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# What's the Magic Number of Vaccines Needed for COVID?

Analysis by Dr. Joseph Mercola | January 16, 2024

## STORY AT-A-GLANCE

- With shockingly little data, questionable benefits and a high likelihood of adverse events, the continuing campaign for COVID-19 shots raises many red flags
- The documentary "The Unseen Crisis," detailed by investigative journalist Sharyl Attkisson, scratches the surface of the many lives ruined by COVID-19 shots
- For every 1 million shots, an estimated 1,010 to 1,510 serious adverse reactions, such as death, life-threatening conditions, hospitalization or significant disability may occur — but only about 75 hospitalizations would be prevented among those aged 18 to 49
- Florida Surgeon General Dr. Joseph Ladapo has called for an end to the use of COVID-19 mRNA shots, citing concerns about DNA fragments in the products
- The FDA provided no evidence that appropriate DNA integration assessments have been conducted on mRNA COVID-19 shots; in a statement, Ladapo says, “DNA integration poses a unique and elevated risk to human health and to the integrity of the human genome”

**As the number of people injured by COVID-19 shots rises, U.S. health officials continue to advise Americans to get more doses. Neither the U.K. nor Australia recommend repeated COVID-19 jabs for those who are under 65 and low risk.[1] But in the U.S., official guidance suggests virtually everyone should get multiple COVID-19 shots, beginning at just 6 months of age.[2]**

With shockingly little data, questionable benefits and a high likelihood of adverse events, the continuing campaign for COVID-19 shots raises many red flags. “The only clear winners are Moderna and Pfizer … they have convinced the CDC and the FDA that perpetual COVID vaccination is necessary without robust data,” writes Dr. William Ward in Sensible Medicine.[3]

The documentary "The Unseen Crisis," detailed by investigative journalist Sharyl Attkisson in the video above, scratches the surface of the many lives ruined by COVID-19 shots — and the ongoing efforts to keep their stories quiet. Meanwhile, Americans are expected to keep rolling up their sleeves, no questions asked.

## Benefits and Risks of COVID-19 Shots Don’t Measure Up

After pushing multiple doses of COVID-19 shots on the American public for years, in September 2023 the U.S. Centers for Disease Control and Prevention announced the rollout of the updated 2023-24 COVID-19 shot. “CDC recommends everyone 6 months and older get an updated COVID-19 vaccine … Vaccination remains the best protection against COVID-19-related hospitalization and death.”[4]

While the updated shot boosts antibody levels against new COVID variants, there’s no proof that this translates to a reduction in severe illness and death. Further, the CDC’s estimated benefits from the updated shots were paltry at best. According to Ward, for every 1 million COVID-19 shots given in the following age groups, the following benefits were estimated:[5]

- **6 months to 4 years —** Avoid 103 hospitalizations
- **5 to 11 years —** Avoid 16 hospitalizations
- **12 to 17 years —** Avoid 19 to 95 hospitalizations, five to 19 ICU admissions and “perhaps one death”
- **18 to 49 years —** Avoid 75 hospitalizations

Meanwhile, randomized controlled trials estimate the risks of COVID-19 shots are much higher.[6] For every 1 million shots, an estimated 1,010 to 1,510 serious adverse reactions, such as death, life-threatening conditions, hospitalization or significant disability, may occur.[7] When compared to the flu shot, data from the European Medicines Agency Eurovigilance Database shows that COVID-19 shots cause more:[8,9]

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|---|---|
| Allergic reactions | Arrhythmia |
| General cardiovascular events | Coagulation |
| Hemorrhages | Gastrointestinal, ocular and sexual organs reactions |
| Thrombosis | |

A real-world case-control study from Israel[10] also revealed that the Pfizer COVID-19 jab is associated with a threefold increased risk of myocarditis,[11] leading to the condition at a rate of 1 to 5 events per 100,000 persons.[12]

As Ward points out, the CDC often states the risk of myocarditis is greater after COVID-19 infection than COVID-19 shots, but a JAMA Cardiology study refutes this. It found a higher rate of myocarditis in young men after a COVID-19 shot compared to COVID-19 infection.[13,14] But by ignoring the real risks while continuing to push ongoing shots, health officials are quickly losing the public's trust. Ward notes:[15]

> *"A large randomized trial to simultaneously evaluate the ongoing harms and benefits of boosters should be enacted. This was not required by the FDA for the newest vaccine. Instead, the FDA only required Pfizer to study the new vaccine on 10 mice. Moderna only studied theirs on 50 humans. One person (2%) had a serious adverse reaction.*
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> *… As the only country pushing boosters to healthy 6-month-old infants, we better produce the best data in the world. Instead, we get antibody titers from 10 mice. The CDC and FDA are whittling away at public trust by forgoing their*

*duty to protect and inform. Meanwhile, their recent actions are aligned with the financial interests of Pfizer and Moderna. Consent to perpetual COVID boosters is not informed, it is manufactured.*"

## Past COVID Boosters Quickly Stopped Boosting

The updated COVID-19 shot targets the XBB.1.5 Omicron subvariant, which was the dominant strain in the U.S. for much of 2023. However, this strain "has since been overtaken as the virus continues to evolve,"[16] raising questions about whether the "updated" shots are already out of date, which could render them ineffective, as we've seen many times in the past with flu shots and COVID-19 shots.

Even the CDC states, "When flu vaccines are not well matched to some viruses spreading in the community, vaccination may provide little or no protection against illness caused by those viruses."[17] SARS-CoV-2 is known to mutate rapidly, even faster than other human viruses like influenza.

