

# Boosters Stop Boosting After Only 4 Months

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✓ Fact Checked

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## STORY AT-A-GLANCE

- › COVID-19 booster shots lose effectiveness rapidly, with protection plummeting by the fourth month post-shot
- › Within four to five months post-booster, protection against COVID-19-related emergency department and urgent care visits decreased to 66%, then fell to just 31% after five months or more post-booster
- › Regulators are already hinting that a fourth COVID-19 shot may be necessary
- › Moderna, Pfizer and other vaccine makers have begun clinical trials for COVID-19 shots that target the Omicron variant specifically, but studies have failed to show any advantage to the new shots
- › Artificially inflated antibodies caused by repeated booster shots could lead to health problems, including autoimmune conditions
- › If you've had COVID-19, even a mild case, you've more than likely got long-term – potentially even lifelong – immunity that's superior to what existing COVID-19 shots provide

COVID-19 booster shots lose effectiveness rapidly, with protection plummeting by the fourth month post-shot.<sup>1</sup> The eye-raising data, presented by the U.S. Centers for Disease Control and Prevention, follows the same dismal pattern of effectiveness displayed by the primary mRNA COVID-19 shot series, whose effectiveness also wanes in a matter of months.

When one or two doses of COVID-19 shots didn't work to end the pandemic, health officials stressed that a third booster dose was necessary. It now states, "Most people need booster shots,"<sup>2</sup> and recommends the Pfizer-BioNTech booster for everyone 12 years and older, at least five months after the first set of shots.<sup>3</sup>

But with evidence that the booster shots become significantly less effective within just four months, it's opened the door for ongoing shots in the future, which could have serious ramifications for human health.

## **Booster Shot Effectiveness Plummets in Four Months**

The CDC-funded study involved data from 10 states collected from August 26, 2021, to January 22, 2022, periods during which both Delta and Omicron variants were circulating. Visits to emergency rooms and urgent care facilities, as well as hospitalizations, among people seeking medical care for COVID-19 were analyzed. The study did not include milder COVID-19 cases, for which no medical attention was sought.

While initially vaccine effectiveness against COVID-19-associated emergency department or urgent care visits and hospitalizations was higher after the booster shot, compared to the second COVID-19 injection, effectiveness waned as time passed since vaccination.<sup>4</sup> Within two months of the second COVID-19 shot, protection against emergency department and urgent care visits related to COVID-19 was at 69%. This dropped to 37% after five months post-shot.

The low effectiveness five months after the initial shot series is what prompted officials to recommend a booster dose — and the third shot "boosted" effectiveness to 87%. This boost was short-lived, however. Within four to five months post-booster, protection against emergency department (ED) and urgent care (UC) visits decreased to 66%, then fell to just 31% after five months or more post-booster.<sup>5</sup>

## **Will There Be Fourth, Fifth and More COVID-19 Shots?**

The CDC data confirmed statements made by Moderna CEO Stéphane Bancel in January 2022, predicting that the efficacy of the third shot is likely to decline over several months, necessitating another shot soon thereafter.<sup>6</sup>

“I will be surprised when we get that data in the coming weeks that it’s holding nicely over time – I would expect that it’s not going to hold great,” Bancel said in an interview with Goldman Sachs.<sup>7</sup> Conveniently, Moderna is working on an Omicron-specific jab that they hope to release as early as March 2022<sup>8</sup> – and this is only the beginning.

With the effectiveness of COVID-19 booster shots dropping to just 31% after five months, regulators are already opening the door for another shot. According to the CDC:<sup>9</sup>

*“The finding that protection conferred by mRNA vaccines waned in the months after receipt of a third vaccine dose reinforces the importance of further consideration of additional doses to sustain or improve protection against COVID-19–associated ED/UC encounters and COVID-19 hospitalizations.”*

In a press briefing, Dr. Anthony Fauci, director of the U.S. National Institute of Allergy and Infectious Diseases (NIAID), similarly stated, “[T]here may be the need for yet again another boost – in this case, a fourth-dose boost for an individual receiving the mRNA – that could be based on age, as well as underlying conditions.”<sup>10</sup>

Bancel’s Moderna is “working with public health experts like Dr. Fauci’s team” to come up with a shot for fall of 2022<sup>11</sup> and annual boosters thereafter, including combination shots. For instance, Moderna is planning to combine a COVID-19 shot, a flu shot and a respiratory syncytial virus (RSV) shot into one injection – coming in 2023 – to avoid “compliance issues.” Bancel said:<sup>12</sup>

*“The other piece we’re working on is for 2023, is how do we make it possible from a societal standpoint that people want to be vaccinated?”*

*And we’re going to do this by preparing combinations, we’re working on the flu vaccine, we’re working on an RSV vaccine, and our goal is to be able to have a*

*single annual booster, so that we don't have compliance issues, where people don't want to get two to three shots a winter, but they get one dose, where they get a booster for corona, and a booster for flu and RSV, to make sure that people get their vaccine."*

## **Omicron-Specific Shots Offer No Advantage**

Moderna, Pfizer and other vaccine makers have begun clinical trials for COVID-19 shots that target the Omicron variant specifically – a questionable move since they'll always be one step behind the latest variant. So far, the studies have failed to show any advantage of the new shots.

