MERCOLA
Take Control of Your Health

Pfizer to Roll Out Omicron Shot in March

Analysis by Dr. Joseph Mercola ✔ Fact Checked

STORY AT-A-GLANCE -

- Omicron is rapidly overtaking other SARS-CoV-2 variants and currently accounts for 95% of all COVID cases in the U.S.
- Research shows current COVID shots cease to provide any protection against Omicron 30 days' post-injection, and at 90 days offers negative protection, actually making you more prone to Omicron infection
- This effectively makes COVID jab mandates obsolete, yet government and health authorities are still pushing Americans to get jabbed, and if already jabbed, to get a third booster
- Pfizer is now saying it will have an Omicron-specific shot ready in March 2022, at which point Americans will undoubtedly be told to line up for a fourth injection
- Professor Andrew Pollard, head of the U.K.'s Committee on Vaccination and Immunization who helped create the Oxford-AstraZeneca shot, said in a January 3, 2022, Daily Telegraph interview: "We can't vaccinate the planet every four or six months. It's not sustainable or affordable"

While a third COVID booster shot started rolling out in late September 2021,[1] and people have been bullied into getting it, that booster is no different from the first two doses. It's not specific against Omicron, which is rapidly overtaking other variants and currently accounts for 95% of all COVID cases in the U.S.[2]

A number of studies have already shown that the COVID shots offer very limited protection against the Omicron variant,[3,4] yet the guidance doesn't change. "Get the booster," is the universal recommendation, but that's like telling everyone to use a flu vaccine from one or even two seasons ago. Why take another dose of something that is significantly mismatched to the strains in circulation?

Omicron Makes Vaccine Mandates Obsolete

As noted by Dr. Luc Montagnier and Jed Rubenfeld, a lawyer, in a January 9, 2022, Wall Street Journal opinion piece,[5] "Omicron Makes Biden's Vaccine Mandates Obsolete," there's no evidence the COVID shots reduce infections from this rapidly spreading variant.

> *"It would be irrational, legally indefensible and contrary to the public interest for government to mandate vaccines absent any evidence that the vaccines are effective in stopping the spread of the pathogen they target,"* Montagnier and Rubenfeld write, *"Yet that's exactly what's happening here ...*
>
> *As of Jan. 1, Omicron represented more than 95% of U.S. COVID cases, according to estimates from the Centers for Disease Control and Prevention.*
>
> *Because some of Omicron's 50 mutations are known to evade antibody protection, because more than 30 of those mutations are to the spike protein used as an immunogen by the existing vaccines, and because there have been mass Omicron outbreaks in heavily vaccinated populations, scientists are highly uncertain the existing vaccines can stop it from spreading ...*
>
> *The Supreme Court held in Jacobson v. Massachusetts (1905) that the right to refuse medical treatment could be overcome when society needs to curb the spread of a contagious epidemic. At Friday's oral argument, all the [Supreme Court] justices acknowledged that the federal mandates rest on this rationale.*
>
> *But mandating a vaccine to stop the spread of a disease requires evidence that the vaccines will prevent infection or transmission (rather than efficacy against*

severe outcomes like hospitalization or death).

As the World Health Organization puts it, 'if mandatory vaccination is considered necessary to interrupt transmission chains and prevent harm to others, there should be sufficient evidence that the vaccine is efficacious in preventing serious infection and/or transmission.'[6] For Omicron, there is as yet no such evidence. The little data we have suggest the opposite."

COVID Shots Increase Omicron Infection Risk

The pair go on to cite Danish research[7] showing the Moderna and Pfizer mRNA shots have no statistically positive effect against Omicron infection after just 30 days. Worse, 90 days' post-injection their effectiveness goes negative, making those who have received the jab more susceptible to Omicron infection than the unvaccinated.

> *"Confirming this negative efficacy finding, data from Denmark and the Canadian province of Ontario indicate that vaccinated people have higher rates of Omicron infection than unvaccinated people,"* Montagnier and Rubenfeld write.

An additional problem is that those who have received the jab are just as contagious as the unvaccinated, once they get infected. "Preliminary data from all over the world indicate that this is true of Omicron as well," Montagnier and Rubenfeld note. In a January 10, 2022, CNN interview, CDC director Dr. Rochelle Walensky actually admitted that "what [the COVID shots] can't do anymore is prevent transmission."[8]

That ought to close the book on the COVID jab mandates, but no. Government is still insisting people inject themselves with a risky product that has no hope of controlling, let alone ending, the pandemic. Montagnier and Rubenfeld continue:[9]

> *"According to the CDC, the overwhelming majority of symptomatic U.S. Omicron cases have been mild. The best policy might be to let Omicron run its course while protecting the most vulnerable, naturally immunizing the vast majority against COVID through infection by a relatively benign strain."*

Pfizer to Introduce Omicron-Specific COVID Shot

Vaccine makers are not going to give up their golden goose without a fight, though. Pfizer is now saying it will have an Omicron-specific shot ready in March 2022,[10] at which point Americans will undoubtedly be told to line up for a fourth injection.