Remember the last round of "updated" COVID-19 shots — the bivalent booster? They're no longer available. "The 2022–2023 bivalent vaccines were designed to protect against the original virus that caused COVID-19 and the Omicron variants BA.4 and BA.5. These vaccines were replaced with the 2023-2024 updated vaccines that more closely target the XBB lineage of the Omicron variant," according to the Illinois Department of Public Health.

At the time, there were questions about the bivalent boosters' effectiveness. While Pfizer cited strong antibody responses from its retooled boosters, the booster shot studies did not reveal whether the shots prevented COVID-19 cases or how long they were effective.[18] Even vaccination proponent Dr. Paul Offit, director of the vaccine education center at Children's Hospital of Philadelphia, was underwhelmed.

As a member of the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC), Offit sat in on the June 28, 2022, presentation, when Pfizer and Moderna presented data on their bivalent shots:[19]

> *"The results were underwhelming. Bivalent boosters resulted in levels of neutralizing antibodies against BA.1 that were only 1.5 to 1.75 times as high as those achieved with monovalent boosters. Previous experience with the companies' vaccines suggested that this difference was unlikely to be clinically significant."*

Soon, data rolled in showing the bivalent boosters did not offer better protection than the former **COVID-19 booster shots**,[20] which were already failing.[21] Steve Kirsch, executive director of the Vaccine Safety Research Foundation, pointed out that the data is crystal clear that boosters aren't working and are dangerous.

"Paul Offit is no dummy; he's not getting any more boosters," he says. "Neither should you."[22] Yet, here we are a year later, being sold another promise that another round of "updated" COVID-19 shots is necessary.

## Florida Surgeon General Calls for Halt on COVID Shots

Florida Surgeon General Dr. Joseph Ladapo has called for an end to the use of COVID-19 mRNA shots, citing concerns about DNA fragments in the products.[23] In a December 6, 2023, letter sent to the U.S. FDA and CDC, Ladapo outlined findings showing the presence of lipid nanoparticle complexes and simian virus 40 (SV40) promoter/enhancer DNA.

"Lipid nanoparticles are an efficient vehicle for delivery of the mRNA in the COVID-19 vaccines into human cells and may therefore be an equally efficient vehicle for delivering contaminant DNA into human cells. The presence of SV40 promoter/enhancer DNA may also pose a unique and heightened risk of DNA integration into human cells," according to a news release from the Florida Department of Health (DOH).[24]

In a 2023 preprint study, microbiologist Kevin McKernan — a former researcher and team leader for the MIT Human Genome project[25] — and colleagues assessed the nucleic acid composition of four expired vials of the Moderna and Pfizer mRNA shots.

"DNA contamination that exceeds the European Medicines Agency (EMA) 330ng/mg requirement and the FDAs 10ng/dose requirements" was found.[26]

So, in addition to the spike protein and mRNA in COVID-19 shots, McKernan's team discovered SV40 promoters that, for decades, have been suspected of causing cancer in humans, including mesotheliomas, lymphomas and cancers of the brain and bone.[27] Fact checkers have called out the preprint study for using expired vials, but as McKernan tweeted:[28]

> *"Factchokers keyboards will melt as they regurgitate the same fake taking [talking] points. 1) vials were old Wrong- newer studies used good vials. RNA integrity was measured and fine. Expired vials were used on people. Expiration doesn't spontaneously generate DNA."*

Further, the FDA published guidance on DNA in vaccines in 2007, which outlines important points that must be considered. According to the Florida DOH, the FDA's 2007 guidance states:[29]

- *"DNA integration could theoretically impact a human's oncogenes — the genes which can transform a healthy cell into a cancerous cell.*
- *DNA integration may result in chromosomal instability.*
- *The Guidance for Industry discusses biodistribution of DNA vaccines and how such integration could affect unintended parts of the body including blood, heart, brain, liver, kidney, bone marrow, ovaries/testes, lung, draining lymph nodes, spleen, the site of administration and subcutis at injection site."*

## FDA Didn't Perform DNA Integration Assessments

The FDA responded to Ladapo's letter on December 14, 2023, but provided no evidence that appropriate DNA integration assessments had been conducted on mRNA COVID-19 shots. In a statement, Ladapo calls for a halt in their use as a result:[30]

> *"The FDA's response does not provide data or evidence that the DNA integration assessments they recommended themselves have been performed. Instead, they pointed to genotoxicity studies — which are inadequate assessments for DNA integration risk. In addition, they obfuscated the difference between the SV40 promoter/enhancer and SV40 proteins, two elements that are distinct.*
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> *DNA integration poses a unique and elevated risk to human health and to the integrity of the human genome, including the risk that DNA integrated into sperm or egg gametes could be passed onto offspring of mRNA COVID-19 vaccine recipients. If the risks of DNA integration have not been assessed for mRNA COVID-19 vaccines, these vaccines are not appropriate for use in human beings."*

Ladapo, a graduate of Harvard Medical School, previously issued an alert about a "substantial increase" in reports of adverse events from COVID-19 mRNA shots in Florida. He also recommended against COVID-19 shots for healthy children in 2022 and, in 2023, suggested that those under age 65 should not get COVID-19 booster shots.[31] Board-certified internist and cardiologist Dr. Peter McCullough states:[32]

> *"The Florida State Surgeon General's announcement today is a milestone as more government officials join a chorus calling for recall of COVID-19 vaccines including myself (US Senate, multiple State Senates, EU Parliament, UK Parliament), 17,000 physicians representing the Global COVID-19 Summit, Australian scientists, the World Council for Health, and the Association of American Physicians and Surgeons."*

In the meantime, considering their questionable effectiveness and significant health risks, it would be wise for most to "just say no" to further boosters. Should you develop symptoms of COVID-19 infection, remember there are safe and effective early treatment protocols, including I-MASK+[33] and I-MATH+,[34] which are available for download on the COVID Critical Care website in multiple languages.

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