



Natural immunity vs Covid-19 vaccine-induced immunity – Marc Girardot of PANDA

28th June 2021 by Nadya Swart

Covid-19 brought about an age of misinformation like never before. With this, the responsibility of journalists to provide informed, well-researched and objective news to the public has never been of more paramount importance. This article by Marc Girardot, a member of PANDA, is loaded with hyperlinks – each of which provide u...

source of those facts asserted in the article. The links and pictures are an integral part of this article, which takes a deep dive into the issue of natural immunity and Covid-19 vaccination. This article is not and should not be construed as 'anti-vax'. Rather, it provides evidence of natural immunity. It is impeccably researched and well worth reading. And spontaneously endorsed by Prof Michael Levitt, the only living South African Nobel Prize winning scientist (see below). – Nadya Swart



Michael Levitt

@MLevitt_NP2013



Really fine article sticking to that which we know & not that which we do not know.

Treating fallacies for what they are & explaining each careful is the exact right approach.

To Marc who has been fighting against misinformation together since March 2020, I say "
Great job!



Marc Girardot @GirardotMarc

My latest article on Natural Immunity versus Vaccine-Induced immunity

@NickHudsonCT @MLevitt_NP2013 @PanData19

@TheEliKlein @Leftylockdowns1 @RWMaloneMD

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[biznews.com/health/2021/06...](https://www.biznews.com/health/2021/06...)

Should people who have recovered from COVID take a vaccine?

Epidemiology, immunology and the clinical data all say a clear "No!". There is no good reason to vaccinate the recovered.

By Marc Girardot*



A British friend, recovered from COVID, decided to get vaccinated despite being naturally immune. This is the email he recently sent me:

“Marc I suffered a mild stroke on Wednesday 8 days after taking the Astrazeneca 2nd dose. Since I am a marathon runner I am a very ‘rare case’. I don’t smoke, have high blood pressure, high cholesterol, family history or come into any of the risk categories for blood clots...

You did warn me against taking the second dose and I wished I’d heeded your advice. I’ve taken a totally unnecessary risk with my life and I bitterly regret doing it.”

Contrary to most, Tony was informed; he had been told about the power of natural immunity, about the long – if not lifelong – duration of immunity, of the risk inherent to any medical procedure (yes, vaccination is a medical procedure!), as well as of the rising levels of adverse events. He admitted he hadn’t imagined it could happen to him...

Though it is hard to assess precisely the actual severity and breadth of vaccine-related adverse events, it is very clear that vaccination against COVID-19 isn’t as harmless as pharmaceuticals, mainstream media, academia, health authorities and the medical community have been saying. And, in contrast to high risk individuals who are still susceptible, recovered people have no real benefit to balance the additional risks of vaccination.



2021 Adverse Events Reporting

	VAERS US	EUROVIGILANCE EUROPE	YELLOW CARDS UK
Date	18/06/2021	04/06/2021	16/06/2021
Fully Vaccinated (Mn)	148.46	137.44	30.68
Deaths	6,136	4,572	1,356
Incidents	387,288	316,925	73,944
Death per 100,000	4.1	3.3	4.4

For over a year, mainstream media, health authorities as well as many “experts” have been downplaying the power of the immune system, dismissing natural immunity and proclaiming that immunity to COVID-19 was short-lived.

Simultaneously, vaccines have been portrayed as the silver bullet to this crisis, an incidental procedure with no risk whatsoever. The data shows a different picture and many are coming forward, to challenge the official narrative. We will demonstrate that this is a fallacy.

