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New Research: COVID Infection Antibodies Could Last Years

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STORY AT-A-GLANCE -

- Data suggest antibodies developed during a mild COVID-19 illness may produce long-lasting antibodies that protect you against another infection
- Cardiologist and vaccine advocate R. Hooman Noorchashm warns people to avoid the vaccine if they had COVID-19 in concern that a hyperinflammatory response may increase your risk of adverse side effects
- Deaths from the COVID-19 vaccines have exceeded all other vaccines in the last 15 years; early treatment may have prevented 85% of deaths from COVID-19
- Deaths from the vaccine may rise further in the fall and winter months if the vaccine triggers an antibody-dependent enhancement in the immune system, increasing the risk of severe disease

It turns out researchers have discovered that not only does the SARS-CoV-2 virus infect your cells, but the spike protein shell can also damage your endothelial cells and may be responsible for many of the vascular and long-haul symptoms.[1] In a new study, the researchers created a cell surrounded by spike (S) protein without a virus.

Using an animal model, they administered this to the lungs and found the spike protein was enough to cause damage and inflammation. The experiment was replicated in the lab using cell cultures. The data showed that when the S protein attached to the ACE2 receptor it disrupted signaling to the mitochondria and caused damage and fragmentation.

Senior co-author of the study Uri Manor explained that the S protein receptor was enough to damage vascular cells "by virtue of its ability to bind to this ACE2 receptor." Some of the long-haul symptoms of COVID-19 may be related to vascular damage.

However, in my **interview with Dr. Vladimir Zelenko** in March 2021, he revealed that none of his patients who received treatment in the first five days went on to develop long-haul symptoms. In his population of 3,000 patients, early treatment for high-risk patients reduced the risk of long-haul symptoms.

It also demonstrated a death rate of 0.1% after three high-risk patients died. But the benefits to the patients who recovered have not ended since recent data show patients who were infected with COVID develop an immune response that could protect them for years.[2]

Evidence Suggests COVID Antibodies May Last Years

In a study published in the journal Nature, the researchers began with the understanding that protective antibodies are generated by long-lived bone marrow plasma cells.[3] They noted that research in 2020 reported people who were infected with SARS-CoV-2 showed a rapid decline in serum antibodies in the first few months after infection.

The question the researchers sought to answer is whether this reduction in antibodies indicated the bone marrow plasma cells generating immunity against the virus may also have been short-lived. The researchers engaged a group of 77 participants who had a mild COVID-19 infection.[4]

The group donated **blood** samples at three-month intervals beginning one month after they had recovered from their initial infection. Eighteen of the participants also donated bone marrow approximately seven or eight months after the infection, and five came back four months later for a second bone marrow extraction.

As the researchers expected, the levels of antibodies in the blood dropped quickly within the first month. However, some of the participants had detectable antibodies even after 11 months.

The testing also showed 78% of the bone marrow samples had antibody-producing cells for SARS-CoV-2. Researchers also tested bone marrow of 11 people who had never had COVID-19. In their bone marrow samples there were no antibody-producing cells. The team concluded:[5]

> *"We demonstrate that S-binding BMPCs are quiescent, indicating that they are part of a long-lived compartment. Consistently, circulating resting memory B cells directed against the S protein were detected in the convalescent individuals. Overall, we show that SARS-CoV-2 infection induces a robust antigen-specific, long-lived humoral immune response in humans."*

Senior author of the study Ali Ellebedy, Ph.D., an associate professor of pathology & immunology at Washington University School of Medicine in St. Louis, pointed out one flaw in assuming natural immunity against COVID-19 had waned by measuring antibodies in the blood, saying:[6]

> *"Last fall, there were reports that antibodies waned quickly after infection with the virus that causes COVID-19, and mainstream media interpreted that to mean that immunity was not long-lived. But that's a misinterpretation of the data. It's normal for antibody levels to go down after acute infection, but they don't go down to zero; they plateau.*
>
> *Here, we found antibody-producing cells in people 11 months after first symptoms. These cells will live and produce antibodies for the rest of people's lives. That's strong evidence for long-lasting immunity.*
>
> *People with mild cases of COVID-19 clear the virus from their bodies two to three weeks after infection, so there would be no virus driving an active immune response seven or 11 months after infection. These cells are not dividing. They are quiescent, just sitting in the bone marrow and secreting antibodies. They have been doing that ever since the infection was resolved, and they will continue doing that indefinitely."*

Humoral and Cellular Immunity: What's the Difference?

There are two main areas of your immune system. The first is the innate immune response that has physical and cellular responses to pathogens. The purpose is for an immediate reaction to help prevent the spread of foreign bodies throughout the body.[7]

Innate immunity is nonspecific and uses natural killer cells, macrophages, mass cells and basophils at the cellular level, as well as skin, cough reflex and membranes on a physical level.

Long term immunity is tied to the **adaptive immune system**. This is specific to the pathogen invading your body. Adaptive immunity is also called acquired immunity and develops when your body is exposed to protein antigens. The immune system then builds specific defense mechanisms against those antigens.

Within the adaptive immune response are humoral and cellular immunity. Antibodies are part of humoral immunity. The humoral system is first on the scene to deal with foreign pathogens that are circulating or outside of infected cells. Cellular immunity is mediated by T lymphocytes and addresses pathogens inside infected cells.

The media reported that natural immunity against SARS-CoV-2 declined after a person recovered from the infection because levels of humoral immunity measured in the bloodstream decline as the person recovered. However, this decline is a natural response to any infection and is expected.

Recent data from the research into bone marrow immune cells demonstrates that while circulating humoral antibodies decline after an active infection, a high percentage of those who had been infected with mild disease continue to produce low levels of immune cells that would recognize the virus if the person was infected again and mount a significant defense against it.

