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If You've Had COVID, Please Don't Get Vaccinated

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At issue are viral antigens that remain in the body after a person is naturally infected; the immune response reactivated by the COVID-19 vaccine may trigger inflammation in tissues where the viral antigens exist

The inner lining of blood vessels, the lungs and the brain may be particularly at risk of such inflammation and damage, which could lead to major thromboembolic complications

Noorchashm believes that people should be screened for SARS-CoV-2 viral proteins prior to COVID-19 vaccination, while vaccination should be delayed for people with symptomatic or asymptomatic COVID-19 infections, as well as those who have recently recovered from the virus

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In their race to vaccinate the entire U.S. adult population, health officials are urging everyone to get a COVID shot, regardless of whether or not they've already been infected with SARS-CoV-2, the virus that causes COVID-19, and spending billions of dollars in taxpayer funded propaganda to convince people to get the vaccine.

This is an important distinction, however, with at least one scientist warning the U.S. Food and Drug Administration that "clear and present danger" exists for those who have had COVID-19 and subsequently get vaccinated.

That scientist — Dr. Hooman Noorchashm, a cardiac surgeon and patient advocate — warned the FDA that prescreening for SARS-CoV-2 viral proteins may reduce the risk of injuries and deaths following vaccination, as the vaccine may trigger an adverse immune response in those who have already been infected with the virus.[1]

Unfortunately, health agencies continue to assert that everyone should get vaccinated, even if they've already acquired natural immunity via previous infection.

CDC: Get Vaccinated Even if You've Had COVID

The U.S. Centers for Disease Control and Prevention admits that it's rare to get sick again if you've already had COVID-19. Despite this, they say those who have recovered from COVID-19 should still get vaccinated:[2]

> *"You should be vaccinated regardless of whether you already had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19. Even if you have already recovered from COVID-19, it is possible — although rare — that you could be infected with the virus that causes COVID-19 again."*

Your immune system is designed to work in response to exposure to an infectious agent. Upon recovery, you're typically immune to that infectious agent. This is why, for instance, proof of prior diagnosis with chickenpox, measles and mumps is allowed instead of vaccination to enter most U.S. public schools[3] — once you've had the disease and recovered, you're immune.

If you've had COVID-19, you have some level of immunity against the virus. It's unknown how long it lasts, just as it's unknown how long protection from the vaccine lasts. According to the Public Health Agency of Sweden:[4]

> *"If you have had COVID-19, you have some protection against reinfection. This means that you are less likely to become infected and seriously ill, and less likely to infect others if you are exposed to the virus again.*
>
> *Over time, the protection that you get after an infection wanes and there is an increased risk of getting infected again. At present, we estimate that the protection after having had COVID-19 lasts at least six months from the time of infection."*

People With Prior COVID Have More Vaccination Side Effects

An international survey of 2,002 people who had received a first dose of COVID-19 vaccine found that people who had previously had COVID-19 experienced "significantly increased incidence and severity" of side effects after the COVID-19 vaccine.[5] Those who had previously had COVID-19 had a greater risk of experiencing any side effect, along with the following, specifically:

- Fever
- Flu-like illness
- Local reactions
- Breathlessness
- Fatigue
- Severe side effects leading to hospital care

The mRNA COVID-19 vaccines were linked to a higher incidence of side effects compared to the viral vector-based COVID-19 vaccines, but the mRNA side effects tended to be milder,

local reactions. Systemic reactions, such as anaphylaxis, flu-like illness and breathlessness, were more likely to occur with the viral vector COVID-19 vaccines.

According to the researchers, the findings should prompt health officials to reevaluate their vaccination recommendations for people who've had COVID-19:[6]

> *"People with prior COVID-19 exposure were largely excluded from the vaccine trials and, as a result, the safety and reactogenicity of the vaccines in this population have not been previously fully evaluated. For the first time, this study demonstrates a significant association between prior COVID19 infection and a significantly higher incidence and severity of self-reported side effects after vaccination for COVID-19.*
>
> *Consistently, compared to the first dose of the vaccine, we found an increased incidence and severity of self-reported side effects after the second dose, when recipients had been previously exposed to viral antigen.*
>
> *In view of the rapidly accumulating data demonstrating that COVID-19 survivors generally have adequate natural immunity for at least 6 months, it may be appropriate to re-evaluate the recommendation for immediate vaccination of this group."*

Surgeon Warns of Immunological Dangers, Blood Clots

Noorchashm has written multiple letters to the FDA, warning them that people should be screened for SARS-CoV-2 viral proteins prior to COVID-19 vaccination. Without such screening, he wrote in one letter to the FDA, "this indiscriminate vaccination is a clear and present danger to a subset of the already infected."[7]

He describes the case of 32-year-old Benjamin Goodman of New York, who died within one day of receiving the Johnson & Johnson COVID-19 vaccine. "There will be many more in the coming months as we carelessly and indiscriminately vaccinate the already infected, millions a day … It is a near certainty," he continued.[8] At issue are viral antigens that remain in the body after a person is naturally infected.

