

Scientists Struggle to Explain Why COVID Spared Unjabbed

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December 06, 2022

STORY AT-A-GLANCE

- › “Vaccine equity” remains high on the global cabal’s list of priorities, even though real-world evidence shows the COVID shots have done more harm than good
- › Africa, where fewer than 6% of people have received the COVID jab, have maintained an extremely low COVID-19 death rate throughout the last three years, likely because they didn’t have equal access to experimental COVID injections
- › While wholly ignoring the African experience, U.S. media are now trying to scare people into taking additional shots for fall by warning of an incoming “triple-demic” of COVID, flu and respiratory syncytial virus (RSV)
- › The triple-demic narrative is scientifically implausible. Respiratory viruses tend to interfere with each other’s spread, such that one typically ends up dominating
- › Pfizer’s and Moderna’s pediatric trials both found RSV infection was more prevalent among children who got their COVID jabs than those who didn’t

The globalist cabal that invented and drove the make-believe COVID narrative is facing growing problems, as holes in the logic just keep getting larger over time. Case in point: The irrational promotion of vaccine equity.¹

According to the World Health Organization and other globalist strongholds, the Western world must sponsor vaccine deliveries to developing nations to make sure everyone has an equal chance at survival.²

The problem is that developing nations with the lowest COVID jab uptakes have fared no worse, and in some cases far better, than developing countries that greedily "hoarded" shots and boosters for themselves.

The African Conundrum

According to early predictions, Africa would be decimated by COVID for lack of shots,³ yet the COVID death toll in Africa has remained consistently lower than anywhere else over the past three years. Everyone feigns surprise. No one can figure out why. In August 2020, Science magazine reported:⁴

"Antibody studies suggest large numbers of infections have occurred but the death toll remains low ... After testing more than 3,000 blood donors, Uyoga and colleagues estimated in a preprint⁵ ... that one in 20 Kenyans aged 15 to 64 – or 1.6 million people – has antibodies to SARS-CoV-2, an indication of past infection.

That would put Kenya on a par with Spain in mid-May⁶ when that country was descending from its coronavirus peak and had 27,000 official COVID-19 deaths. Kenya's official toll stood at 100 when the study ended. And Kenya's hospitals are not reporting huge numbers of people with COVID-19 symptoms."

The situation was still the same in November 2021, when media reported that Africa, where fewer than 6% of people had received a COVID shot, was among the countries least affected by COVID. Researchers theorized that "lower rates of urbanization, genetic reasons or exposure to other diseases may have spared the continent the more lethal effects of the virus."⁷

No one in mainstream media has been willing to address any of the towering elephants in the room, which include the fact that the COVID shots don't prevent cases or deaths, that natural immunity is superior, and that COVID-19 was never as lethal a threat as they said it was. Africa gives us real-world evidence of these facts, yet the globalist cabal still insist that "vaccine equity" is an imperative goal.

Even though places like Africa didn't have adequate access to COVID shots, and even though they fared just as well or better than the Western world where COVID shot uptake was high, the cabal insist we still need to make sure that, next time, Africa will get the same kind of injection coverage as the rest of the world.

This makes no sense, especially when you consider that the majority of COVID deaths in the U.S. and elsewhere now occur among those who got the COVID jabs.⁸

But, judging by the last three years, they're not even going to try to make sense of it. Instead, they'll simply continue to avoid talking about success stories like Africa, where COVID ended up having little impact — probably due to ultra-low injection rates — and when they do talk about it, it'll continue to be veiled as a medical mystery.

What's Really Behind the Pressing Need for Vaccine Equity?

Responding to vaccine equity calls from the World Health Organization, Pfizer and Moderna both plan to manufacture COVID shots in Africa "to more efficiently address vaccination needs on the continent."⁹

But what's really behind this push for global vaccine equity? If you ask me, it's because vaccines are an integral part of the totalitarian biosecurity state being set up to control the world's population using vaccine passports and digital identity.

