? These are just some of the questions that come to mind, based on what we've seen happen with other conventional vaccines and the current mRNA shots for COVID.

Pfizer Requests EUA for Third Booster Dose

Pfizer plans to ask for EUA authorization for a third COVID booster shot in August 2021, Bloomberg reports.²¹ According to Pfizer's head of research, Mikael Dolsten, initial data suggest a third dose of the current Pfizer shot can raise neutralizing antibody levels by anywhere from fivefold to 10-fold.²² The company is also working on variant-specific formulations.

The booster would be given six to eight months after the second dose. Dolsten points to data from Israel, where Pfizer's mRNA injection was used exclusively, which shows a recent uptick in breakthrough cases. This suggests protection starts to wane around the

six-month mark, although Dolsten said it still appears to offer good protection against more severe illness.

For now, the FDA is shying away from authorizing boosters, saying the current shots appear effective enough. In a joint statement published July 8, 2021, the Centers for Disease Control and Prevention and FDA stated:²³

"Americans who have been fully vaccinated do not need a booster shot at this time. We are prepared for booster doses if and when the science demonstrates that they are needed."

The way things have been going, though, there's no doubt in my mind they'll greenlight an entire line of boosters for emerging variants. The call for boosters will probably grow in tandem with recognized breakthrough cases, which will be interpreted as waning immunity rather than a sign of outright vaccine failure or ADE.

Freedom Based on the Drugs You Accept

Another reason why I'm certain booster shots will gain EUA authorization is because the treadmill of boosters will support the stated "need" for **vaccine passports** to keep track of them all. Let's face it, vaccine passports are really pharmaceutical passports.

Eventually, they will dictate what you can and cannot do based on what pharmaceutical products and treatments you accept. Beyond that, they're part of a much larger social credit system, where any infraction will sorely limit your freedom. As noted by former Clinton adviser and author Naomi Wolf in a Fox News interview:^{24,25}

"It is not about the vaccine, it's not about the virus, it's about your data ... What people have to understand is that any other functionality can be loaded onto that platform with no problem at all. It can be merged with your Paypal account, with your digital currency.

Microsoft is already talking about merging it with payment plans. Your network can be sucked up. It geolocates you everywhere you go. Your credit history can

be included. All of your medical and health history can be included.

This has already happened in Israel, and ... we're hearing from activists that it's a two-tiered society and that basically, activists are ostracized and surveilled continually. It is the end of civil society, and they are trying to roll it out around the world.

It is absolutely so much more than a vaccine pass ... I cannot stress enough that it has the power to turn off your life, or to turn on your life, to let you engage in society or be marginalized."

Wolf also pointed out the horrific history of IBM,²⁶ whose [Digital Health Pass](#) will tie biometric IDs to health data through its smartphone app. This "health pass" will then grant or deny you access to public spaces and events, based on your vaccination status.

This is essentially the modern-day version of the punch card system – the forerunner to digital entry on computers – that IBM developed for the Nazi regime, which allowed them to create a census of Jews and other undesirables, who could then be identified, tracked and sorted into groups slated for incarceration or extermination.

Not only did IBM survive past the end of the war, despite having played an integral role in the genocide, it has now been chosen to create an identical but more technologically advanced copy of the identification and tracking system it created for the Nazi regime. Somehow, that doesn't strike me as entirely accidental. To learn more about IBM's frightening track record, see "[IBM Colluded With Hitler, Now Makes Vaccine Passports.](#)"

Combating Zoonotic Transmission With Transmissible Vaccines

Disturbingly, in addition to the extremely dangerous [mRNA COVID "vaccines"](#) we're now being coerced into taking, we're also facing a future of transmissible vaccines, which would erase free will and informed consent altogether.

The promise of transmissible vaccines is detailed in a January 2021 article in the journal *Virus Evolution*,²⁷ where they discuss "the development of recombinant viral

vaccines that are transmissible, and thus capable of self-dissemination through hard to reach populations of wild animals."

According to mathematical models, transmissible vaccines would significantly reduce the effort required to control pathogens in animal reservoirs, and by lowering the infection rate there, chances of human infection would be diminished. The problem, however, is that vaccination puts the pathogen under evolutionary pressure, which speeds up mutations. Here's how the authors describe it:²⁸

"A key challenge facing these new vaccines ... is the inevitability of evolutionary change resulting from their ability to self-replicate and generate extended chains of transmission. Further, carrying immunogenic transgenes is often costly, in terms of metabolic burden, increased competition with the pathogen, or due to unintended interactions with the viral host regulatory network.

As a result, natural selection is expected to favor vaccine strains that down-regulate or delete these transgenes resulting in increased rates of transmission and reduced efficacy against the target pathogen.

In addition, efficacy and evolutionary stability will often be at odds; as when longer, more efficacious antigens experience faster rates of evolutionary decay ... However, we find that, at least in some cases, vaccine stability and overall performance can be improved by the inclusion of a second, redundant antigen."

Interestingly enough, the authors include COVID-19 in their list of "zoonoses for which the risk of spillover could possibly be reduced or eliminated through the use of transmissible vaccines." However, as detailed in Dr. Steven Quay's Bayesian analysis,²⁹ SARS-CoV-2 has not been found in any of the 80,000 samples taken from 209 different animal species.

This fact alone proves SARS-CoV-2 is laboratory derived and did not occur through zoonotic spillover. Moreover, none of the first 259 cases in China were traced back to animal contact.³⁰ All were human-to-human transmissions. It's understandable that researchers would allude to their work being beneficial against COVID-19 though, seeing how it has completely taken over the global dialogue.

Are Human Transmissible Vaccines Next?

What bothers me most about the development of transmissible vaccines is that it's only a matter of time before they'll be used in the human population. I predict transmissible vaccines will be the next big thing after mRNA "vaccines."

In a best-case scenario (and it's far from good), transmissible vaccines could be rolled out if COVID-19 shots were to become mandatory worldwide. In a worst-case scenario, they might be introduced even in the absence of a global vaccine mandate. In either case, you can kiss medical freedom goodbye.

Anecdotal evidence of spike protein or exosome transmission between people who have gotten the COVID shot and those who have not also raises the question of whether transmissible vaccines are here already.

While that's still speculative, we can be sure that mRNA flu "vaccines" that turn your body's cells into antigen factories are coming. Scientists have locked in on this transhumanist model of altering your God given genetic instructions rather than preventing illness through healthy lifestyles and treatments using safe medicines.

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