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Pfizer, Moderna COVID vaccines may increase Risk of Infection, Study Shows

A peer-reviewed study in the New England Journal of Medicine shows two doses of an mRNA COVID-19 vaccine yield negative protection against symptomatic SARS-CoV-2 infection, while previous infection without vaccination offers about 50% immunity.

By **Megan Redshaw**

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A new [peer-reviewed study](#) shows two doses of an mRNA [COVID-19](#) vaccine yield negative protection against symptomatic SARS-CoV-2 infection, while previous infection without vaccination offers about 50% immunity.

The findings, [published](#) June 15 in the New England Journal of Medicine (NEJM) analyzed information from more than 100,000 Omicron-infected and non-infected residents in Qatar from Dec. 23, 2021, through Feb. 21, 2022.

The authors compared the effectiveness of the Pfizer and Moderna COVID-19 vaccines, natural immunity from previous infection with other variants and hybrid immunity (a combination of infection and vaccination) against symptomatic Omicron infection and severe, critical and fatal disease.

Researchers found those who [had a prior infection](#) but had not been vaccinated had 46.1% and 50% immunity against the BA.1 and BA.2 Omicron subvariants more than 300 days after the previous infection.

However, individuals who received two doses of the Pfizer and Moderna vaccines, but had not been previously infected, had negative immunity against the BA.1 and BA.2 Omicron subvariants — indicating an increased risk of infection compared to someone without prior infection and vaccination.

Six months after the second dose of Pfizer, immunity against any Omicron infection dropped to -3.4% below an average person without infection and vaccination, which as a control, was set at 0.

For two doses of Moderna, immunity against any Omicron infection dropped to -10.3% about six months after the last dose.

The authors said three doses of the Pfizer shot increased immunity to over 50%, but immunity was measured only at a median of 42 days after the third dose, showing a [rapid immune decline](#) in a very short period of time.

In comparison, those who had previously been infected had 50% immunity even at 300 days after infection.

After six months, the study showed vaccine efficacy fell to negative figures 270 days after the second dose, predicting more rapidly waning immunity for vaccines compared to natural immunity.

The researchers concluded:

“No discernable differences in protection against symptomatic BA.1 and BA.2 infection were seen with previous infection, vaccination and hybrid immunity. Vaccination enhanced protection among persons who had had a previous infection. Hybrid immunity resulting from previous infection and recent booster vaccination conferred the strongest protection.”

But that statement is ambiguous, said Dr. Madhava Setty, a board-certified anesthesiologist and senior science editor for [The Defender](#), because it could lead readers to wrongly conclude the researchers found that previous infection, vaccination or some combination of vaccination and infection provided equal protection against the BA.1 or BA.2 Omicron variants.

Setty also pointed out the lack of statistical significance in the data surrounding severe, critical or fatal infections:

“Table S5 compares natural immunity to the Moderna formulation. With the BA.1 variant, only natural immunity has positive effectiveness that is statistically significant. You can see that for all the other combinations of vaccine doses, the window of statistical significance extends into the negative range.

“For example, in the “Three Doses with no prior infection” row the effectiveness where we can be 95% certain ranges from -435% to 100%. This is meaningless. They cannot claim that three doses is predictive of benefit. In fact, it could very well be deleterious. We just don’t know because so few people had severe illness in that cohort.

“The equivalent table is not given for Pfizer, however Figure 2 in the main text shows there is a statistically significant benefit against severe illness.”

With regard to the BA.2 variant, natural immunity may also fall in the negative range (-6.8 to 92.4), as does three doses with no prior infection (-3800 to 100), Setty said. “Only when they group the two variants together can they calculate effectiveness that is statistically significant.”

Setty said researchers also excluded a large number of cases from their calculation and failed to disclose how many people got severe, critical or fatal COVID-19.

