The Latest Research Puts the Final Nail in the Coffin for Deniers of 'Natural Immunity' to Covid

Published on December 28, 2021 Story source: Patriot Alerts

It is one of the great mysteries of the pandemic: Why have mainstream journalists, public health officials, and America's elected leaders ignored "natural immunity" to Covid from prior infections?

The incessant agenda to get everyone 'vaccinated' — despite the now undeniable body of evidence the mRNA shots do nothing to stop the spread of the virus — has defied basic scientific reasoning. Even if the mRNA shots appear to lower mortality rates for those who are at risk, prior infections provide equal or even superior protection due to their spurring of antibodies. After all, this is what the mRNA shots are meant to accomplish in the first place.

Research in the past has established that natural immunity is a real thing and actually works. A famous, widely cited Israeli study that showed "natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization" was recently replicated in an independent study. Nonetheless, there has been a stubborn refusal by the part of the media to acknowledge natural immunity exists, and the overwhelming majority of Democrat voters do not believe that it works against Covid.

Enter a new study on natural immunity published in the *European Journal of Immunology*. The cutting-edge research shows that not only is natural immunity effective, it is superior to vaccinated immunity because it is much longer-lasting.

"Most subjects develop antibodies to SARS-CoV-2 following infection," the study states. "In order to estimate the duration of immunity induced by SARS-CoV-2 it is important to understand for how long antibodies persist after infection in humans… We found that NAb [natural antibodies] against the WT virus [B-lineage variants] persisted in **89% and S-IgG in 97% of subjects for at least 13 months after infection**."

Eat your heart out, Big Pharma. Nature's immunization system beats your leaky, ineffective products any day of the week. Let's dig a little deeper and examine the results:

Table 1. Demographics and clinical characteristics of study participants in the study cohorts at 8 and 13 months after infection

	8 months participants	13 months participants	Study Cohort	Sub C
N				
8 months	1292	N/A	367	N/A
13 months	N/A	995	367	78
Gender				
Male n (%)	520 (40%)	386 (39%)	159 (43%)	40 (5
Female n (%)	772 (60%)	609 (61%)	208 (57%)	38 (4
Age at diagnosis (median, range)				
<60y	45.1 (17.3-59.9)	47.5(17.6-59.9)	45.9 (17.7-59.9)	51.6 (
>60y	65.1 (60.0-94.3)	65.4 (60.0-95.6)	63.3 (60.0-79.0)	63.0 (
All	50.0 (17.3-94.3)	52.5 (17.6-95.6)	48.8 (17.7-79.0)	59.4 (
Time (mo) after diagnosis at sampling				
8 months	7.6 (5.9-9.9)	N/A	7.6 (6.1-9.7)	N/A
13 months	N/A	12.7 (11.7-14.3)	12.7 (11.9-14.0)	13.0 (
Disease severity				
Severe	190 (15%)	149 (15%)	47 (13%)	39 (5
Mild	1102 (85%)	846 (85%)	320 (87%)	39 (5

The study's results show the overwhelming majority of subjects received natural immunity from prior infection, regardless of whether the case was 'severe' or 'mild.' The researchers also sought to assess if natural immunity to certain variants of concern can be expected to protect against future variants.

"**Previous infection with SARS-CoV-2 has shown to induce effective immunity and protection against reinfections in most individuals**," the study says. "In animal studies, a protective antibody titer against SARS-CoV-2 infection has been suggested to be low. Higher IgG antibody levels against SARS-CoV-2 among healthcare workers within three months after vaccination were found to be associated with lower infectivity. However, a protective threshold for humans is still under debate and subject to the standardization of serological methods. The accumulating research data on the persistence of antibodies after natural infection, and NAbs in particular, will provide important insight into estimating for how long antibodies induced by Coronavirus disease 2019 (COVID-19) vaccination can be expected to persist and provide protection against emerging SARS-CoV-2 variants."