> **"We can't vaccinate the planet every four or six months. It's not sustainable or affordable. ~ Professor Andrew Pollard"**

Depending on where you live, it might actually be your fifth dose. Israel, for example, rolled out a fourth dose of the Pfizer shot for certain vulnerable groups at the end of December 2021.[11]

Think about this for a moment. There are people now who have received four mRNA gene transfer shots within the span of a single year! Let's be clear: That is not a vaccine. Vaccines are not something you need to keep injecting on a quarterly basis.

And, as professor Andrew Pollard, head of the U.K.'s Committee on Vaccination and Immunization who helped create the Oxford-AstraZeneca shot, said in a January 3, 2022, Daily Telegraph interview, "We can't vaccinate the planet every four or six months. It's not sustainable or affordable."[12]

Deltacron Variant May Be a Lab Contaminant

The idea that Omicron will remain the prevailing variant by the time Pfizer gets its updated injection done seems doubtful. The virus is rapidly mutating, so chances are they're always going to be one or more variants behind. Aside from limiting the protection you might get from the shots, that mismatch is also likely to keep driving mutations. In short, trying to "vaccinate" our way out of this pandemic is a fool's errand.

Already, several different variants have made headlines, including the Ihu variant,[13] detected in France, which has 46 genetic mutations and 36 deletions from the original virus, the "flurona"[14] — a combination of the flu and COVID-19 — initially identified in Israel, and Deltacron, a Delta variant with an Omicron signature in its genome, detected in Cyprus.[15]

So far, none of these mutations has stirred up any significant concern. According to the World Health Organization, Ihu is nothing to worry about, and some experts believe the Deltacron variant may be the result of a lab processing error. As reported by CNBC:[16]

> *"WHO COVID expert Dr. Krutika Kuppalli said on Twitter that, in this case, there was likely to have been a 'lab contamination of Omicron fragments in a Delta specimen.'"*

Kuppalli also insists there's no such thing as Flurona. CNBC continues:

> *"Other scientists have agreed that the findings could be the result of a lab error, with virologist Dr. Tom Peacock from Imperial College London also tweeting that 'the Cypriot 'Deltacron' sequences reported by several large media outlets look to be quite clearly contamination.'*
>
> *In another tweet, he noted that 'quite a few of us have had a look at the sequences and come to the same conclusion it doesn't look like a real recombinant,' referring to a possible rearrangement of genetic material."*

Others are less willing to write off Deltacron altogether. Dr. Boghuma Kabisen Titanji, an infectious disease expert at Emory University in Atlanta, has noted that the mixing of genetic material between the two widely circulating strains — Delta and Omicron — is possible. Recombination can occur, and with both of these strains in circulation, "dual infection with both variants increases this concern," she tweeted.[17]

The scientist who discovered Deltacron, Leontios Kostrikis, professor of biological sciences at the University of Cyprus, also defends its existence, saying it is not the result of a technical error. In an emailed statement to CNBC, Kostrikis stated that the 25

cases of the mutation that he found "indicate an evolutionary pressure to an ancestral strain to acquire these mutations and not a result of a single recombination event."

He also said that samples were processed in different labs in more than one country, and that a genetic sequence deposited by Israeli scientists into a global database has the same genetic characteristics. Still, Cyprus' health minister, Michael Hadjipantela told a local media outlet that they have no concerns about Deltacron at the moment, as both strains are already in circulation.[18]

Are Combination Infections on the Rise?

With the emergence of flurona and Deltacron, we seem to be entering a phase in which dual infections are emerging. In other words, people are coming down with two viral infections at the same time. NBC Chicago reports:[19]

> *"Yes, it's possible for someone to be diagnosed with both flu and COVID at the same time, doctors say. Cases of people who have tested positive for both viruses, in what has now been coined 'flurona,' have been reported recently. But despite some false portrayals online, the viruses have not merged to create a new illness.*
>
> *They remain separate infections. 'Flurona is a thoughtfully-named experience that can in fact occur. The flu virus and the COVID-19 virus are different enough that they're different variants and they both can occur at the same time,' said Dr. Mark Loafman, chair of family and community medicine for Cook County Health."*

The question is, will a co-infection result in more severe illness? Experts say it's possible, but not a given. It's also difficult to discern whether you're fighting one or two viruses simultaneously to begin with. At present, there's no simple way to discern whether you're infected with just one or two viruses.