There's also compelling evidence to suggest vaccines will be used to drive a Malthusian-based depopulation agenda. Naturally, the eugenicists behind COVID and the COVID shots would not want developing nations like Africa to escape this global dragnet.

New Wave of Fear-Porn to Drive Vaccination Uptake

While wholly ignoring the African experience, U.S. media are now trying to scare people into taking additional shots for fall by warning of an incoming **"tripledeemic" of COVID, flu and respiratory syncytial virus (RSV)**. As fear of COVID variants is wearing off, perhaps

fear of three simultaneous viral threats will re-stoke the flames of paranoia? As reported by STAT News November 22, 2022:¹⁰

"A viral hurricane is making landfall on health care systems battered by three pandemic years. With the official start of winter still weeks away, pediatric hospitals are facing crushing caseloads of children sick with RSV and other viral illnesses.

Schools that promised a 'return to normal' now report widespread absences and even closures from RSV and flu in many parts of the country, contributing to parents missing work in record numbers.

With this year's flu season beginning some six weeks early, the CDC has already declared a flu epidemic as hospitalizations for influenza soared to the highest point in more than a decade. A storm of these proportions should demand not only crisis clinical measures, but also community prevention efforts."

In other words, expect renewed calls for masks, social distancing, lockdowns and the canceling of holiday get-togethers where people might share wrongthink and love for humanity in equal measure. And, of course, expect massive COVID booster and flu shot campaigns, and shaming of those who decide to abstain.

The Problem With the Tripledemic Narrative

The problem with the tripledemic narrative is that it's scientifically implausible. Those with little or no understanding of how viruses work might fall into the trap of thinking that if one virus is bad, two or three circulating at the same time will be far worse. But it's not that linear in real life.

In a November 18, 2022, Science magazine article, Jon Cohen explained why a simultaneous tripledemic is unlikely:¹¹

"Triple threat. Tripledemic. A viral perfect storm. These frightening phrases have dominated recent headlines as some health officials, clinicians, and

scientists forecast that SARS-CoV-2, influenza, and respiratory syncytial virus (RSV) could surge at the same time in Northern Hemisphere locales that have relaxed masking, social distancing, and other COVID-19 precautions.

But a growing body of epidemiological and laboratory evidence offers some reassurance: SARS-CoV-2 and other respiratory viruses often 'interfere' with each other.

Although waves of each virus may stress emergency rooms and intensive care units, the small clique of researchers who study these viral collisions say there is little chance the trio will peak together and collectively crash hospital systems the way COVID-19 did at the pandemic's start.

'Flu and other respiratory viruses and SARS-CoV-2 just don't get along very well together,' says virologist Richard Webby, an influenza researcher at St. Jude Children's Research Hospital. 'It's unlikely that they will circulate widely at the same time.'

'One virus tends to bully the others,' adds epidemiologist Ben Cowling at the University of Hong Kong School of Public Health. During the surge of the highly transmissible Omicron variant of SARS-CoV-2 in Hong Kong in March, Cowling found that other respiratory viruses 'disappeared ... and they came back again in April' ...

Recent advances in technology ... make it easier to detect infections in people and study how multiple viruses behave ... Increasingly, researchers are fingering a cause: chemical messengers that infected people produce called, fittingly, interferons.

When a respiratory virus sweeps through a community, interferons can broadly raise the body's defenses and temporarily erect a population wide immune barrier against subsequent viruses that target the respiratory system.

'Basically, every virus triggers the interferon response to some extent, and every virus is susceptible to it,' says immunologist Ellen Foxman at Yale University, who has been exploring interference between SARS-CoV-2 and other viruses in a laboratory model of the human airway.

Rhinoviruses, which cause common colds, can trip up influenza A (the most prevalent flu virus). RSV can bump rhinoviruses and human metapneumoviruses. Influenza A can thwart its distant cousin influenza B.