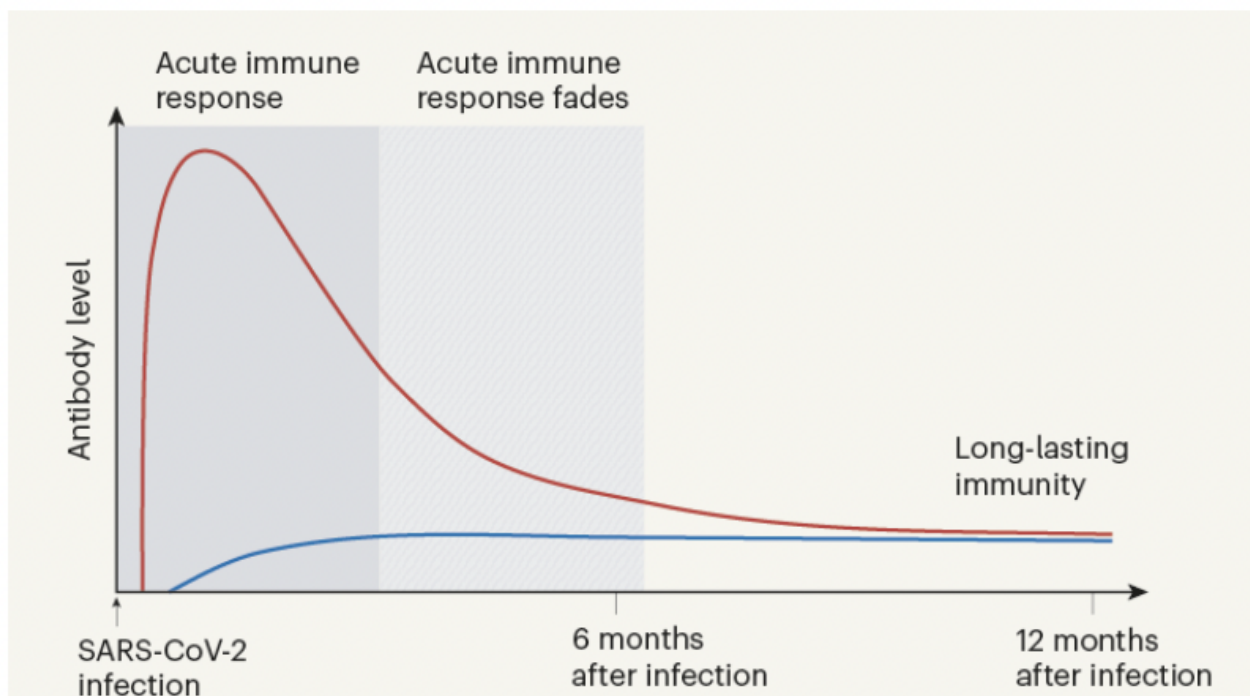
The human immune system is one of the most sophisticated achievements of evolution. The survival of our species has depended on it for millenia. And today, we are still very much relying on it. For the record, 99% of people infected with SARS-CoV-2 recover without treatment. Only 1% of SARS-CoV-2 patients, who did not receive early home-based treatment, end up hospitalised. In other words, the immune system overwhelmingly protects. Even vaccines depend entirely on the immune system: vaccines essentially teach our immune systems what viral markers to be prepared for, they are not cures per se. Without a functional immune system, there can be no effective vaccine.

On the waning immunity fallacy



Once recovered, the immune response recedes, notably via a decrease in antibodies. It is not only natural; it is indispensable to restore the body to a normal balanced state. Just as a permanent state of fever would be harmful, a high number of targetless antibodies or T-cells constantly circulating throughout the body could create serious complications such as autoimmune diseases. Taking an evolutionary perspective, only those whose antibody and T-cells count waned post-infection survived. So, a dropping number of antibodies and T-cells is reassuring, even healthy.

Antibody Levels during infection and post infection



Redline= antibodies - Blue-line= Memory B cells credit: Nature

But this decrease in T-cells and antibodies doesn't mean at all that immunity is gone. It means the immune system has adapted to the new situation, and is now just on *sentinel mode*: Memory B- and T-cells, circulating in the blood and resident in tissues, act as vigilant and effective sentinels for decades:

- survivors of the Spanish Flu epidemic were tested for their immunity to the 1918 influenza virus 90 years after, and still demonstrated immunity;
- people recovered from the 2003 SARS infection demonstrated robust T-Cell responses seventeen years later; ^

- the wide-spread prevalence of high cross-immunity – gained from past common cold infections – further demonstrates the resilience of natural immunity for coronaviruses.

Indeed, all recent studies show the specific anti-SARS-CoV-2 immunity remains effective – possibly for a lifetime. Our immune system is a modular platform, it can combine in an infinite number of ways to address a multitude of threats in a variety of contexts. As such, it is neutral to the viral threats it faces. In other words, there is absolutely no reason to believe that those recovered from Covid-19 would lose their immunity over the years, or even the decades to come.