The immune response reactivated by the COVID-19 vaccine may trigger inflammation in tissues where the viral antigens are present. The inner lining of blood vessels, the lungs and the brain may be particularly at risk of such inflammation and damage.[9] According to Noorchashm:[10]

> *"Most pertinently, when viral antigens are present in the vascular endothelium, and especially in elderly and frail with cardiovascular disease, the antigen specific immune response incited by the vaccine is almost certain to do damage to the vascular endothelium.*
>
> *Such vaccine directed endothelial inflammation is certain to cause blood clot formation with the potential for major thromboembolic complications, at least in a subset of such patients. If a majority of younger more robust patients might tolerate such vascular injury from a vaccine immune response, many elderly and frail patients with cardiovascular disease will not."*

What's more, Noorchashm quotes one of his previous medical school professors, who said,

"the eyes do not see what the mind does not know." In the case of a vaccine-induced antigen specific immune response, which may trigger thromboembolic complications 10 to 20 days after vaccination, including in those who may already be elderly and frail, the reaction isn't likely to be registered as a vaccine-related adverse event.

Immediately Delay Vaccination for These Key Groups

In his repeated letters to the FDA, Noorchashm suggests that the FDA "immediately and at the very minimum" delay COVID-19 vaccination for people with symptomatic or asymptomatic COVID-19 infections, as well as those who have recently recovered from the virus.

Because so many cases are asymptomatic, he recommends clinicians "actively screen as many patients with high cardiovascular risk as is reasonably possible, in order to detect the presence of SARS-CoV-2, prior to vaccinating them."[11] As it stands, Noorchashm points out that by ignoring what he believes to be an imminent risk for a sizable minority of people, the FDA's credibility, and that of the mass vaccination campaign in general, is at grave risk:[12]

> *"Can you imagine if the public, without having received any real warning from FDA, becomes aware of an increasing number of such vascular/thromboembolic complications? What do you suppose will happen to the level of 'vaccine hesitancy' then?*
>
> *And, what kind of accountability do you think the public will demand from our experts and federal regulators — especially if they knew, or should have known, that this immunological danger might exist?*
>
> *The aim of benefiting the majority of our public and saving the nation from this pandemic by quick and aggressive vaccination is an ethically sound one — but where we know of real or likely risks of harm and mortality, we ought to mitigate the risks to those in potential harm's way.*
>
> *So doing is the only reasonable, ethical, and likely legal option you can pursue as public health regulators — for in America, we no longer sacrifice the lives of minority subsets of people for the benefit of the majority."*

At least 62 cases of myocarditis, or heart inflammation, in people who received the Pfizer COVID-19 vaccine are being investigated by the Israel Health Ministry. Most of the cases occurred in men under the age of 30 who were in good health, and two deaths have been reported as a result.[13,14]

No Proof of Efficacy in People Who've Had COVID-19

In a high-profile report issued by the CDC's Advisory Committee on Immunization Practices, 15 scientists stated that the Pfizer-BioNTech COVID-19 vaccine had "consistent high efficacy" of 92% or more among people with evidence of previous SARS-CoV-2 infection.[15]

But according to Rep. Thomas Massie, R-Ky, "That sentence is wrong. There is no efficacy demonstrated in the Pfizer trial among participants with evidence of previous SARS-CoV-2 infections and actually there's no proof in the Moderna trial either."[16] In France, the health

body la Haute Autorité de Santé (HAS) does not recommend routinely vaccinating those who have already recovered from COVID-19, stating:[17]

> *"At this stage, there is no need to systematically vaccinate people who have already developed a symptomatic form of Covid-19 unless they wish to do so following a decision shared with the doctor and within a minimum period of time. 3 months from the onset of symptoms."*

When Massie realized that vaccination didn't change the risk of infection among people who've had COVID-19, he was alarmed and contacted the CDC directly, recording his calls.

"It [the CDC report] says the exact opposite of what the data says. They're giving people the impression that this vaccine will save your life, or save you from suffering, even if you've already had the virus and recovered, which has not been demonstrated in either the Pfizer or the Moderna trial," Massey says in a "Full Measure" report.[18]

CDC Allows Misinformation to Continue

Massie spoke with multiple officials on numerous occasions, who acknowledged the misinformation and implied that it would be fixed.[19,20] It wasn't until Massie's final call with the CDC, to deputy director Dr. Anne Schuchat, that it was acknowledged that a correction was necessary.

"As you note correctly, there is not sufficient analysis to show that in the subset of only the people with prior infection, there's efficacy. So, you're correct that that sentence is wrong and that we need to make a correction of it. I apologize for the delay," Schuchat said. January 29, 2021, the CDC did finally issue a correction, which reads:[21]

> *"Consistent high efficacy (≥92%) was observed across age, sex, race, and ethnicity categories and among persons with underlying medical conditions. Efficacy was similarly high in a secondary analysis including participants both with or without evidence of previous SARS-CoV-2 infection."*

Instead of fixing the error, Massie believes the wording just phrases the mistake in a different way and still misleadingly suggests vaccination is effective for those previously infected.[22] Meanwhile, increasing numbers of breakthrough COVID-19 cases among the fully vaccinated are being reported, which the CDC has been reporting.