Before COVID-19,[8] it was acknowledged that a natural infection nearly always produces a better immune response in the body than a vaccine. The argument for vaccines was that it reduced the risk from **diseases** that may produce long term disability or death, such as birth defects from rubella or liver cancer from hepatitis B.

But the same cannot be said for SARS-CoV-2. You can only conclude that vaccines against COVID-19 are not a necessary health risk when you consider the following factors:

- As Zelenko and others have demonstrated, early treatment reduces death rates and long-haul symptoms
- Recent data demonstrate natural immunity is produced following a COVID-19 infection and natural immunity produces a better response than vaccines

Doctor Warns if You Had COVID Don't Get Vaccinated

Fox news reporter Tucker Carlson spoke to retired cardiac surgeon Dr. Hooman Noorchashm about his concerns regarding the new COVID-19 vaccines.[9] Noorchashm is a strong proponent of vaccination programs, but also believes that questions should be asked about specific vaccines and their potential side effects. In this case, he calls the COVID-19 vaccination program an:[10]

> *"… absolutely unprecedented vaccine campaign in the history of Western Civilization. And that is that, while in the middle of an outbreak when millions of people in the world are already infected recently or currently, we're deploying a vaccine.*
>
> *This is one of the most dramatic differences between this vaccine and any other. You don't have to go to medical school to understand that is not a standard approach to vaccinate people while they're infected."*

He goes on to explain that we have hundreds of thousands of people who were mildly infected or those who were asymptomatic, who may experience problems from the vaccine. He calls the program:[11]

> *"… a dramatic error on the part of public health officials to try to put this vaccine into a one-size-fits-all paradigm … We're going to take this problem that we have with the COVID-19 pandemic, which is that 0.5% of the population is susceptible*

> *to dying, and we're going to compound it by causing totally avoidable harm by vaccinating people who are already infected recently."*

His concerns for a hyperinflammatory response after vaccination if you carry antibodies for SARS-CoV-2 is not shared by the CDC. In fact, they encourage those who have recovered to get vaccinated because:[12]

> *"… experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible — although rare — that you could be infected with the virus that causes COVID-19 again."*

One international survey[13] of 2,002 people found those who had recovered from a COVID-19 illness and received their first dose of the vaccine experienced "significantly increased incidence and severity of side effects." These side effects included fever, breathlessness and severe effects that led to hospitalized care.

Noorchashm has written multiple letters warning people should be first screened for the presence of viral proteins before vaccinations. In one letter[14] he warned that without screening, "this indiscriminate vaccination is a clear and present danger to a subset of the already infected."

COVID Vaccine Deaths Exceed All Other Vaccines Over 15 Years

During a recent Texas State Senate Health and Human Services Committee hearing,[15] Dr. Peter McCullough, vice chief of internal medicine at Baylor University Medical Center, testified that according to available data, early treatment could have prevented up to 85% of deaths from COVID-19.

Yet, despite being **inexpensive and readily available**, many of these early treatments have been **censured and suppressed** as public health officials have encouraged people to wait for a global mass vaccination campaign.

The result of waiting for a gene therapy vaccine has been devastating. Five months into the campaign, the U.S. Vaccine Adverse Events Reporting System (VAERS) shows that more than 4,200 people in the U.S. have died after getting the shot.[16] Any other vaccine would have been pulled from the market by now.

For example, in 1976, 45 million people were vaccinated against the swine flu. After over 500 cases of Guillain-Barre were reported with over 25 deaths, the program was canceled.[17]

Currently, health authorities have decided that more than 4,200 deaths from the COVID vaccine is either coincidental or inconsequential. When you consider the numbers, the death toll is 7,000% greater from the COVID-19 vaccine than during the swine flu vaccination campaign, which was canceled because the vaccine was deemed too risky.

These numbers are likely to be seriously underestimated since VAERS appears to be backlogged by about three months.[18]

Even if the data were current, only 1%[19,20] to 10%[21] of adverse events after vaccination are ever reported. This means that while the VAERS records 4,201 deaths as of May 14, 2021,[22] this number may instead be much higher.

Death Rate May Rise This Fall and Winter

Although deaths from COVID-19 vaccines have already reached a historic level, I fear this may go even higher during the fall and winter months. One of the greatest wild cards of these vaccines is antibody-dependent enhancement (ADE) or paradoxical immune enhancement (IPE).

I have detailed this issue in several articles including "**How COVID-19 Vaccine Can Destroy Your Immune System**" and "**Will Vaccinated People Be More Vulnerable to Variants**" In summary, ADE means the vaccine actually enhances the virus' ability to enter and infect your cells, rather than enhancing your immunity against the infection. This results in more severe disease.

Fall and winter months are when most coronavirus infections occur, whether those are from SARS-CoV-2 or other coronaviruses responsible for the common cold. If ADE does turn out to be a common problem, then vaccinated individuals may be at higher risk for severe COVID-19 illness and a potentially lethal immune reaction due to pathogenic priming.

There are so many potential avenues for harm and so many uncertainties that I would encourage you to do your homework, keep reading and learning, weigh the potential pros and cons, ignore all pressure tactics and take your time when you decide whether or not to get one of these **COVID-19 gene therapies**.

If you or someone you love has already received a COVID-19 vaccine and are experiencing side effects, be sure to report it, preferably to all three of these locations:[23]

- If you live in the U.S., file a **report on VAERS**
- Report the injury on **VaxxTracker.com**, which is a nongovernmental adverse event tracker (you can file anonymously if you like)
- Report the **injury on the Children's Health Defense website**

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