Setty told [The Defender](#):

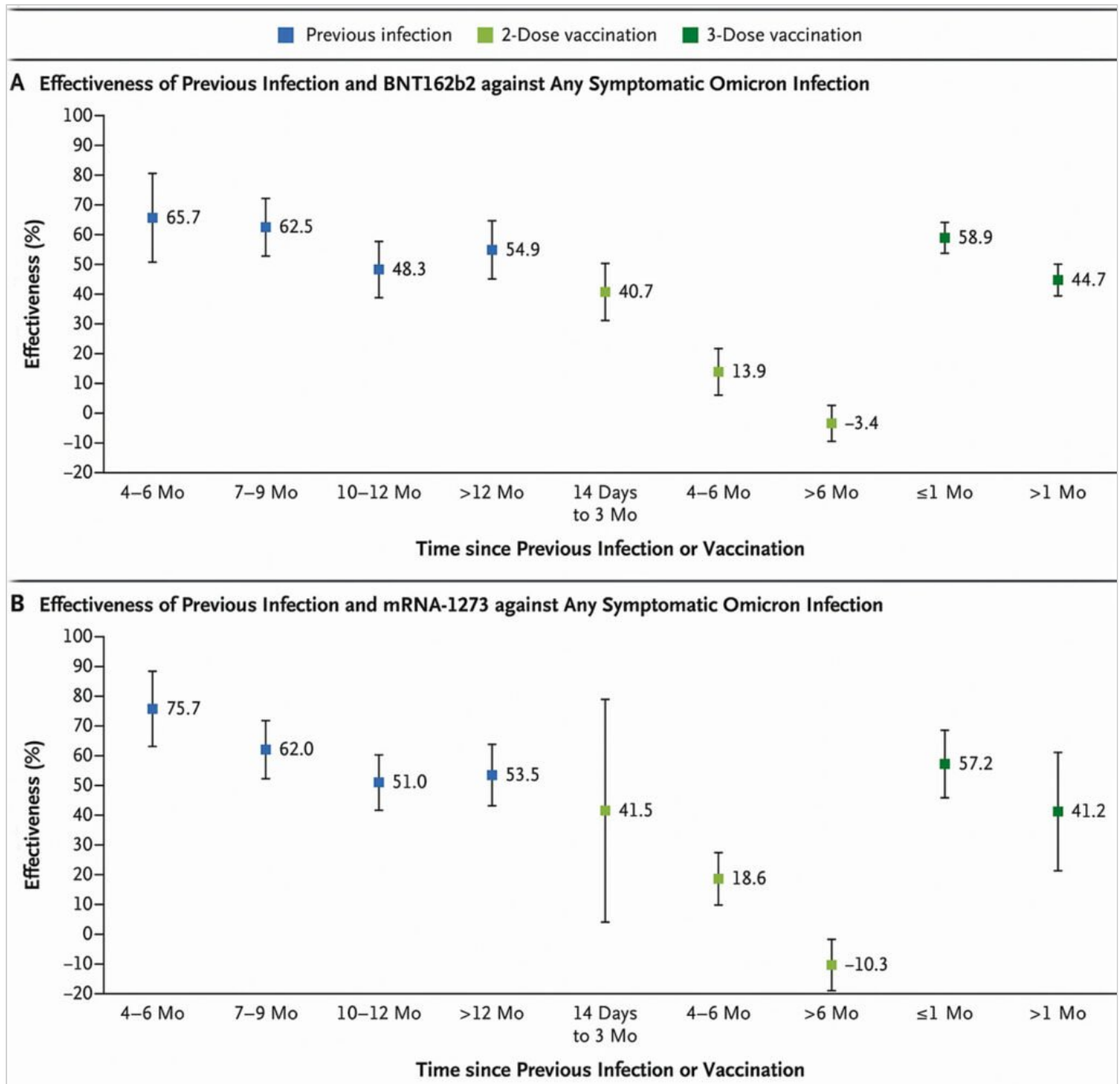
“As is always the case right now, they only count cases from the time of maximum vaccine effect (>14 days after the second jab or >7 days after the booster). Figure S3 shows that 116 vaccinated people got COVID-19 between the first and second dose, while three people got COVID-19 within 14 days of the second dose and 156 got COVID-19 within a week of the third dose.

