

New XBB COVID Combination Vax to Include Flu and RSV

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✓ Fact Checked

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STORY AT-A-GLANCE

- › The newest unanimous recommendation by the FDA's 21-member VRBPAC was based on pharmaceutical research and did not include how often the booster should be given or whether they might also recommend a combination shot with flu or respiratory syncytial virus (RSV)
- › However, in October 2022, the CDC stated that receiving the flu vaccine alongside the COVID-19 jab was a "common clinical practice." Health authorities and Big Pharma may push to give the shots together to raise the acceptance rate of the booster, which now hovers near 17% as compared to the 49.4% of adults who take the flu shot
- › As data describing the adverse events associated with the shot have been released, government authorities have been forced to dispose of millions of doses that expired before they could be administered, including an order of 170 million doses of the bivalent booster, of which far less than half were given
- › The government is no longer supporting the purchase of the shots for free distribution to the public. Instead, the free market will determine how many shots are manufactured and purchased, which Pfizer anticipates will cost from \$110 to \$130 per dose
- › The financial costs have been alarming, but the long-term cost in terms of human death and health destruction has been overwhelming. While U.S. health officials try to normalize the adverse effects, citizens in other countries are filing lawsuits based on the negligent actions of their governments

Since the advent of the vaccination program, many Americans have lined up to get shots for themselves and their children that promise to eliminate the potential of disease. The FDA and pharmaceutical companies may be banking on Americans taking the new monovalent COVID booster, which the FDA announced on June 16, 2023,¹ alongside their fall flu vaccine.

According to Cleveland Clinic,² by the time a baby is 15 months old, they may have received multiple doses of up to 10 different types of vaccines, and one of those is the flu vaccine.³

During the 2021-2022 flu season,⁴ in the population of children 6 months to 17 years, 57.8% received at least one flu vaccine and 49.4% of adults aged 18 and over received at least one flu vaccine. Those numbers were also relatively the same in the years leading up to COVID.⁵

Yet, as you'll find below, the acceptance rate of the bivalent COVID booster is not as high as it is for the flu vaccine despite questions about the effectiveness of either shot. According to the CDC,⁶ only in years when the vaccine is well-matched to most circulating viruses will the shot afford protection for 40% to 60% of the overall population.

New COVID Monovalent Shot Set for Release in September 2023

The New York Times⁷ announced June 15, 2023, that the 21-member Vaccines and Related Biological Products Advisory Committee (VRBPAC)⁸ had considered and unanimously recommended that the coronavirus booster shot to be developed for fall 2023 should address the most dominant variant found during the summer months.

The discussions did not include recommendations on how often these booster shots should be given. During fall 2022, bivalent shots were offered including the Omicron variant and another earlier variant. The FDA now recommends that moving forward, only the current XBB variant be included alongside shots for the flu and the new respiratory syncytial virus (RSV).

The recommendations by the committee were based on studies from the vaccine makers⁹ that showed targeting two of the current XBB strains in animals did not raise the level of antibodies greater than shots that targeted only one. Moderna also provided early data from a cohort of 100 people who received the XBB.1.5 booster.

According to The New York Times,¹⁰ the decision by the FDA was unclear as to whether they would recommend the simultaneous administration of multiple vaccines, including flu and RSV. However, in October 2022, with roughly 18 months of data on the novel mRNA shot, the CDC stated that receiving the flu and COVID-19 shots during the same visit is a “common clinical practice. While there are some exceptions, many vaccines can be given at the same visit.”¹¹

According to 2023 data, the percentage of people taking COVID booster shots is not as robust as the government had anticipated or the pharmaceutical industry would like. According to data from the CDC,¹² 81.4% of the population took at least one dose of the primary series and a mere 17% have taken the updated bivalent booster.

According to a report from the Washington Examiner,¹³ between December 2020 and mid-May 2022, the U.S. disposed of 82.1 million doses of the original vaccine. Yet, the government went on to purchase an additional 170 million doses of the bivalent vaccine and distributed only 56.5 million.

