

Self-Spreading Vaccines Are Under Development

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STORY AT-A-GLANCE

- › A self-spreading vaccine is not a new concept, and researchers believe they have technology to produce them. The 2020 pandemic may be one factor that is speeding the development of a vaccine over which you have no control
- › This "vaccine of the future" concept reportedly will be first tested in animals and wildlife, which may be a ticking bomb if the viruses revert to a virulent form
- › Self-spreading vaccines remove your ability to make informed consent, since you do not voluntarily expose yourself to the carrier virus. Once released, this vaccine cannot be recalled if it causes devastating damage, disability and death
- › Another group of researchers believes they may have found an opportunity to develop a treatment for COVID-19 that relies on the surface pocket of the virus that uses health-wrecking omega-6 linoleic acid to bind to human cells

Whether you are for or against vaccines of any kind, it is hard to ignore the seismic changes that have affected how vaccines have been developed, licensed and regulated during the COVID-19 pandemic.^{1,2} Some researchers are taking the next step, hoping to develop a new type of vaccine that self-spreads through the environment.³

Since the pandemic was declared by the World Health Organization in early 2020, federal and state lawmakers have been persuaded to build a pandemic response around a single experimental biological product, which has generated billions of dollars in profit for liability-free drug companies.^{4,5,6}

Yet, as soon as pharmaceutical companies announced they were developing the vaccine, doctors, scientists, researchers and other experts began raising warnings^{7,8} about the historical problems of creating a coronavirus vaccine and the propensity it has to produce antibody-dependent enhancement, which made vaccinated individuals more susceptible to infection by the virus or a variant.

Subsequently, one study^{9,10,11} found the South African variant of SARS-CoV-2, which accounted for 1% of all cases of COVID-19 in Israel in April 2021, caused greater illness in people vaccinated with Pfizer's mRNA vaccine than in unvaccinated people. To ensure more are vaccinated, no matter the cost, **vaccine passports** are being rolled out across the world, including the U.S.

As reported by former U.S. Rep. and physician Ron Paul in his Liberty Report^{12,13} that streamed live March 29, 2021, the Biden Administration is "seriously looking into establishing some kind of federal vaccine passport system, where Americans who cannot (or will not) prove to the government they have been jabbed with the experimental vaccine will be legally treated as second-class citizens."

Paul warns that this system "will quickly morph into a copy of China's 'social credit' system, where undesirable behaviors are severely punished." I've been saying the same thing for many months now, and there's every reason to suspect that this is indeed where we're headed.

The newest Frankenstein iterations of vaccine development are those that self-disseminate through humans and wildlife. Using this technology, which researchers say already exists,¹⁴ the government wants to strip away one more layer of your civil rights.

This Prevention May Be Far Worse Than the Illness or Cure

The headlines read: "Vaccines of the Future Could Be as Contagious as Viruses"¹⁵ and "COVID-19 cure: Scientists Plan to Develop 'Self-Spreading' Coronavirus Vaccine."¹⁶ Scott Nuismer and James Bull, authors of a paper in Nature¹⁷ calling for "Self-Disseminating Vaccines to Suppress Zoonoses," told a New Scientist reporter,

“Prevention is better than cure, so we should start using genetic techniques to stop dangerous animal diseases jumping to humans.”¹⁸

Some scientists are publicly¹⁹ calling for self-disseminating vaccines to spread vaccinations for infectious diseases that start in wild animals and may make the leap to humans. They cite diseases like SARS, MERS and COVID-19.²⁰ This vaccination program would ostensibly be a complementary approach to reduce or eliminate the prevalence of the infectious agent within the wildlife communities.

To make the case, they cite the example of rabies vaccine programs that have significantly reduced the transmission of rabies in the U.S. and Europe and compare them to how rabies continues to affect people living in Africa and Asia, where the cost of vaccinating wild carnivores prevents the countries from attaining a sufficient level of immunity.

Apparently, the solution is to create a self-disseminating vaccine that relies on a radical change in development and production. The idea is to insert a small piece of genetic material into another virus that already spreads within the animal community, thus immunizing the animals that acquire the new virus.

The technology to achieve this has been used in field trials in wild rabbits to protect them from a viral hemorrhagic fever. Researchers are now investigating prototypes for Ebola and Lassa virus.