A study that tested an Omicron-specific shot in macaques concluded, “[A]n Omicron boost may not provide greater immunity or protection compared to a boost with the current mRNA-1273 vaccine.”<sup>13</sup> Similar results were found in a study on mice, which revealed “limited differences in efficacy” between Omicron-specific or original mRNA booster shots.<sup>14</sup>

Even among mice that had not previously received COVID-19 shots, the Omicron-specific jab only produced high levels of antibodies against Omicron and wasn't effective against other COVID-19 variants.<sup>15</sup> As Nature reported:<sup>16</sup>

*“What these studies are teaching us are the rules of engagement of the immune system when you boost with a variant vaccine,” says [COVID-19 shot researcher David] Montefiori. Those rules suggest that single boost of a variant-matched vaccine probably isn't the solution, he says. ‘There are important questions that still need to be addressed.’”*

In fact, training your body to produce singular antibodies for one spike protein cannot compare to the protection provided by natural immunity, which occurs after recovery from an illness. Speaking with Daniel Horowitz, pathologist Dr. Ryan Cole explained that natural infection produces broad immunity that can't be matched by vaccination:<sup>17</sup>

*"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."*

## **Repeated Boosters Come With a Cost**

Artificially inflated antibodies caused by repeated booster shots signal to your body that you're always infected, and the resulting immune response could prove to be detrimental to your health, leading to a "death zone" that accelerates the development of autoimmune conditions such as Parkinson's, Kawasaki disease and multiple sclerosis, according to tech leader and COVID analyst Marc Girardot.<sup>18</sup>

Our bodies mount an intense response to infection, which includes a high fever to damage the pathogens, T-cell elevations and increased antibody production to rid your body of "viral debris." This is supposed to be a temporary response; after the threat is neutralized, your body tamps down its immune response.

This is by design, as a perpetual fever and high levels of antibodies keep your body in a dangerous state. Just as chronic stress, keeping your body in an extended state of "fight or flight mode," increases disease risks, so, too, do permanently elevated levels of antibodies. Girardot details three reasons why:<sup>19</sup>

*"1. Too long a fever would end up breaking down all healthy cells, and so the remedy would be worse than the illness.*

*2. Perpetual specialized T-cells are also dangerous as they can start off-target attacks of healthy cells (as often occurs with immune checkpoint blockade*

*treatments against cancer), and would be like leaving your home filled with a battalion of armed soldiers with their guns loaded and pin-less hand-grenades.*

*3. Finally, very high levels of antibodies with nowhere to go are also extremely dangerous. They can passively bind to receptors of healthy cells, and kickstart a cascade of autoimmune diseases. Land mining where you live.”*

## **Where’s the Buzz About Natural Immunity?**

Early data on SARS-CoV-2 found that antibody titers declined rapidly in the first months after recovery from COVID-19, leading some to speculate – incorrectly – that protective immunity against SARS-CoV-2 may be short-lived.<sup>20</sup> However, declining antibodies shouldn’t be confused with declining immunity. It’s natural for antibodies to go down after acute infection.

They don’t disappear, however – they plateau. In the case of SARS-CoV-2, antibodies decline in the first months after infection, as they should, then level off to about 10% to 20% of the maximum concentration detected.

When a new infection occurs, cells called plasmablasts provide antibodies, but when the virus is cleared, longer-lasting memory B cells move in to monitor blood for signs of reinfection.<sup>21</sup> Bone marrow plasma cells (BMPCs) also exist in bones, acting as “persistent and essential sources of protective antibodies.”<sup>22</sup>

This is why if you’ve had COVID-19, even a mild case, you’ve more than likely got long-term – potentially even lifelong – immunity, according to a team of researchers from Washington University School of Medicine.<sup>23</sup> This is something that existing COVID-19 shots and booster shots cannot provide.

A retrospective observational study published August 25, 2021, also found that natural immunity is superior to immunity from COVID-19 shots, 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.”<sup>24</sup>

Yet, there’s hardly a mention of this powerful immunity provided by nature, upon recovery from COVID-19, by health officials. Even those who are already naturally immune are urged to get COVID-19 shots and a booster dose – with waning effectiveness just four months later – no matter the consequences.

The CDC continues to state that COVID-19 shots and boosters are safe, but this is an unprecedented experiment on humankind. No one knows whether humans’ immune systems, and overall health, will be able to withstand such an ongoing assault, but many have their doubts.

As Girardot put it, “I would like to underscore the absolute lunacy of delivering these products to an entire population every three to four months. It’s nothing short of criminal. In my earnest opinion, repeated vaccine injections can only lead to one outcome: generalized illness and death ...”<sup>25</sup>

## Sources and References

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- <sup>1, 4, 9</sup> [MMWR Morb Mortal Wkly Rep. ePub: 11 February 2022](#)
- <sup>2</sup> [U.S. CDC, COVID-19 Vaccines work December 23, 2021](#)
- <sup>3</sup> [U.S. CDC, COVID-19 Vaccine Booster Shots February 2, 2022](#)
- <sup>5</sup> [The New York Times February 11, 2022](#)
- <sup>6, 7</sup> [CNBC January 6, 2022](#)
- <sup>8</sup> [Substack, Eugyppius January 19, 2022](#)
- <sup>10</sup> [The White House, Press Briefing, February 9, 2022](#)
- <sup>11</sup> [World Economic Forum, COVID-19: What’s Next? January 17, 2022, 6:25](#)
- <sup>12</sup> [World Economic Forum, COVID-19: What’s Next? January 17, 2022, 7:20](#)
- <sup>13</sup> [bioRxiv February 4, 2022](#)
- <sup>14</sup> [bioTxiv February 9, 2022](#)
- <sup>15, 16</sup> [Nature February 14, 2022](#)
- <sup>17</sup> [The Blaze July 14, 2021](#)
- <sup>18, 19, 25</sup> [Marc Girardot, COVID Myth Buster News January 30, 2021](#)
- <sup>20, 22, 23</sup> [Nature May 24, 2021](#)
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- <sup>24</sup> [medRxiv August 25, 2021](#)