

# If You've Had COVID You're Likely Protected for Life

Analysis by [Dr. Joseph Mercola](#) ✓ Fact Checked

## STORY AT-A-GLANCE

- › Evidence from Washington University School of Medicine shows long-lasting immunity to COVID-19 exists in those who've recovered from the natural infection
- › At both seven months and 11 months after infection, most of the participants had bone marrow plasma cells (BMPCs) that secreted antibodies specific for the spike protein encoded by SARS-CoV-2
- › The BMPCs were found in amounts similar to those found in people who had been vaccinated against tetanus or diphtheria, which are considered to provide long-lasting immunity
- › The antibody protection gained in those who've recovered from COVID-19 is likely to continue "indefinitely"
- › Vaccination may be more dangerous for those who've had COVID-19, as the immune response reactivated by the COVID-19 vaccine may trigger inflammation in tissues where the viral antigens are present
- › The benefits of experimental COVID-19 vaccination may not outweigh the risks, especially if you've already had COVID-19

If you've had COVID-19, even a mild case, major congratulations to you as you've more than likely got long-term immunity, according to a team of researchers from Washington University School of Medicine.<sup>1</sup> In fact, you're likely to be immune for life, as is the case

with recovery from many infectious agents – once you’ve had the disease and recovered, you’re immune, most likely for life.

The evidence is strong and promising, and should be welcome and comforting news to a public that has spent the last year in a panic over SARS-CoV-2. Big surprise (not) that this message is not being shared by our public health authorities! The U.S. Centers for Disease Control and Prevention (CDC) – the foremost agency tasked with protecting Americans’ health and safety – refuses to get the word out.

Instead, they’re still encouraging those who have probable natural COVID-19 immunity to get vaccinated, even while admitting that it’s rare to get sick again if you’ve **already had COVID-19**.<sup>2</sup> The most obvious reason is that it would conflict with their primary objective, which is to get as many immunized with the COVID jab as possible.

They’re frequently asked, “If I have already had COVID-19 and recovered, do I still need to get vaccinated with a COVID-19 shot?” Their response is that yes, you should, because “experts do not yet know how long you are protected from getting sick again after recovering from COVID-19.”<sup>3</sup> Increasingly, however, evidence is showing that long-lasting immunity exists.

## **Initial Reports That COVID Immunity Was Fleeting Were Flawed**

Seasonal coronaviruses, some of which cause common colds, yield only short-lived protective immunity, with reinfections occurring six to 12 months after the previous infection. Early data on SARS-CoV-2 also found that antibody titers declined rapidly in the first months after recovery from COVID-19, leading some to speculate that protective immunity against SARS-CoV-2 may also be short-lived.<sup>4</sup>

Senior author of the study, Ali Ellebedy, Ph.D., an associate professor of pathology and immunology at Washington University School of Medicine in St. Louis, pointed out that this assumption is flawed, stating in a news release:<sup>5</sup>

*“Last fall, there were reports that antibodies waned quickly after infection with the virus that causes COVID-19, and mainstream media interpreted that to*

*mean that immunity was not long-lived. But that's a misinterpretation of the data. It's normal for antibody levels to go down after acute infection, but they don't go down to zero; they plateau."*

The researchers found a biphasic pattern of antibody concentrations against SARS-CoV-2, in which high antibody concentrations were found in the acute immune response that occurred at the time of initial infection.

The antibodies declined in the first months after infection, as should be expected, then leveled off to about 10% to 20% of the maximum concentration detected. In a commentary on the study, Andreas Radbruch and Hyun-Dong Chang of the German Rheumatism Research Centre Berlin explained:<sup>6</sup>

*"This is consistent with the expectation that 10–20% of the plasma cells in an acute immune reaction become memory plasma cells,<sup>7</sup> and is a clear indication of a shift from antibody production by short-lived plasma cells to antibody production by memory plasma cells. This is not unexpected, given that immune memory to many viruses and vaccines is stable over decades, if not for a lifetime."*

When a new infection occurs, cells called plasmablasts provide antibodies, but when the virus is cleared, longer lasting memory B cells move in to monitor blood for signs of reinfection.<sup>8</sup>

Bone marrow plasma cells (BMPCs) also exist in bones, acting as "persistent and essential sources of protective antibodies."<sup>9</sup> According to Ellebedy, "A plasma cell is our life history, in terms of the pathogens we've been exposed to,"<sup>10</sup> and it's in these long-lived BMPCs where immunity to SARS-CoV-2 resides.