As of April 26, 2021, there have been 9,245 reported cases of COVID-19 in fully vaccinated individuals, including 132 deaths.[23] Note this is not total deaths from the vaccine, which is rapidly approaching 4,000.

However, May 14, 2021, the CDC announced it will no longer report breakthrough cases unless they involve hospitalization or death,[24] which will obscure the actual number of breakthrough cases occurring, artificially driving down rates and making the vaccines appear to be more effective.

The CDC also changed recommendations on PCR tests for the fully vaccinated, which will further drive down the appearance of breakthrough cases by making them less likely to

"test positive."

PCR tests recommended by the WHO used to be set to 45 cycle thresholds (CTs),[25] yet the scientific consensus has long been that anything over 35 CTs renders the test useless,[26] as the accuracy will be extremely low, with false positives artificially driving up case numbers.

In April 2021, the CDC recommended the CT be lowered to 28, but only for people who are fully vaccinated.[27] Under this guidance, someone with a CT of 30 would not be considered to have COVID-19 if they were fully vaccinated, but if they were not, then their test would be "positive."

This is beyond obvious that they are rigging the system to create data that fit their fake narrative, which is pushing the entire population to get a vaccine they don't need, will harm or kill them and which will generate tens of billions of dollars in annual recurring revenue for the drug companies.

In return, the drug companies have no legal risk for any complications, adverse effects or deaths and are given billions of dollars in free advertising from the U.S. taxpayers to get this dangerous gene therapy.

The Big Lie — Natural Infection Isn't Adequate

Why is it that the media continue to promote the fake narrative that natural immunity — the type acquired by getting infected by and recovering from a virus — isn't as powerful or long-lasting as vaccine-acquired immunity?[28,29] Do you think it might be to support vaccine sales?

Did they forget that COVID-19 vaccines aren't intended to be a long-term solution, and have NEVER been shown to provide immunity benefits? The original warp speed test only showed reduced symptoms.

Pfizer's CEO Albert Bourla exacerbated this charade by stating that not only will people need a third booster dose of COVID-19 vaccine within 12 months of being fully vaccinated, but annual vaccination will probably be necessary.[30]

Robust natural immunity has been demonstrated, however, for at least eight months after infection in more than 95% of people who have recovered from COVID-19.[31,32] A Nature study also demonstrated robust natural immunity in people who recovered from SARS and SARS-CoV-2.[33]

There continue to be many unanswered questions surrounding COVID-19 vaccines, many of which most of the public has never heard of, such as imprinting and Th2 immunopathology. If you choose to get a COVID-19 vaccine, you're participating in a giant experiment, acting as a guinea pig to see what will ultimately bear out.

That being said, if you or someone you love have received a COVID-19 vaccine and are experiencing side effects, be sure to report it. Children's Health Defense (CHD) is calling on all who have suffered a side effect from a COVID-19 vaccine to do three things:[34]

1. If you live in the U.S., file a report on VAERS

2. Report the injury on VaxxTracker.com, which is a nongovernmental adverse event tracker (you can file anonymously if you like)
3. Report the injury on the CHD website

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Notes

[1] Medium February 15, 2021

[2] U.S. CDC, COVID-19 Vaccination FAQs April 30, 2021

[3] IDPH, Minimum Immunization Requirements Entering a Child Care Facility or School in Illinois, Fall 2020

[4] Public Health Agency of Sweden February 3, 2021

[5] medRxiv March 8, 2021

[6] PJ Media May 18, 2021

[7, 8] The Defender March 24, 2021

[9, 32] The Defender April 5, 2021

[10, 11, 12] The Defender January 28, 2021

[13] Health April 26, 2021

[14] Newsweek April 26, 2021

[15] MMWR December 18, 2020

[16] WWMT January 29, 2021

[17] Nitag Documentation 2021

[18, 19, 20, 22] Full Measure January 31, 2021

[21] CDC MMWR Erratum January 29, 2021 / 70(4);144

[23, 24] CDC, Breakthrough Cases

[25] WHO.int Diagnostic detection of Wuhan Coronavirus 2019 by real-time RT-PCR, January 13, 2020 (PDF)

[26] The Vaccine Reaction September 29, 2020

[27] The Defender May 7, 2021

[28] MedPage Today May 5, 2021

[29] Lansing State Journal May 6, 2021

[30] CNBC April 15, 2021

[31] Science. 2021 Feb 5;371(6529):eabf4063. doi: 10.1126/science.abf4063. Epub 2021 Jan 6

[33] Nature July 15, 2020

[34] The Defender January 25, 2021

Featured image is from Children's Health Defense
