

Risks of Vaccines for Those Recovered from COVID-19 – Krammer, Raw & Mathioudakis

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There is recent research on the fact that the COVID-19 vaccine is dangerous for those who have already had COVID-19 and have recovered with inferred robust, complete, and durable immunity. These patients were excluded from the FDA-approved clinical trials performed by Pfizer, Moderna, and J&J. From these trials, the safety profile was unknown when the products for approved for Emergency Use Authorization in 2020. There has been no study demonstrating clinical benefit with COVID-19 vaccination in those who have well documented or even suspected prior COVID-19 illness.

A medical study of United Kingdom healthcare workers who had already had COVID-19 and then received the vaccine found that they suffered higher rates of side effects than the average population. Rachel K. Raw, et al., Previous COVID-19 infection but not Long-COVID-19 is associated with increased adverse events following BNT162b2/Pfizer vaccination, medRxiv (preprint), (last visited June 21, 2021).

> **Previous COVID-19 infection but not Long-COVID is associated with increased adverse events following BNT162b2/Pfizer vaccination**

The test group experienced more moderate to severe symptoms than the study group that did not previously have COVID-19.

The symptoms included fever, fatigue, myalgia-arthralgia, and lymphadenopathy. Id. **Raw** found that in 974 individuals who received the BNT162b2/Pfizer vaccine, those with a prior history of SARS-CoV-2 or those who had positive antibodies at baseline had a higher rate of vaccine reactions than those who were COVID-19 naive.

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Mathioudakis et al. reported that in 2020 patients who underwent vaccination with either mRNA-based or vector-based COVID-19 vaccines, COVID-19-recovered patients who were needlessly vaccinated had higher rates of vaccine reactions.

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Krammer et al. reported on 231 volunteers for COVID-19 vaccination, 83 of whom had positive SARS-CoV-2 antibodies at the time of immunization. The authors found: “Vaccine recipients with preexisting immunity experience systemic side effects with a significantly higher frequency than antibody naïve vaccines (e.g., fatigue, headache, chills, fever, muscle or joint pains, in order of decreasing frequency, $P < 0.001$ for all listed symptoms, Fisher’s exact test, two-sided).”

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> **Robust spike antibody responses and increased reactogenicity in seropositive individuals after a single dose of SARS-CoV-2 mRNA vaccine**

Natural Immunity to COVID-19

To my knowledge, there are no studies that demonstrate the clinical benefit of COVID-19 vaccination in COVID-19 survivors or those with suspected COVID-19 illness or subclinical disease who have laboratory evidence of prior infection.

It is my opinion that SARS-CoV-2 causes an infection in humans that results in robust, complete, and durable immunity, and is superior to vaccine immunity which by comparison has demonstrated massive failure including over 10,000 well-documented vaccine failure cases as reported by the CDC before tracking was stopped on May 31, 2021.

There are no studies demonstrating the clinical benefit of COVID-19 vaccination in COVID-19 survivors, and there are three studies demonstrating harm in such individuals. Thus, it is my opinion that the COVID-19 vaccination is contraindicated in COVID-19 survivors, many of whom may be in the student population.

Multiple laboratory studies conducted by highly respected U.S. and European academic research groups have reported that convalescent mildly or severely infected COVID-19 patients who are unvaccinated can have greater virus-neutralizing immunity—especially more versatile, long-enduring T- cell immunity—relative to vaccinated individuals who were never infected.

See Athina Kilpeläinen, et al., *Highly functional Cellular Immunity in SARS-CoV-2 Non-Seroconvertors is associated with immune protection*, bioRxiv (preprint),

> **Highly functional Cellular Immunity in SARS-CoV-2 Non-Seroconvertors is associated with immune protection**

(last visited June 26, 2021); Tongcui Ma, et al., *Protracted yet coordinated differentiation of long-lived SARS-CoV-2-specific CD8+ T cells during COVID-19 convalescence*, bioRxiv (preprint),

> **Protracted yet coordinated differentiation of long-lived SARS-CoV-2-specific CD8+ T cells during COVID-19 convalescence**

(last visited June 26, 2021); Claudia Gonzalez, et al., *Live virus neutralisation testing in convalescent patients and subjects vaccinated against 19A, 20B, 20I/501Y.V1 and 20H/501Y.V2 isolates of SARS-CoV-2*, medRxiv (pre-print), (last visited June 21, 2021); Carmen Camara, et al. *Differential effects of the second SARS-CoV-2 mRNA vaccine dose on T cell immunity in naïve and COVID-19 recovered individuals*, bioRxiv (preprint),

> **Differential effects of the second SARS-CoV-2 mRNA vaccine dose on T cell immunity in naïve and COVID-19 recovered individuals**

(last visited June 26, 2021); Ellie N. Ivanova, et al., *Discrete immune response signature to SARS-CoV-2 mRNA vaccination versus infection*, medRxiv (preprint),

> **Discrete immune response signature to SARS-CoV-2 mRNA vaccination versus infection**

(last visited June 26, 2021); Catherine J. Reynolds, et al., *Prior SARS-CoV-2 infection rescues B and T cell responses to variants after first vaccine dose*, (preprint),

> **Prior SARS-CoV-2 infection rescues B and T cell responses to variants after first vaccine dose**

(last visited June 21, 2021); Yair Goldberg, et al., *Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection*.

Cleveland Clinic studied their employees for the effects of natural immunity in unvaccinated

people. Nabin K. Shrestha, Patrick C. Burke, Amy S. Nowacki, Paul Terpeluk, Steven M. Gordon, *Necessity of COVID-19 vaccination in previously infected individuals*, medRxiv (preprint),

> **Necessity of COVID-19 vaccination in previously infected individuals**

(last visited June 21, 2021). They found zero SARS-CoV-2 reinfections during a 5-month follow-up among n=1359 infected employees who were naturally immune remained unvaccinated and concluded such persons are “*unlikely to benefit from COVID-19 vaccination.*” Among those who were vaccinated, unlike the naturally immune, there were vaccine failure or breakthrough cases of COVID-19.

An analysis by Murchu et al. demonstrated in 615,777 individuals, which included well-documented COVID-19 as well as subclinical infections with positive serologies, there was a negligible incidence (<1%) of COVID-19 over the long term. Murchu found no evidence of waning immunity over time, suggesting no possibility that future vaccination would be indicated for any reason.

> **Quantifying the risk of SARS-CoV-2 reinfection over time**

A recently published article in Nature reported that prior infection induces long-lived bone marrow plasma cells, which means the antibodies to prevent reinfection of COVID-19 are long-lasting. Jackson S. Turner et al. *SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans* (May 24, 2021).

> **SARS-CoV-2 infection induces long-lived bone marrow plasma cells in humans**