It is important to note that the Centers for Disease Control and Prevention refuses to accept the presence of antibodies as a demonstration of natural immunity to Covid-19. The CDC insists on every eligible person getting vaccinated, regardless of prior infection.

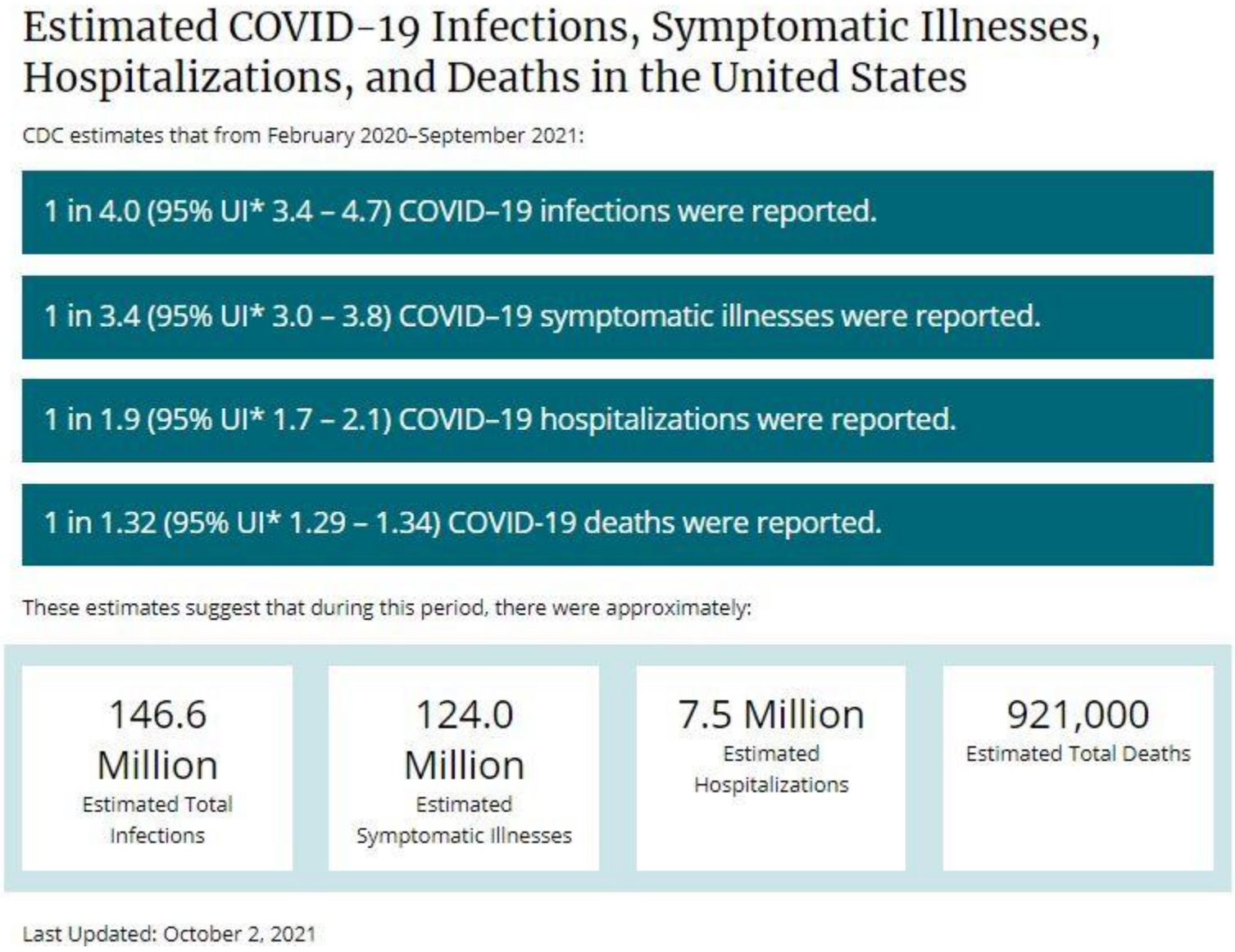
- Antibody testing is not currently recommended to assess for immunity to SARS-CoV-2 following COVID-19 vaccination, to assess the need for vaccination in an unvaccinated person, or to determine the need to quarantine after a close contact with someone who has COVID-19. Some antibody tests will not detect the antibodies generated by COVID-19

vaccines. Because these vaccines induce antibodies to specific viral protein targets, post-vaccination antibody test results will be negative in persons without history of previous infection, if the test used does not detect antibodies induced by the vaccine.