“All of these cases were excluded from their calculation. Nowhere do they tell us how many of those got severe, critical or fatal COVID-19.”

Setty also noted researchers glossed over the time frames where they compare effectiveness. He said:

"In Figure 3, researchers only calculated effectiveness of natural immunity by adding up cases after four months. This is probably because researchers define previous infection occurring greater than 90 days earlier.

"However, even 120 days out, a previous infection still offers greater protection than two or three doses at their maximum window of protection. Even a year out, natural immunity is still on par with a recently boosted individual."



Previous NEJM study showed natural immunity superior to two doses of Pfizer shot

The June 15 NEJM study followed another NEJM [study](#), published June 9, that found natural immunity "protection was higher than that conferred after the same time had elapsed since receipt of a second dose of vaccine among previously uninfected persons."

Using the Israeli Ministry of Health database, researchers extracted data for August and September 2021, when the Delta variant was predominant, on all persons who had been previously infected with SARS-CoV-2 or who had received Pfizer's COVID-19 vaccine.

The study found both natural and artificial immunity [waned over time](#), but individuals who were previously infected but were not vaccinated had half the risks of reinfection compared to those who received two doses of Pfizer and who had never been infected.

"Among persons who had been previously infected with SARS-CoV-2, protection against reinfection decreased as the time increased," researchers said, "however, this protection was higher" than protection conferred during the same time interval through two vaccine doses.

"Natural immunity wins again," [tweeted](#) Dr. Martin Makary, a public policy researcher at Johns Hopkins University, referring to the study.

Natural Immunity wins again. New England Journal Study: Natural immunity "protection was higher than that conferred after the same time had elapsed since receipt of a second dose of vaccine among previously uninfected persons." <https://t.co/aEFHKfXQUi>

— Marty Makary MD, MPH (@MartyMakary) [June 12, 2022](#)

Researchers [acknowledged](#) natural infection with the SARS-CoV-2 virus that causes COVID-19 "provides natural immunity against reinfection," adding that recent studies have shown "waning of the immunity provided by" Pfizer's vaccine.

SUGGEST A CORRECTION



Megan Redshaw

Megan Redshaw is a staff attorney for Children's Health Defense and a reporter for The Defender.

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**celtic cross** • 4 days ago

Of course they increase infection...they lower your immunity, which is the opposite of what vaccines are supposed to do. Then again, these aren't really vaccines, are they. Thank God the virus is acting like a virus and becoming weaker as it become more communicable.

16 | • Reply • Share ›

**David A** celtic cross • 3 days ago

I would like to know how the previously infected never vaccinated cohort was defined. Many had false positive tests, and without other tests we do not know if they were actually infected.

Also was a vaccinated person who got the virus between first and second dose counted as vaccinated? Apparently not!

3 | • Reply • Share ›

**Isthistingon** David A • 11 hours ago

The waters are so muddy at this point we will probably never know! Especially as you point out that the "tests" are completely misleading and seriously flawed, especially the PCR which should never have been used for diagnostic purposes per the Nobel Prize winning inventor Kary Mullis who just happen to die a few months prior to the rollout of this Con--he died of pneumonia no less, as you probably are already aware.

Since Pfizer destroyed the control group by giving them the stabs all data is essentially dead-on-arrival with the experiment/trial that is still going on! Not to mention there was no double blind placebo group to begin with...they lied to the public on this and then went ahead and used another "vaccine" that causes harm. This is supposed to be a Novel situation and impeccable data should have been a top priority if they really wanted to know...but we also know that all mice used in labs to begin with are just clones that the perps design their "trials" to, as they have no interest in how the stabs/drugs will actually affect the diverse masses, they just want to get them approved to distribute and then deal with the consequences of harm as they arise--the exact opposite of what most people believe is going on. There is no integrity anymore if there ever was!