The public relations approach is to call for an ounce of prevention,²¹ weighing it against the ongoing costs of finding a cure for COVID-19. However, **cost effective treatment protocols** for COVID-19 already exist. The problem is they are **so cost-effective** for pharmaceutical companies to generate enough revenue using them.

Opinion pieces²² begin by touting the effectiveness of the current vaccine programs against smallpox, rubella, tetanus and measles. What they fail to mention is that those vaccine programs are vastly different from the genetic experiments being proposed. The idea is to:²³

“... tamp down the spread of HIV and other contagious diseases and immunize people who would not otherwise be protected. Plus, the strategy would be cheaper than vaccinating everyone by hand.”

Self-Spreading Vaccine Virus Is a Ticking Time Bomb

You should know there is a drawback to these types of vaccines. The live vaccine may mutate to revert to the virulent form, which increases the risk of the illness for which the vaccine was developed. This has happened with the oral polio vaccine.²⁴

Although it was not intentionally designed to transmit vaccine-derived polio viruses, there is a version of the oral polio vaccine that briefly spreads to other people. The polio strain that had been eradicated in the wild may have mutated and reverted to its virulent form.

The World Health Organization subsequently switched the **oral polio vaccine**,²⁵ but also played down the issues from circulating vaccine-derived poliovirus²⁶ saying the strain could be rapidly stopped by immunizing “every child several times with the oral vaccine to stop polio transmission, regardless of the origin of the virus.”²⁷

Since they are still using the oral polio vaccine in some countries, today vaccine-derived polio infection numbers far exceed natural case numbers. In 2020 by the end of October there had been 200 wild polio cases and 600 vaccine-derived cases, according to an NPR report.²⁸

With self-spreading vaccines, the chance of an intentionally designed transmissible vaccine to revert to the more virulent form is higher than in regular vaccines since there is the chance to replicate more times before dying. Scientists think that altering the transmissible vaccine to make it weaker may not eradicate the disease, but could reduce the risk the virus would revert and would require less people to be directly vaccinated.²⁹

Nuismer postulates that using benign viruses to carry the genetic material may prove effective. For example, **cytomegalovirus (CMV)**, which is common in humans and

mammals, often creates no symptoms. If genetic material were injected into CMV, the vaccine would only lose effectiveness if the CMV reverted.

However, since CMV spreads easily and up to 80% of adults in the U.S. have been infected by age 40, using it as a vector may not work. Researchers are also investigating a transmissible vaccine for HIV intended for people who are infected. The “vaccine” would act as a parasite to compete with resources inside an infected cell.

The hope is these therapeutic interfering particles (TIPs) would lower the level of circulating viruses, prevent the spread of HIV and slow the progression to full-blown AIDS. Yet even the researchers who are attempting to develop such a vaccine acknowledged there are possible monstrous aberrations.³⁰

For example, since the TIP can replicate it can also evolve. This is another way of saying it can develop a mutant variant that could become uncontrollable. If the TIP should revert to HIV, the researchers think that it would simply infect the person who was already carrying the virus.

However, because the TIP is transmissible, it can spread to people without HIV. In the initial development, the TIP cannot replicate in the body without HIV. However, after several generations of replication and possible reversion, is that a risk worth taking?

Scientists Are Blatantly Ignoring Informed Consent

Setting aside the health risks, it's important to note that scientists and experts who are proposing the use of transmissible vaccines are blatantly ignoring your right to **informed consent**. This is a federal law,³¹ which says you have a right to receive information about the treatment you're undergoing so you can make a well-informed decision about your medical care.

Medical practitioners are bound by ethical and legal obligations to disclose the risks and benefits of medical treatments before you receive them. To meet the legal standard, every person in the U.S., and in fact the world, would have to provide informed consent before a transmissible vaccine is released into the wild.

This kind of blatant disregard for your civil rights reared its ugly head in **human testing** for the COVID vaccine. Considering the unprecedented speed³² in which the vaccines were developed and released, it is not possible to provide participants in studies, or those taking the vaccine, a full list of the potential risks.

One of those significant concerns that researchers and doctors are aware of is **antibody-dependent enhancement (ADE)**. Anyone receiving this experimental genetic procedure would want to be informed of the potential to worsen the very disease they're trying to avoid.