On the reinfection fallacy

You might have also heard of people becoming reinfected by SARS-CoV-2. Indeed, immunity, natural or vaccine-induced, isn't the impenetrable shield described by many. Essentially harmless and asymptomatic reinfections do take place. That is, in fact, the very mechanism by which adaptive immunity is triggered.

However, symptomatic reinfections are very rare. Like an army which adapts its response to the size and the progression of its enemy forces, adaptive immunity provides a specific, rapid and resource-optimised response. As such, reinfections are mostly asymptomatic and recovered patients are protected from severe disease.

In fact, innocuous reinfections can play a positive public health role as continuous immune updates of the population. They can help a seamless and progressive adaptation to emerging new variants and strains. And indeed a recent study showed that couples with children were more frequently asymptomatic than couples without, most likely because children acted as natural and harmless immunisation vehicles. The likely reason high density countries all have very low death tolls is that they have asymptomatic reinfections that regularly and widely update the immunity of the population.



On the variant fallacy

As demonstrated by the low numbers of reinfections mentioned above, but also by multiple studies, so far variants have not escaped acquired immunity. Just as Americans can speak and interact seamlessly in England, unhindered by a few word variants, natural or vaccine-induced immunity is unhindered by variants, possibly more so than vaccine-induced immunity. There is ample evidence of the sophistication and breadth of the human immune system, and it is clear that its arsenal cannot be evaded by a few minor changes in the genes of the virus.

Across the world (countries: Canada, Ecuador, Gabon, Germany, India, Singapore, Sweden, UK, USA, Tanzania, Zambia), multiple studies demonstrate high-levels of pre-existing cross-reactive T-cells and antibodies to SARS-CoV-2. In other words, many were already largely immune via other coronaviruses. This is the likely explanation for the unexpectedly high level of asymptomatics during the pandemic. More importantly, this demonstrates that even with large genetic differences, prior immunity to related coronaviruses is sufficient to avoid severe Covid. Therefore, it is quite evident [that] variants are not a concern for the general population who have already recovered.

On the vaccine better-than-the-natural-immunity fallacy

You might have heard people stating that vaccines provide better protection than natural immunity. That's an interesting way of bending reality. How can a vaccine be more effective at immunisation than the disease it is trying to mimic?

Theoretically, there are several reasons explaining why natural immunity is better than vaccine-induced immunity:

- **Fewer immune targets:** mRNA/DNA vaccines present only a fraction of the virus genetic code (5-10%). For example, they don't utilise ORF1 highly immunogenic epitopes. Therefore, the immune system will recruit a smaller number of T-cells tapping into a narrower repertoire, consequently with a l ^

effective response. *The logic: Imagine you lose a number of key players for a football tournament – you might still win, but it will be harder.*

- **Longer immune trigger time:** The smaller number of epitope targets also means that the alarm to the immune system will be delayed. This is a key driver of success in the COVID-19 battle. The wider the target repertoire, the faster the encounter between dendritic cells and identifiable antigens. *The logic: Like a party you go to, you can start partying much faster when you have ten friends there than when you have only one. They are just easier to find.*
- **Inappropriate delivery location:** The intramuscular delivery of current vaccines unfortunately doesn't mimic viral penetration and propagation at all. Coronaviruses don't enter the body via muscles. They do so via the respiratory tract, often infecting cell to cell. Contrary to muscle-delivered vaccines, natural immunity places a strong sentinel force of memory resident cells at the portals of entry and shuts the body entrance to the virus preemptively. From an evolutionary standpoint, this makes perfect sense. *The logic: It's much easier to stop an army coming through a narrow gorge than on the beaches of Normandy.*

Recent research confirms this logic. One comparative study in Israel found the protection from severe disease to be 96.4% for Covid-19 recovered individuals but 94.4% for vaccinated ones, and concluded “**Our results question the need to vaccinate previously-infected individuals.**” Another reference comparative study by a team at New York University highlighted a faster, wider and more impactful humoral and cytotoxic reaction in recovered immunity versus vaccine-induced.