[see more](#)

1 | • Reply • Share ›

**ddc** David A • 12 hours ago

I am not sure I understand the concern about the counting of the not fully vaxxed as unvaccinated. It seems fair to say that we can't assess a treatment until we

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 as unvaccinated. It seems fair to say that we can't assess a treatment until we know it has kicked in and it takes two weeks after the second dose for the vaccine to do its thing. IF there is an issue of the vaccine actually causing cases, then that should be studied separately, with comparisons of vaxxed infection rates prior to vaccination completed status to unvaxxed infection rates in similar populations. But otherwise, I am not seeing what the issue is. We wouldn't assess the impact of chemotherapy before the expected point of its maximum impact. Why say this is a problem with vaccines?

^ | v • Reply • Share ›



Joseph C Moore USN Ret • 4 days ago • edited

This is all in the effort to maximize profit for the drug manufacturers and their investors. Where are the real studies of efficacy of immune system boosting and treatment of the infected with existing CHEAP drugs. Damn those ghouls who seek profit by disregarding the physicians oath to do no harm. Millions of people dead for profit by evil intent.

9 ^ | v • Reply • Share ›



stevebilliter → Joseph C Moore USN Ret • 3 days ago

No drug therapy is safe and effective--the best treatment for pneumonia is H2O2 Nebulization done at home--no doctor needed. How cheap is hydrogen peroxide?

If you have any respiratory issues DO NOT go to any hospital if you value your life. Buy a nebulizer at 40--100 dollars and put hydrogen peroxide in it--do 3--30 min, breathing treatments a day for a few days--take in extra vitamins and plenty of pure water--no junk food, or anything harmful and you'll recover with no side effects just fine. Click on the link and check out how effective it is--our own body makes H2O2.

"An At-Home Treatment That Can Cure Any Virus, Including Coronavirus, 1990, by Charles Farr, MD Subsequently Researched and Prescribed by Frank Shallenberger, MD Current Protocol Created by Thomas Levy, MD."

I would not use Ivermectin unless you have parasites, nor does anyone need hydroxyC. Do not take a fake Covid test either.

<https://www.janssendentalcl...>

3 ^ | v • Reply • Share ›



BH387 → Joseph C Moore USN Ret • 3 days ago

A better question yet is: "Where are the real studies of efficacy of immune system boosting and treatment of the infected with nebulized H2O2 and megadose nutrients?"

1 ^ | v • Reply • Share ›



Jeff Franck → BH387 • 3 days ago • edited

Look up Dr. David Brownstein. He has the study but not good enough for the FDA. I guess he wasn't saving enough souls when the hospitals were turning away patients and told to return when their lips turned blue. I think he lost one patient who came to him much too late. Dr. Joseph Mercola also did an interview with Dr. Brownstein. They got me all set up and I kicked Covid's ass as well as my wife

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Brownstein. They got me all set up and I kicked COVID's ass as well as my wife, son and daughter (both young adults). No F@#* vaccines for us! Dr. Mercola's book "The Truth About Covid" explains it all including dosage. I stand corrected! No F@#* Gene Therapy Clot Shots for us!

^ | v • Reply • Share ›



elway0123456789 • 4 days ago • edited

Yet millions lost their jobs or were forced out of hostile work environments because they didn't want to be jabbed. They had a good reason to believe that the jabs would not improve their lives. They examined the alternatives and made the best decision possible with the available information. Still... I was one of those people who left a major corporation based out of SF last fall. I knew the writing would soon be on the wall by December or January. Take the job or lose your job. No, thank you. I prefer natural immunity. I did get COVID in January and recovered just fine. No one else in my home got COVID that I'm aware and none of them were jabbed.

7 ^ | v • Reply • Share ›



Ricky Ricardo • 4 days ago

STOP CALLING THE NANOBOT SHOTS VACCINES! They are *not* vaccines, they are *not* 'safe and effective', the 'benefits' do *not* outweigh the risks; because there are *no benefits* - it is all risk! They do *not* protect people from *anything*. All they do is maim and kill! You can write/post these articles until the cows come home...the evil will continue! Talk changes nothing!

