Combining COVID-19 BA4/5 and Influenza mRNA

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Opinion Article

Nov. 5, 2022, 2:00 p.m.

Recently, both Pfizer and Moderna announced they were developing a combination injection utilizing mRNA coding for the BA4/BA5 Omicron subvariant and new mRNA coding for antigens contained in the influenza virus.[i] Because the COVID-19 component is under Emergency Use Authorization plus questionable unorthodox licensure meant to provide the legal basis for a system of vast mandates, limited animal studies plus no completed human trial data to date, that component should be off the table from the start.

A recent paper from Chemaitelly and colleagues demonstrated in the Omicron era, COVID-19 boosters had unacceptably low protection against acquiring the infection, and no valid study has ever demonstrated reductions in hospitalizations and deaths.[ii] To make matters worse, any theoretical benefit from a COVID-19 vaccine would last < 6 months, so additional shots would be out of phase with the other component of the combination product. mRNA coding for influenza would be a new biological product not under EUA, so it should have to go through the full 5-year regulatory development cycle for genetic biologicals. It looks like the vaccine companies are trying to shortcut this development cycle by combining the non-emergency flu shot with the EUA COVID-19 vaccine. Influenza A and B are the cause of seasonal epidemics, and the segmented RNA genome enables frequent antigenic changes. For this reason, the seasonal vaccines are developed annually based on the expected circulating strains of two influenza A viruses– H1N1 and H3N2, and two influenza B viruses– Victoria and Yamagata lineages.[iii] Because of the strain mismatches, the effectiveness has been abysmal. Last year, Chung and colleagues reported the influenza vaccine had 16% vaccine

efficacy which was statistically insignificant from zero.[iv]

Combining the genetic code for both the SARS-CoV-2 Spike protein and conserved proteins of influenza A and B would mean the installation of the long-lasting genetic code for multiple foreign proteins in the human body. Production of these proteins will induce an ongoing multi-pronged immune response which is likely to create amplified side effects, above and beyond each component alone, rendering even greater incapacitation than we have seen with the COVID-19 vaccine alone. Dr. David Wiseman, Ph.D., former JNJ scientist, and vaccine developer commented on the combined vaccine product for NTD news. He made the case that safety signals would be confused and impossible to sort out.

In the history of drug development, when a technology goes bad and delivers side effects and fails to stop or ameliorate an illness, that line of development should be dropped. In the case of mRNA, the bio-pharmaceutical complex is hell-bent on forcing these new products into large populations no matter what adverse health consequences emerge. So, the next time you are in the clinic and about to take another vaccine, ask the nurse: "Does this vaccine have mRNA in it?" If the answer is yes, then consider deferring or seeking an alternative. Thus far, in this author's opinion, there is no mRNA vaccine that is either safe or effective. The Food and Drug Administration implemented first an emergency use authorization then an unorthodox licensure executed to legitimate mass mandates at the federal state and local levels. Links to both Pfizer-BioNTech Comirnaty and Moderna's mRNA -1273 are offered here and here respectively.

[i] Reuters: Pfizer, BioNTech start COVID-flu combination

vaccine study

[ii] Chemaitelly H, AlMukdad S, Ayoub HH, Altarawneh HN, Coyle P, Tang P, Yassine HM, Al-Khatib HA, Smatti MK, Hasan MR, Al-Kanaani Z, Al-Kuwari E, Jeremijenko A, Kaleeckal AH, Latif AN, Shaik RM, Abdul-Rahim HF, Nasrallah GK, Al-Kuwari MG, Al-Romaihi HE, Butt AA, Al-Thani MH, Al-Khal A, Bertollini R, Abu-Raddad LJ. Covid-19 Vaccine Protection among Children and Adolescents in Qatar. N Engl J Med. 2022 Nov 2. doi: 10.1056/NEJMoa2210058. Epub ahead of print. PMID: 36322837.

[iii] Rcheulishvili N, Papukashvili D, Liu C, Ji Y, He Y, Wang PG. Promising strategy for developing mRNA-based universal influenza virus vaccine for human population, poultry, and pigs- focus on the bigger picture. Front Immunol. 2022;13:1025884. Published 2022 Oct 17. doi:10.3389/fimmu.2022.1025884

[iv] Chung JR, Kim SS, Kondor RJ, Smith C, Budd AP, Tartof SY, Florea A, Talbot HK, Grijalva CG, Wernli KJ, Phillips CH, Monto AS, Martin ET, Belongia EA, McLean HQ, Gaglani M, Reis M, Geffel KM, Nowalk MP, DaSilva J, Keong LM, Stark TJ, Barnes JR, Wentworth DE, Brammer L, Burns E, Fry AM, Patel MM, Flannery B. Interim Estimates of 2021-22 Seasonal Influenza Vaccine Effectiveness - United States, February 2022. MMWR Morb Mortal Wkly Rep. 2022 Mar 11;71(10):365-370. doi: 10.15585/mmwr.mm7110a1. PMID: 35271561; PMCID: PMC8911998.

Dr. Peter McCullough, a *TrialSite* advisory committee member, writes on a joint Substack with John Leake. Check that site out here.