This is a significant financial loss for the government which had been purchasing all vaccines and distributing them to the public for free. The guaranteed government purchase program has finished. It may be that combining the flu and COVID shots is not about protecting public health against a waning infection but, rather, a financial decision to boost sales and recoup losses.

COVID by the Numbers

The U.S. government has invested and continues to invest trillions of dollars in COVID-19 surveillance, testing and vaccination programs. As of June 23, 2023, in 2023,¹⁴ the CDC has recorded 40,394 deaths involving COVID-19. However, it's important to know

that while these deaths involve COVID-19, they were not necessarily caused by COVID-19.

The ICD-10 coding for COVID is designed only to identify either a confirmed or presumed case of COVID in an individual who died, NOT whether the cause of death was COVID.

In 2020, the number of deaths involving COVID was 385,666. In 2021 after the shot was released there were 463,262 deaths and in 2022 there were 245,966. If the numbers in 2023 stay consistent, they will fall well below the previous years. According to the CDC,¹⁵ COVID is on the leading cause of death list, ranking No. 3 with 416,893 deaths.

Again, it is vital to remember that a person only needs to have a presumed or confirmed case of COVID to be included in the count, but the infection does not have to be responsible for the individual's death. Yet, the number of deaths from heart disease, cancer, stroke, lower respiratory disease, Alzheimer's, diabetes and the other chronic diseases on the list of leading causes of death are directly attributed to those conditions.

What Is the Financial Cost?

While describing post-vaccination damage, many researchers are careful to couch their conclusions to protect the vaccine rhetoric. For example, one paper describes new-onset autoimmune phenomena post-COVID-19 jab but includes the statement that they “do not aim to disavow the overwhelming benefits of mass COVID-19 vaccination in preventing COVID-19 morbidity and mortality.”¹⁶

Instead, the results are aimed at guiding “clinical assessment and management of autoimmune manifestations after COVID-19 vaccination.”¹⁷ In other words, keep vaccinating and let's figure out how to treat the damage afterward. It is critical to remember that this response is from the government of the same country that pulled the swine flu vaccine in 1976 when just over 500 people developed Guillain-Barre Syndrome and 25 died.¹⁸

That program cost \$137 million in 1976 dollars, which is equivalent to \$732,256,572 in 2023.¹⁹ By comparison, the government spent \$12.4 billion on Operation Warp Speed to develop the mRNA vaccine,²⁰ and as of April 2023, has spent \$4.6 trillion in federal taxpayer money across 43 agencies in the response to COVID-19.²¹

Vaccination costs are rising alongside everything else. For example, GoodRx Health recorded the cost of the flu vaccine in 2021²² as \$20 to \$40 and up to \$70 for seniors. However, by 2022,²³ that range extended to \$110 of out-of-pocket costs.

During the government purchase program, the pharmaceutical industry sold the shot for \$20.69 per dose.²⁴ In anticipation of the program ending, Pfizer announced²⁵ in October 2022 that their COVID-19 shot would cost between \$110 and \$130 per dose to the American people.

They also announced they expected that many would continue to receive the shot without charge, banking on private health insurance or public programs like Medicare or Medicaid to cover the cost. However, according to the Centers for Medicare and Medicaid Services,²⁶ people will continue to pay a copay for the administration of COVID-19 vaccines that aligns with the payment rates for other part B preventive vaccines.

Long-Term Costs Have yet To Be Determined

As overwhelming as these numbers are, the physical and emotional toll on individuals, families and communities is even greater. These are the real long-term costs of the vaccine that individuals and families must face daily. The initial damage is slowly being recorded by the Vaccine Adverse Events Reporting System (VAERS), which is governed and administered by the CDC and FDA.²⁷

Data collected and recorded as of June 9, 2023,²⁸ shows there have been 35,398 deaths from the vaccine, 66,556 people who have been permanently disabled, 20,020 heart attacks, 5,013 miscarriages and 8,767 people who develop thrombocytopenia and low platelet count.

These are adverse effects recorded within the first two weeks after having received the shot. These numbers do not reflect the long-term damage that is now coming to light. Since the introduction of the shots, cancer rates have risen causing premature death among younger adults and driving a downward trend in U.S life expectancy.