'There are a lot of major health implications from viral interference,' says Guy Boivin, a virologist at Laval University who co-authored a review¹² on viral interference earlier this year ...

Unlike other immune responses – antibodies, for example – that target specific pathogens an animal has seen in the past, this nonspecific, rapid response [of interferon] is part of what's known as the immune system's innate arm."

COVID Shots Likely Responsible for Soaring RSV Rates in Kids

In related news, evidence suggests RSV didn't soar out of season for no reason. In fact, it appears to be a result of the pediatric COVID jab campaign. Documents from Pfizer's and Moderna's pediatric trials submitted to the U.S. Food and Drug Administration reveal the injected group suffered higher rates of RSV, specifically, compared to controls.

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Moderna's trial involving 2- to 5-year-olds found RSV was four times more prevalent among children in the jabbed group compared to the unjabbed:¹³

"Within 28 days after vaccination, some respiratory tract-related infections were reported with greater frequency in the mRNA-1273 group than in the placebo group. Events of pneumonia were reported by 0.3% and 0% of mRNA-1273 and placebo recipients, respectively. Respiratory syncytial virus (RSV) was reported by 0.4% and <0.1% of mRNA-1273 and placebo recipients, respectively."

The same pattern was found in the 6- to 11-year-old trial, where RSV affected 0.3% of those who got the jab, and zero percent among controls. Children who got the jab were also more likely to contract some kind of upper respiratory tract infection (3.9% compared to 2.5%).

Pfizer's pediatric trial had similar results. Among 6-month-olds to 4-year-olds, RSV bronchiolitis was reported in five participants, compared to three in the control group. Is the U.S. Centers for Disease Control investigating this pattern? We'll see.

The Informed Consent Action Network (ICAN) has sent a letter to CDC director Dr. Rochelle Walensky, requesting data on how many of the children with positive RSV tests had received a COVID shot prior to their diagnosis.¹⁴

Take Control of Your Family's Health This Winter Season

While influenza, RSV and COVID can be problematic and dangerous for certain high-risk individuals, the overall risks associated with them are negligible for most. Just think back in your life – how many times have you had a cold or flu? How many people do you know who died from a cold or flu?

At this point, the vast majority of people have also had COVID, and are here to attest to its nonlethality. Unfortunately, those who have gotten several COVID shots are now in the high-risk category and may in fact experience more severe COVID infection. For the unjabbed, the latest variants pose exceptionally low risk. They may also be more susceptible to other respiratory infections. Among children, this includes RSV.

Keeping your and your children's immune system strong is the best way to protect your family this fall and winter, and there are many effective ways to do that. Here's a short-

list of some of the most important ones. For more details, follow the hyperlinks provided.

- **Optimize your vitamin D level** – Higher levels of vitamin D have been shown to decrease your risk of developing a severe case of, and dying from, COVID-19. Vitamin D supplementation has also been shown to reduce your risk of colds¹⁵ and influenza,^{16,17} as it boosts your innate immunity.
- **Nebulized peroxide** – Start at the very first sign of any respiratory infection, preferably on the first day. The longer you wait the less effective it will be, which is why you need to have the nebulizer and solution locked and loaded and ready to use the moment you notice the first symptom.
- **Time-restricted eating (TRE) and intermittent fasting** – Both have been linked to less severe COVID infection.
- **Immune-boosting nutraceuticals such as vitamin C, quercetin with zinc and N-acetylcysteine (NAC)** – Zinc is a potent broad-spectrum antiviral and quercetin helps transport it into the cell, where it's needed. **Vitamin C is also a premiere treatment for many infections** and helps boost overall immune function.

NAC, meanwhile, is a precursor to reduced glutathione, which appears to play a crucial role in COVID-19 specifically. Benefits of NAC include inhibiting expression of proinflammatory cytokines, improving T cell response and inhibiting the hypercoagulation that can result in stroke and/or blood clots that impair the ability to exchange oxygen in the lungs.

Sources and References

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