6 ^ | v • Reply • Share ›



Lorraine Armstrong → Ricky Ricardo • 3 days ago

I notice that all the reports of 'adverse reactions' have disappeared. Funny how that always happens

1 ^ | v • Reply • Share ›



Grandmax4ever • 3 days ago

I am 74 y/o, unvaxxed, and tested positive last January - my symptoms never went beyond a mild, scratchy throat. Last week, I shared a hotel room for 8 days, vacationing with my unvaxx'd sister who home-tested positive the day before the start of our vacation. Her symptoms were mild and she decided to go regardless, completing her "quarantine" at the hotel. Today is day 5 and my home-test results remain negative. My 72 y/o sister is still home-testing positive but she feels better than 95% with no after effects. Hurray for natural immunity!

4 ^ | v • Reply • Share ›



Superman • 4 days ago

Thank you for this great article and the good work you are doing. It's SIMPLE: You don't take medicine unless you NEED it. Including a "vaccine". You don't give unnecessary medication to children. Do they need it? NO. Don't give it to them.

4 ^ | v • Reply • Share ›



Gary Brown • 3 days ago

22-Apr-2022 COVID UPDATE: What is the truth?

For the first time in American history a president, governors, mayors, hospital administrators and federal bureaucrats are determining medical treatments based not on accurate scientifically based or even experience based information, but rather to force the acceptance of special forms of care and "prevention"—including remdesivir, use of respirators and ultimately a series of essentially untested messenger RNA vaccines.

<https://surgicalneurologyin...>

3 ^ | v • Reply • Share ›



byhislove • 4 days ago

Interesting thing is that we all knew this...just by observing real life these past two years. I am glad that a 'study' peer reviewed (?) reviewed this but we will not see this on mainstream because they want to provide shots for babies 6 months and up to increase their trillions.

3 ^ | v • Reply • Share ›



Lorraine Armstrong → byhislove • 3 days ago

NO reputable doctor OR SCIENTIST actually recommends giving shots to children. Just the CDC. Why is that Fauci?

1 ^ | v • Reply • Share ›



ddc → Lorraine Armstrong • 12 hours ago

I wish this were true, but there are plenty of scientists and reputable pediatricians recommending the shot. They do this because they don't do independent research, they trust the CDC, and they are afraid of losing their jobs if they speak out. Science isn't what it used to be, but this article shows that the NEJM is still publishing data that, if you read closely enough, runs counter to the mainstream narrative.

^ | v • Reply • Share ›



Ektor57 • 4 days ago

That is the only purpose of these mRNA gene therapy injections. They will either murder you or create more illness and disease so big pharma can have more customers. That is all that matters.

3 ^ | v • Reply • Share ›



BH387 → Ektor57 • 3 days ago • edited

Well, there is also the possibility of using them for monitoring using nanobots or experimentation with that possibility. The variance in the harm caused by different lots is absolutely consistent with dosing experimentation.

^ | v • Reply • Share ›



UnionMember • 2 days ago

The jabs are useless at best. All of their effectiveness data is artificially obtained by counting people who got the shot as unvaccinated if within a time period. Thus all those sicknesses are to skew the vaccine as effective, by pushing it on the "unvax"

1 ^ | v • Reply • Share ›



Bry • 3 days ago

Explains why so many outbreaks of various infections are happening around the world in vaxxed people

1 ^ | v • Reply • Share ›



chris • 21 hours ago

"Pfizer, Moderna COVID Vaccines May Increase Risk of Infection, Study Shows"??????????
I mentioned it many times, CHD is posting completely derailed, deceptive articles by this author! To call gene therapies 'vaccines' which 'MAY' do harm is total criminal arrogance. Look at VAERS, is that Mr. Redshaw not enough DEATHS for you??
I suggested it many times, CHD is DECEIVING HUMANITY, despite of the apparent 'good intentions' for children!!!
It is just disgusting.