Despite researchers' strong recommendation in October 2020 that this risk should be "prominently and independently disclosed,"³³ it was not part of the informed consent disclosure. The International Journal of Clinical Practice researchers wrote:³⁴

"This risk [ADE] is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials."

We are on a slippery slope. Unless researchers, pharmaceutical companies and governmental agencies are held accountable and watched closely we will continue to lose more and more of our civil rights until they have completely eroded.

How Will Big Pharma React to Losing \$50 Million Each Year?

Nusimer estimates the cost savings from a transmissible vaccine may be roughly \$50 million every year. He said, "It's astronomical the amount of money you would save, even with a weakly transmissible vaccine."³⁵

However, that number is likely far from the financial loss pharmaceutical companies would experience. For example, if the **flu vaccine** were to be transmissible it would put a big dent in the \$3 billion a year³⁶ they reap from a vaccine with an overall effectiveness of 30%.

By February 2021, Pfizer had estimated their COVID-19 vaccine was worth \$15 billion and would be the “second highest revenue-generating drug anytime, anywhere.”³⁷ AstraZeneca’s COVID vaccine netted \$275 million in the first quarter of 2021, despite being one of the more controversial of the four released under an emergency authorization for use.³⁸

As has been reported to the Vaccine Adverse Event Reporting System,³⁹ there are thousands of people who have reported vaccine injuries and deaths, and likely hundreds of thousands who have not.⁴⁰ In fact, the Johnson & Johnson vaccine was previously paused to teach [doctors how to report vaccine injuries](#). As Dr. Anne Schuchat, principal deputy director for the Centers for Disease Control and Prevention, said:⁴¹

“... a key component of why we are on this pause is so we can educate the clinicians about how to diagnose and treat this condition because the usual treatment could actually make things worse ... but also to report it, because we don't know if we've missed some cases, whether the risk really is 1 in a million or perhaps more than that.”

The pause has since been lifted and vaccination with the Johnson & Johnson COVID vaccine has resumed in the U.S.⁴² It’s important to remember, meanwhile, that once a transmissible virus vaccine has been released, it cannot be recalled. Any variant or mutation that causes devastating damage, disability and death is irreparable. The financial cost and the cost in human life may reach apocalyptic levels.

COVID-19 Uses Metabolic Poison to Bind to Human Cells

In late 2020, a different group of researchers from the University of Bristol revealed they had discovered groundbreaking information that the virus had a pocket on the surface into which they hoped to be able to inject antiviral drugs.⁴³ The virus uses linoleic acid (LA) to attached itself to human cells and then begins to replicate.

According to the original laboratory research,⁴⁴ the linoleic acid stabilizes the locked SARS-CoV-2 spike to the cell and that reduces angiotensin-converting-enzyme 2 (ACE2) interaction. One of the lead researchers said:⁴⁵

"We were truly puzzled by our discovery and its implications. So here we have LA, a molecule which is at the center of those functions that go haywire in COVID-19 patients, with terrible consequences. And the virus that is causing all this chaos, according to our data, grabs and holds on to exactly this molecule – basically disarming much of the body's defenses.

Our discovery provides the first direct link between LA, COVID-19 pathological manifestations, and the virus itself. The question now is how to turn this new knowledge against the virus itself and defeat the pandemic."

I believe that LA is likely the contributing cause of nearly every chronic disease from the last century. In my interview with Tucker Goodrich in December 2020, we discussed the health benefits of avoiding omega-6 fats as a key component to good health. Specifically, omega-6 fats found in vegetable oils and conventionally raised chicken, which are fed LA rich grains.

Linoleic acid accounts for up to 80% of all omega-6 fats, which according to research Goodrich cites makes up nearly 20% of all the energy in a western diet. As Goodrich noted, levels of linoleic acid in the diet are associated with an increased potential for cancer, obesity, heart disease and even sunburn.

Evidence suggests that LA plays a role in severe COVID-19 disease as it helps the virus attach to human cells, giving it the opportunity to replicate and grow. You can see the interview and read more about the significant damage associated with consuming LA in my article, ["How Linoleic Acid Wrecks Your Health."](#)

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