- All eligible people should be vaccinated, including unvaccinated people who have previously been infected and have detectable antibodies.
- Unvaccinated persons, including those who have previously tested antibody positive, should follow current recommendations to prevent SARS-CoV-2 infection.

There is no credible scientific reasoning provided — only a vague appeal that it is hard to test for the specific antibodies provided by the "vaccines." Needless to say, this is not a valid argument.

Additionally, the CDC itself claims that there have been 146.6 million prior infections in the United States (as of October 2). Based on its calculation and the current reported 52 million "cases," this would put prior infections and natural immunity at around 200 million people.



The Mayo Clinic once considered 200 million Americans with vaccinated or natural immunity to be sufficient to claim "herd immunity." Obviously, the "experts" (who have been wrong in

countless ways) continue to move the goalposts to further the total-vaccination/zero-Covid agenda at all costs.

The *European Journal of Immunology* nonetheless demonstrates that natural immunity from prior infection is both durable and longer-lasting than vaccinated immunity, although elderly patients may benefit less from this form of immunity.

"Previous studies have indicated that the presence of antibodiesto SARS-CoV-2 was associated with a significantly reduced risk of SARS-CoV-2 reinfection among healthcare workers for upto 7 months after infection," the study points out. "We observed that S-IgG antibodies [one of three types tested in the study] and NAbs [natural antibodies] **persist at least a year after infection in most individuals**. This strongly suggests that **protection against reinfection is long-lived**, although antibody-mediated immunity may not persist equally well among elderly subjects."

"The results of our study support previous findings indicating that protection against infection mediated by NAbs may be impaired against the VOCs [variants of concern], especially after a mild disease," the study's authors continue. "While in the absence of NAbs reinfection is possible, cellular immunity is not similarly affected by mutations in the RBD site [receptor-binding domain on the virus] and is likely to provide long-term protection against severe disease."

It should be noted that these aren't some rogue scientists who happened to get a journal article smuggled through peer-review: The nine authors include members of the Department of Health Security and Department of Public Health and Welfare in Helsinki, Finland.