There is ample evidence that vaccinating people recovered from COVID doesn't bring any benefit. It quite possibly does the opposite, because of the risk of building tolerance to elements of the virus translating into reduced immune potency.

On the vaccine innocuity fallacy



Without denigrating the incredible contribution of vaccines to modern medicine and public health, one needs to acknowledge that vaccines are a medical procedure. As such, vaccines should never be considered lightly. They are neither neutral, nor trivial, all the more so when they are injected into billions of people.

In their very nature, vaccines tinker with the sophisticated balance of one's immune system. That in itself demands respecting rigid safety protocols. Though we have made considerable progress in our understanding of immunology, we are still very far from understanding its intricacies and subtleties, especially when it comes to novel mRNA and DNA technologies.

Because of the risk of anaphylactic shock, auto-immune diseases, unforeseen interactions, design flaws, deficient quality protocols, over-dosage, and so on – vaccines have traditionally been strictly regulated.

History teaches us to be watchful with vaccines, from the botched inactivation of polio vaccines that ended infecting 40,000 kids with polio in 1955, to the 1976 swine flu vaccine which caused 450 to develop Guillain-Barré syndrome, to the more recent vaccine-induced outbreak of polio in Sudan. The recent rejection by Brazilian health authorities of the Barhat's Covaxin is a clear reminder of how rigorous and independent our health authorities need to be if vaccines are to promote, not hinder, public health.



After 6 months of vaccination and a year of research, a number of red signals should be alerting the *would-be* vaccinated and health authorities:

1. **Wandering nanoparticles:** The lipid nanoparticles, the carriers of the mRNA, were supposed to remain in the muscle, but ended up broadly distributed throughout the body, notably in the ovaries, the liver and possibly the bone marrow.
2. **Anaphylactic PEG:** A number of concerns had been raised regarding the novel use of PEG adjuvant. Notably, prior research had raised the risk of cardiac anaphylaxis at second injection.



3. **Sensitive locations:** ACE-2 receptors susceptible to binding to the spike protein are highly expressed in the endothelial cells of highly sensitive areas, such as the brain, the heart, the lungs, the liver and both male and female reproductive systems.
4. **Toxic circulating spikes:** The spike proteins induced by mRNA/DNA vaccines have been shown to be pathogenic, and highly inflammatory, notably because of the similarity of a spike sequence to that of Staphylococcal Enterotoxin B. It has also been found to be directly causing blood clots through platelet activation. One researcher said, “Our findings show that the SARS-CoV-2 spike protein causes lung injury even without the presence of an intact virus”.
5. **BBB disruption:** A recent study highlights the risk of disruption of the blood-brain barrier, a fundamental filter mechanism to protect the brain. The spike protein has also been found to cross the BBB and create inflammation in the brain.
6. **High adverse events:** Even though most likely under-reported, the overall number of serious adverse events versus other traditional vaccines remains very high. The 6,000+ deaths seen [in the US] in six months exceed all the vaccine-related deaths in 30 years. This is quite disquieting, and tends to confirm the aforementioned alarms.
7. **Children more at risk:** The Covid-19 vaccines seem to be more harmful to children and teens, notably with a growing number of myocarditis events. The fact that vaccine doses are not adjusted for body weight is notably a cause for concern given the discovery of circulating nanoparticles and spike toxicity.

These are essentially just the short-term effects of these novel vaccines. There is no long-term clinical data regarding the implications of these vaccines, notably regarding autoreactive antibodies (antibodies that target one's own body creating autoimmune diseases).

To conclude, we question why anyone healthy and recovered from COVID-19 would want or be advised to take any risk – even the most remote – in getting vaccinated given that:

- those who have recovered from COVID-19 enjoy robust immunity;
- natural immunity duration is decades-long, probably lifelong;
- natural immunity effectiveness is better than vaccine-induced;
- variants are not an immunological concern, presenting no risk of immune escape;
- vaccines are medical interventions which should never be taken lightly, especially when still experimental;
- there is no benefit for COVID-19 recovered; and
- COVID-19 vaccines are obviously not as safe as stated initially by the manufacturers.

Marc Girardot is a member of PANDA and Senior Advisor in Biotech & Automotive/INSEAD MBA.

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