Symptoms of Cold, Flu and COVID Overlap

The core symptoms are near-indistinguishable between flu and COVID:

Fever (which tends to be a little higher when you have the flu, compared to COVID infection) or chills	Muscle or body aches
Cough	Shortness of breath
Congestion	Headache

"Those are all very, very common for both flu and COVID and I think for most of us, we wouldn't really be able to tell the difference," Loafman told NBC Chicago.[20] Other symptoms commonly reported with SARS-CoV-2 infection (up to and including Delta), but less frequently with influenza, include:

- Loss of taste or smell
- Stomach/gastrointestinal pain (which in some cases could be a sign of microclots in the intestines[21])
- Nausea or vomiting
- Diarrhea

The common cold, caused by other coronaviruses, can also mimic COVID, especially infection with the Omicron variant. With Omicron infection, prominent symptoms include cough, congestion, runny nose and fatigue.

A key difference in symptomology between Delta and Omicron is that Omicron does not appear to cause the loss of taste and smell, which often occurs with Delta infection (as with previous strains). Fortunately, Omicron also does not seem to be associated with blood clots, like previous strains (especially the initial ones), and it's also far less likely to cause severe lung infection and damage.[22,23]

Treat Symptoms Early

Considering the uncertainties around diagnosis, it's best to treat any cold or flu-like symptoms early. Unfortunately, mainstream media and federal health authorities still recommend doing nothing. As reported by NBC Chicago:[24]

> *"Unless you feel sick enough to seek medical help, Loafman said the guidance doesn't change ... 'Stay home, stay away from others, and if you're sick enough, if you meet criteria to need help, then, you know, the clinical setting will sort out which testing to do' ...*
>
> *The CDC urges those who have or may have COVID-19 to watch for emergency warning signs and seek medical care immediately if they experience symptoms including:*
>
> - *Trouble breathing*
> - *Persistent pain or pressure in the chest*
> - *New confusion*
> - *Inability to wake or stay awake*
> - *Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone"*

This is beyond terrible advice. At first signs of symptoms, you need to start treatment. Perhaps it's the common cold or a regular influenza, but since it's hard to tell, your best bet is to treat symptoms as you would COVID. To this day, many who get sick don't have a single remedy in their medicine cabinet. Why?

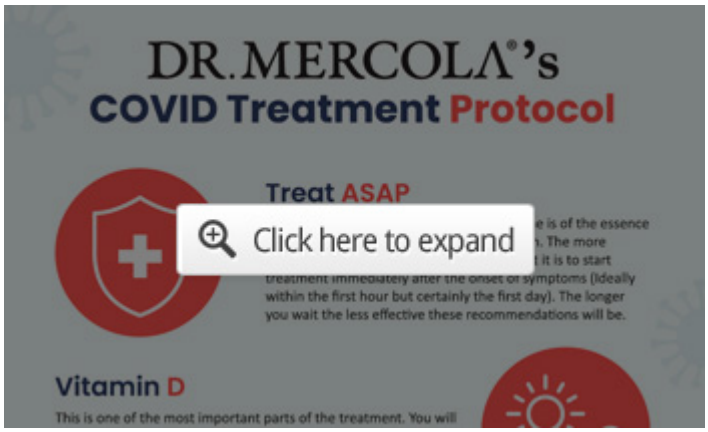
Considering how contagious Omicron is, chances are you're going to get it, so buy what you'll need now, so you have it on hand if/when symptoms arise. And, remember, this applies for those who have gotten the jab as well, since you're just as likely to get infected — and perhaps even more so. Early treatment protocols with demonstrated effectiveness include but are not limited to the following:

- The Front Line COVID-19 Critical Care Alliance's (FLCCC's) **prevention and early at-home treatment** protocol. They also have an **in-hospital protocol** and **long-term management guidance for long-haul COVID-19 syndrome**. You can find a listing of

doctors who can prescribe ivermectin and other necessary medicines on the FLCCC website

- The AAPS protocol
- Tess Laurie's World Council for Health protocol
- America's Frontline Doctors

I reviewed all of these protocols and believe the FLCCC's is the easiest and most effective. I've posted a summary of it below, with a handful of tweaks. Specifically, I recommend:



Sources and References

- [1] CDC.gov September 24, 2021
- [2] Bloomberg January 4, 2022
- [3] Desert News December 26, 2021
- [4] The New York Times December 19, 2021
- [5, 9] Wall Street Journal January 9, 2022
- [6] WHO.int COVID-19 and Mandatory Vaccination: Ethical Considerations and Caveats (Archived)
- [7] medRxiv December 23, 2021 DOI: 10.1102/2021.20.21267966 (Archived)
- [8] KMOX January 10, 2022
- [10, 15, 16, 17] CNBC January 10, 2022
- [11] CNBC December 31, 2021
- [12] The Telegraph January 3, 2022
- [13] CBS News January 6, 2022
- [14] News Nation Now January 7, 2022
- [18] In-Cyprus January 9, 2022
- [19, 20, 24] NBC Chicago January 7, 2022

- [21] Advisory.com June 9, 2021
- [22] The New York Times December 31, 2021
- [23] The Guardian January 2, 2022