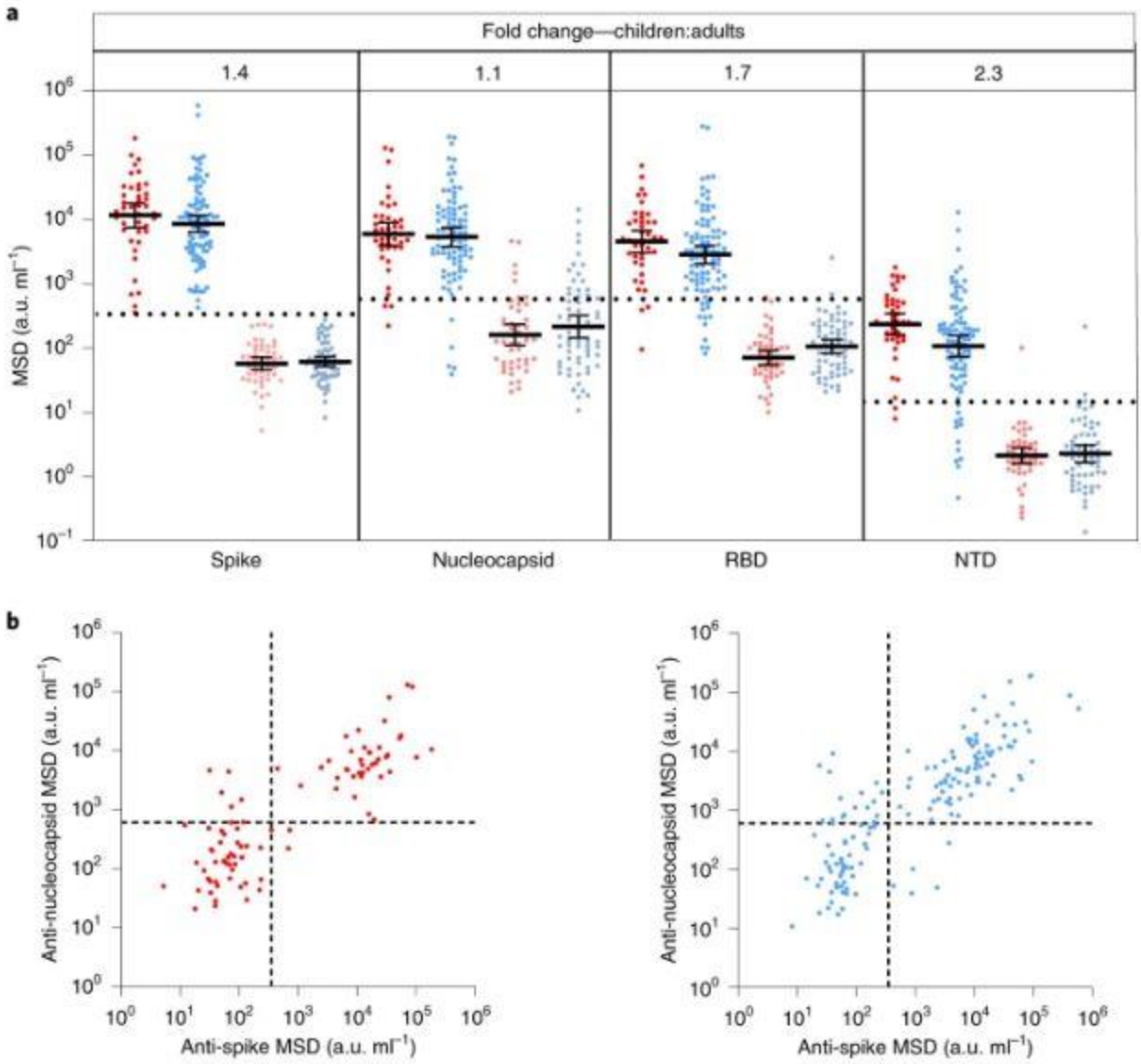
As a sidenote, RBD mutation [D614G S trimer mutation] is one key characteristic of the Omicron variant. Furthermore, South Africa data suggest that prior infection to the Delta variant confers natural immunity to the Omicron variant.

But the final nail in the coffin for the media's natural immunity deniers is a recent study that was conducted on children.

A study published just days ago in *nature immunology* shows that children have an even more robust natural immunity response than adults.

"SARS-CoV-2 infection is generally mild or asymptomatic in children but a biological basis for this outcome is unclear," the study's authors state in the abstract. "Here we compare antibody and cellular immunity in children (aged 3–11 years) and adults. Antibody responses against spike protein were high in children and seroconversion boosted responses against seasonal Beta-coronaviruses through cross-recognition of the S2 domain. Neutralization of viral variants was comparable between children and adults."

Fig. 1: Children and adults develop coordinated antibody responses to SARS-CoV-2.