^ | v • Reply • Share ›



ddc → **chris** • 12 hours ago

First, it's Ms. Redshaw, which you would know if you just looked at her first name. Second, CHD is "following the science" and this article by Ms. Redshaw is a perfect example of that. CHD doesn't traffic in conspiracy theories and chiropractors posing as virologists. It follows the best science and the best science is showing that the vaccines are dangerous and ineffective and that's what this story is pointing towards. As for VAERS, I suggest you run a search of the Defender, it reports the VAERS data every week--and the reporter who does it is, wait for it, Ms. Megan Redshaw.

^ | v • Reply • Share ›



BH387 • 3 days ago

There is no free lunch when it comes to messing with the immune system. The closest thing is simply providing the nourishment and environment it needs to do its job naturally as best possible.

^ | v • Reply • Share ›



Gary Brown • 3 days ago • edited

June 20, 2022 If Vaccines Are Safe, How Will They Explain These Google Results?

Don't you love it when you can harness the high tech companies themselves to destroy the false narrative that they are defending? But suddenly, in December 2020 when the COVID vaccines roll out, everyone is now interested in vaccine side effects and it is happening simultaneously in EVERY STATE OF THE UNION and it peaks in April 2020 which is when I first learned about vaccine side effects from my friends. What an amazing coincidence!!!! "Vaccine side effects" started becoming popular in all states simultaneously in December, 2020. I wonder what could have caused that?

<https://stevekirsch.substac...>

^ | v • Reply • Share ›



stevebilliter • 3 days ago

This article is total misinformation. CV 19 does not exist so how can Covid injections cause the fake disease Sars-Cov-2? Sure, the shots can cause respiratory distress and pneumonia but not CV 19. All of this unscientific data originates from a 100% fake test.

CV 19 was never isolated, purified--inoculated into test subjects and made sick. No pathogen was found anywhere in culture that makes anyone sick. This means there is no DNA sample of an isolated "virus"-- the genome was faked and pieced together from DNA banks. So PCR could not be primed for the pathogen DNA to find it in people as a valid test--the tests are all fake.

The criminal virologist, Prof. Christian Drosten of Germany with Dr. Corman in early 2020 or late 2019, prepared a fake study that claimed PCR could detect CV 19. That paper was reviewed by 22 scientists who found 10 fatal errors for false/positive results in the "Corman-Drosten Review" report. The scam was and is driven by PCR.

No antibodies exist for CV 19--there is no "natural immunity" from having "Covid." Many who have vaccine injuries are "tested" in the hospital and all of a sudden they have "CV 19"--not a vaccine injury, and it may result a death from "CV 19" later and hospitals collect thousands of federal money.

awakecanada.org/sars-cov2-h...

^ | v 2 • Reply • Share ›



Lorraine Armstrong → stevebilliter • 3 days ago

Sorry, but you ARE wrong. I had Delta in December 2020. Sicker than a dog this way and that ALL month. I live in a senior's community. Others have gotten sick with one mutation or another. I never got sick again. NOR did I get the flu. Coincidence? You seem to think that it IS

1 ^ | v • Reply • Share ›



stevebilliter → Lorraine Armstrong • 18 hours ago

Many things cause flu-like symptoms. Food poisoning, chemicals and 5G for starters. You have no absolutely no idea what made you sick.

You had a fake test, here's the proof you need:

PCR was initially used from the start as a test in early 2020, and Prof's Corman and Drosten of Germany created a fake protocol claiming that PCR could detect CV19.

22 scientists reviewed that paper and found 10 fatal errors and said:

"In light of our re-examination of the test protocol to identify SARS-CoV-2 described in the Corman-Drosten paper we have identified concerning errors and inherent fallacies which render the SARS-CoV-2 PCR test useless."

This Review then quoted the criminal doctors:

"We aimed to develop and deploy robust diagnostic methodology for use in public health laboratory settings **without having virus material available.**" (Corman, et

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1 ^ | v 1 • Reply • Share ›

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