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COVID Vaccine Makers Working on Boosters, Annual Vaccination Programs

All three U.S.-authorized coronavirus vaccine manufacturers are working on booster shots and development of annual revaccination programs.

Pfizer CEO Albert Bourla [said](#) people will “likely” need a booster dose of a COVID-19 vaccine within 12 months of getting fully vaccinated. Bourla said it’s possible people will need to get vaccinated against the coronavirus annually, noting, “It is extremely important to suppress the pool of people that can be susceptible to the virus.”



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The comment comes after Johnson & Johnson CEO Alex Gorsky [implied](#) that people may need to get vaccinated against COVID-19 annually, just like they do against the seasonal flu. He observed that the virus mutates, which can enhance its ability to fend off antibodies and cause it to have a different response to vaccines.

Moderna CEO Stephane Bancel [revealed](#) the plans of having the booster shot for the two-dose COVID-19 by fall. “I want to make sure there are boost vaccines available in the fall so that we protect people as we go into the next fall and winter season in the U.S.,” Bancel said.

Dr. Anthony Fauci, as if reminding everyone who’s the boss, [said](#) that it is not pharmaceutical company CEOs who will decide on the necessity of COVID-19 boosters, but the federal health authorities — CDC and FDA. He acknowledged that the CDC will use companies’ advisory committee and immunization practices, which involves officials examining the durability of the vaccine by measuring the level of antibodies still present after a period of time. Dr. Fauci said the data is expected to be available by the end of summer.

The medical community seems to have an agreement on the idea that “COVID is here to stay.” “We need to plan that this is something we may need to maintain control over chronically. It may be something that becomes endemic, that we have to just be careful about,” Dr. Fauci [said](#).

While every American is encouraged to get a COVID shot, and now possibly boosters, what many people don’t know is that the COVID shots are not vaccines in the traditional sense, which ostensibly work by building and supporting the human immune system that, in the end, is responsible for fighting the viruses and disease-causing bacteria. By that definition, the novel mRNA vaccines distributed by Pfizer and Moderna are not vaccines. By admission of the manufacturers themselves, both the Pfizer and Moderna products only lessen the symptoms of COVID, but don’t prevent transmission. People still [get COVID](#) after receiving the jabs.

Furthermore, the vaccines were created in such a short period of time that no meaningful clinical trial could be conducted. Historically, creating a vaccine from scratch [has taken](#) 10-15 years on average,



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while the COVID vaccines were developed in less than a year. Phase III clinical trials — aimed at assessing a vaccine’s efficacy and safety in large groups of people — normally take an average of 1-4 years, yet the Phase III clinical trials for the COVID vaccines started in [July](#) and were concluded in [November](#).

Post-marketing Phase IV usually takes as long as Phase III, sometimes longer, and is aimed at examining the vaccine performance in real life scenarios, and at studying its long-term risks and benefits. But we haven’t even gotten to Phase IV yet with the COVID vaccines. Once they were “approved,” they were being given *en masse*. As of [today](#), around half of Americans over 18 have received at least one COVID-19 vaccination shot. Yet there is no viable knowledge on their efficacy and safety. That is why these vaccines have not been given regular approval by the FDA, but only an “emergency use authorization.” Every person who gets vaccinated now is a volunteer in an ongoing Phase III medical trial, but without any liability from the vaccine manufacturers no matter how severe the adverse reaction to the jab may be.

This raises a key question: How closely do the jabs follow the *primum non nocere* principle? Mild reaction is certainly almost always expected, but how about the more serious consequences? In her recent *TNA* [article](#) “Genetic Vaccines: Are They the New Thalidomide?” Dr. Lee D. Merritt analyzes the CDC’s VAERS database that records adverse reactions to the vaccines, and explains the biological mechanism of mRNA agents causing the immune system to attack its own cells that develop a potentially deadly pathogen — a spike protein — like that of a coronavirus. The result in some patients has been thrombocytopenia (low to zero thrombocytes) that leads to unstoppable bleeding; there are also blood clots, brain hemorrhages, miscarriages, and countless other implications.

In a recent video [interview](#) with *TNA*, world-renowned microbiologist Dr. Sucharit Bhakdi warned against getting mRNA shots, especially repeatedly, because the human immune system trains itself to attack viruses more and more vigorously. And then your own cells and tissue show the distinctive spike protein, they become a target of those attacks.

Another issue to consider is the aforementioned ability of viruses to mutate. Just like other forms of life, they adapt. Belgium virologist Vanden Bossche is [calling](#) for a halt to the mass-vaccination programs. He believes that if the jabs are not halted, they could lead to the evolution of stronger and stronger variants of the virus until a “supervirus” takes hold and wipes out huge numbers of people.

Making unapproved, unstudied, and potentially deadly vaccines a part of medical routine is terrifying. As Dr. Merritt said, “perhaps it is time to address the 800-pound gorilla in the room and ask, ‘Are they trying to kill us?’”



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