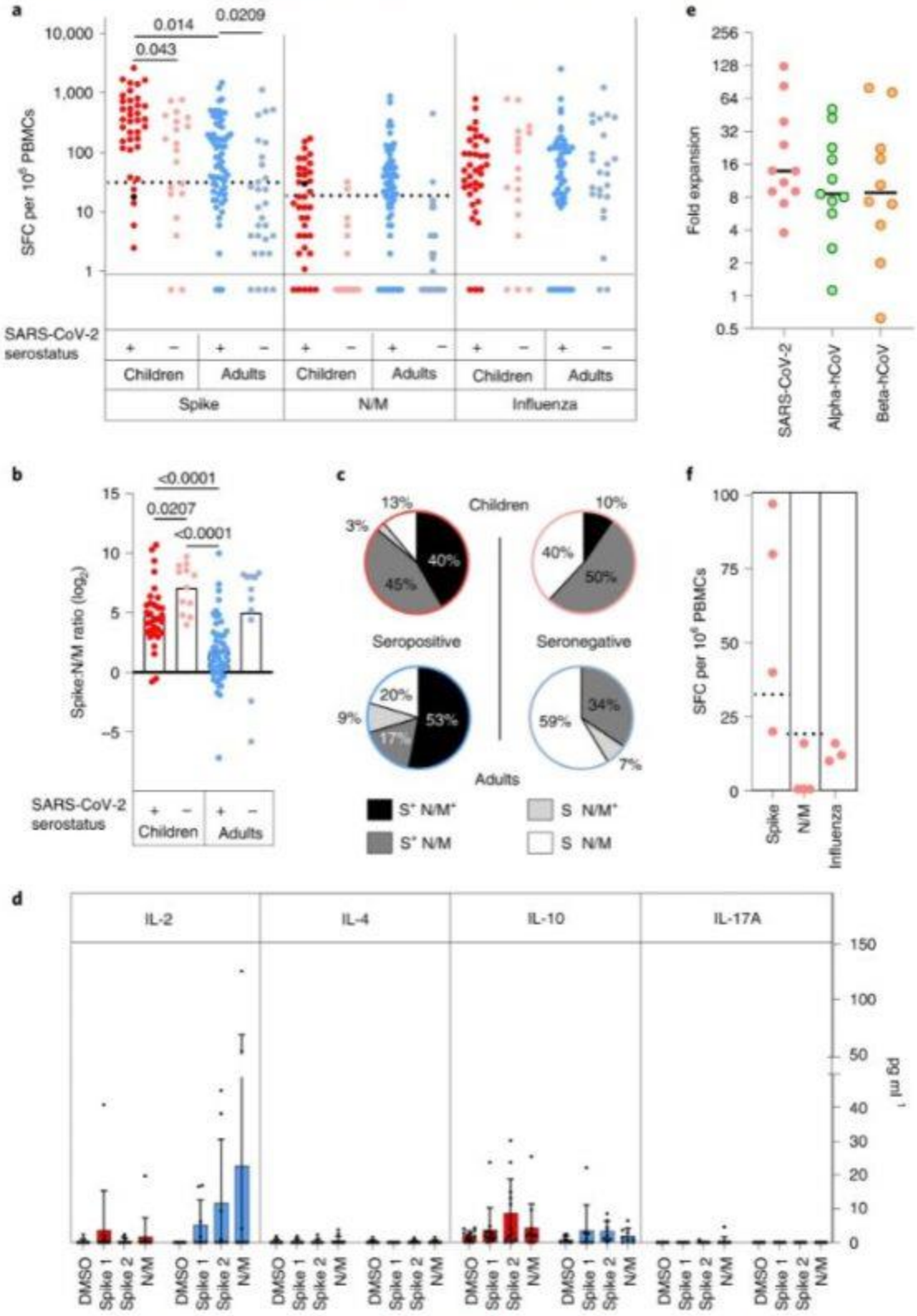
a, SARS-CoV-2 antibody levels measured by MSD assay in children ($n = 91$) and adults ($n = 154$). Serostatus was assigned based on spike serology and used to divide the cohorts into seropositive (red/blue) and seronegative (light red/light blue) (seropositive/negative children $n = 43/48$, adults $n = 91/63$, respectively). The dotted lines represent cutoff values for serostatus. Fold change indicates the difference between the GMTs in seropositive children and adults. The bars indicate the geometric mean with 95% confidence interval (CI). **b**, The level of the spike- and nucleocapsid-specific antibody response was correlated within individual donors and revealed a coordinated response to both proteins. a.u., arbitrary unit.