In August 2022,²⁹ The Exposé highlighted scientific evidence showing that the COVID jabs can cause cancer of the ovaries, pancreas and breast, and that “a monumental cover-up is taking place to suppress the consequences ... on women's health.” November 26, 2022, the Daily Sceptic³⁰ published a letter to The BMJ written by Dr. Angus Dalgleish, professor of oncology at St George's University of London.

In it, he warned that COVID boosters could be behind the rising number of aggressive metastatic cancer. In another December 2022 article,³¹ Dalgleish discussed the phenomenon of rapidly spreading cancers in patients who were in stable remission for years before receiving their COVID boosters. In that article, he noted that after the published letter to The BMJ, several oncologists contacted him to say they were seeing the same thing in their practices.

Cancer is just one long-term adverse event recorded by doctors and scientists. While U.S. health officials have admitted that myocarditis and pericarditis are potential effects, more than 500 others have a stronger safety signal than myocarditis and pericarditis.³² One of those safety signals is death. A report in May 2023 by the British Express³³ revealed that Britons are dying by the tens of thousands, “but no one knows why.”

There were 32,441 excess deaths according to the data released by the Office for National Statistics, and that doesn't include COVID-related deaths. In one paper,³⁴ the researchers wrote that the subsequent side effects of the emergency use vaccines have been overlooked.

The same researchers found that the most common neurological complications of the jab were cerebral venous sinus thrombosis, transverse myelitis, Bell's palsy, Guillain-Barre syndrome and the first manifestation of multiple sclerosis, also found in other studies.³⁵

In another paper, the researchers found that the five conditions with the highest new diagnosis after the jab are myocarditis, dysautonomia, postural orthostatic tachycardia syndrome (POTS), mast cell activation syndrome and urinary tract infection.³⁶

While Officials Normalize the Jab, Lawsuits May Be the Answer

One of the potential effects of the recent announcement by the FDA is to help normalize the COVID boosters to make them an annual or semi-annual event, right alongside flu and RSV vaccines. For the past three years, I and many others have been shouting warnings to little avail. Our voices have been drowned out by a sea of corrupt “fact” checkers.

Now the ramifications of this mass experiment have become so glaringly obvious that legal experts are starting to take notice and file lawsuits. At the end of April 2023, Spectator Australia³⁷ reported that over 500 Australians had joined a class action lawsuit represented by Brisbane lawyer Natalie Strijland. She told news.com.au:³⁸

“[The class] action arises upon the basis that the government did not truly establish that the vaccines were indeed safe or effective for use by the Australian public, and the claim now proceeds upon the basis that the government in fact acted negligently in approving the vaccines and also by failing to withdraw them after approval based upon the known evidence.”

A similar class action lawsuit has been filed in the U.K. where attorneys are representing people injured by the AstraZeneca shot and the family members of those who were killed by it.³⁹ U.S. law has indemnified the pharmaceutical companies from legal action if you or someone you love has been injured by a vaccine on the childhood vaccine schedule.

It is important to note that U.S. national vaccine policy recommendations are made at the federal level, but vaccine laws are made at the state level. It is at the state level where your action to protect your vaccine choice rights can have the greatest impact. It

is critical for everyone to get involved in standing up for the legal right to make voluntary vaccine choices because those choices are being seriously threatened.

Not only are lobbyists representing drug companies, medical trade associations and public health officials trying to persuade legislators to strip all vaccine exemptions from public health laws, but global political operatives lobbying the United Nations and World Health Organization are determined to take away the human right to autonomy and protection of bodily integrity.

Signing up to use the free online Advocacy Portal sponsored by the National Vaccine Information Center (NVIC) at www.NVICAdvocacy.org gives you immediate, easy access to your own state and federal legislators on your smartphone or computer so you can make your voice heard.

NVIC will keep you up to date on the latest bills threatening to eliminate – or expand – your legal right to make vaccine choices and give you guidance about what you can do to support or oppose those bills. So, please, as your first step, sign up for the NVIC Advocacy Portal.

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