Source data

However, the children had a much stronger T cell response than adults, meaning a heightened ability for their bodies to recognize the virus. Furthermore, their natural immune response lasted longer.

Fig. 4: Spike-specific T cell responses in SARS-CoV-2 seropositive and seronegative children.

From: Children develop robust and sustained cross-reactive spike-specific immune responses to SARS-CoV-2 infection



a, SARS-CoV-2-specific T cell responses in children ($n = 57$, red) and adults ($n = 83$, blue) based on SARS-CoV-2 serostatus (dark: seropositive, light: seronegative). SARS-CoV-2 serostatus was 37/20 seropositive or negative in children and 64/29 seropositive or negative in adults, respectively. The assay used IFN-γ ELISpot using pepmixes containing overlapping peptides to spike, N/M or influenza and is shown in relation to serostatus. **b**, The magnitude of the spike-specific cellular response was compared to that against N/M and displayed as a ratio in seropositive and seronegative adults and children, as indicated. The bars indicate the mean. Brown–Forsythe and Welch's ANOVA with Dunnett's T3 multiple comparisons tests were used. **c**, Proportions of individuals within each cohort who demonstrated a cellular response to S or N/M peptides from SARS-CoV-2. **d**, Cytokine concentration within supernatants from the ELISpot cultures ($n = 12$ children, red; $n = 8$ adults, blue). The bars indicate the mean ± s.d. **e**, hCoV-specific cellular responses showed equivalent expansion after stimulation of PBMCs from SARS-CoV-2 seronegative children with the SARS-CoV-2 S2 domain pepmix ($n = 11$). Cultures were stimulated for 9 d and then assessed by IFN-γ ELISpot to the pepmix of the S2 domain from SARS-CoV-2 or the Alpha (OC43 and HKU-1) or Beta (NL63 and 229E) hCoV. Expansion is shown relative to unstimulated control cultures. The lines indicate the median. **f**, SARS-CoV-2-specific T cell

“Spike-specific T cell responses were more than twice as high in children and were also detected in many seronegative children, indicating pre-existing cross-reactive responses to seasonal coronaviruses,” the study states. “Importantly, children retained antibody and cellular responses 6 months after infection, whereas relative waning occurred in adults. Spike-specific responses were also broadly stable beyond 12 months.”

“Therefore, children generate robust, cross-reactive and sustained immune responses to SARS-CoV-2 with focused specificity for the spike protein,” the study notes. “These findings provide insight into the relative clinical protection that occurs in most children and might help to guide the design of pediatric vaccination regimens.”

The children also demonstrated strong humoral immunity (B-cell immunity), while most but not all adults demonstrated this type of adaptive immunity.

“We next assessed the longevity of immune responses within a subgroup of 35 children and 81 adults who had seroconverted at least 6 months before the analysis,” the study says. “All children retained humoral immunity while 7% (6/81) of previously seropositive adults failed to show antibody responses. Children also maintained higher antibody titers against spike and RBD, which were **1.8-fold higher than adults**.”

Nonetheless, America is one of the few nations in the Western world that continues to treat children as if they are at equal risk to the virus as the at-risk elderly. There are 29 states in the United States that have seen zero Covid-related mortality in children, and the survival rate for healthy children is literally 99.99995%. Even so, America is one of only seven Western countries that insists on masking children in schools, ignoring the dubious efficacy of masks and that there is a mental health crisis being exacerbated by the pandemic response.

America’s “public health” officials thus continue to ignore the Science on vaccines (they do not stop the spread, therefore they are not a “public health” but a personal issue), natural immunity (which is superior to ‘vaccinated immunity’), and the overwhelming evidence of immune resiliency to the virus among children.

One of these days, the people will catch on to the facts of the Covid pandemic. Until then, it is up to us citizens to spread the word.