## **Long-Term Immunity Likely After COVID-19 Infection**

For the study, blood samples were collected from 77 people<sup>11</sup> who had recovered from COVID-19, about one month after the onset of symptoms; most had experienced mild cases. Additional blood samples were collected three more times at three-month

intervals to track antibody production; memory B cells and bone marrow were also collected from some of the participants.

Levels of anti-SARS-CoV-2 spike protein (S) antibodies declined rapidly in the first four months after infection, then slowed over the next seven months.<sup>12</sup> The most exciting part of the research is that, at both seven months and 11 months after infection, most of the participants had BMPCs that secreted antibodies specific for the spike protein encoded by SARS-CoV-2.

The BMPCs were found in amounts similar to those found in people who had been vaccinated against tetanus or diphtheria, which are considered to provide long-lasting immunity.

“Overall, our data provide strong evidence that SARS-CoV-2 infection in humans robustly establishes the two arms of humoral immune memory: long-lived BMPCs and memory B cells,” the researchers noted.<sup>13</sup> This is perhaps the best available evidence of long-lasting immunity, Radbruch and Chang explained, because this immunological memory is a distinct part of the immune system that’s essential to long-term protection, beyond the initial immune response to the virus:<sup>14</sup>

*“In the memory phase of an immune response, B and T cells that are specific for a virus are maintained in a state of dormancy, but are poised to spring into action if they encounter the virus again or a vaccine that represents it. These memory B and T cells arise from cells activated in the initial immune reaction.*

*The cells undergo changes to their chromosomal DNA, termed epigenetic modifications, that enable them to react rapidly to subsequent signs of infection and drive responses geared to eliminating the disease-causing agent.<sup>15</sup>*

*B cells have a dual role in immunity: they produce antibodies that can recognize viral proteins, and they can present parts of these proteins to specific T cells or develop into plasma cells that secrete antibodies in large quantities.*

*About 25 years ago,<sup>16</sup> it became evident that plasma cells can become memory cells themselves, and can secrete antibodies for long-lasting protection. Memory plasma cells can be maintained for decades, if not a lifetime, in the bone marrow.<sup>17</sup>*

In addition, in 2020 it was reported that people who had recovered from SARS-CoV – a virus that is genetically closely related to SARS-CoV-2 and belongs to the same viral species – maintained significant levels of neutralizing antibodies at least 17 years after initial infection.<sup>18</sup> This also suggests that long-term immunity against SARS-CoV-2 should be expected.<sup>19</sup> Ellebedy even said the protection is likely to continue “indefinitely”:<sup>20</sup>

*“These [BMPC] cells are not dividing. They are quiescent, just sitting in the bone marrow and secreting antibodies. They have been doing that ever since the infection resolved, and they will continue doing that indefinitely.”*

## **Why You Shouldn't Get Vaccinated if You've Had COVID**

The finding that long-term immunity is likely following COVID-19 infection is important not only for those still living in **fear** due to media-induced fearmongering but also for those who have recovered and are considering vaccination.

As I've previously warned, if you've had **COVID-19, please don't get vaccinated**. Dr. Hooman Noorchashm, Ph.D., a cardiac surgeon and patient advocate, has repeatedly warned the FDA that “clear and present danger” exists for those who have had COVID-19 and subsequently get vaccinated.<sup>21</sup>

At issue are viral antigens that remain in your body after you are naturally infected. The immune response reactivated by the **COVID-19 vaccine** can trigger inflammation in tissues where the viral antigens are present. The inner lining of blood vessels, the lungs and the brain may be particularly at risk of such inflammation and damage.<sup>22</sup> According to Noorchashm:<sup>23</sup>

*“Most pertinently, when viral antigens are present in the vascular endothelium, and especially in elderly and frail with cardiovascular disease, the antigen specific immune response incited by the vaccine is almost certain to do damage to the vascular endothelium.*

*Such vaccine directed endothelial inflammation is certain to cause blood clot formation with the potential for major thromboembolic complications, at least in a subset of such patients. If a majority of younger more robust patients might tolerate such vascular injury from a vaccine immune response, many elderly and frail patients with cardiovascular disease will not.”*

Noorchashm quoted one of his previous medical school professors, who said, “the eyes do not see what the mind does not know.” By this, he meant that in the case of a vaccine-induced antigen specific immune response, which may trigger thromboembolic complications 10 to 20 days after vaccination, including in those who may already be elderly and frail, the reaction isn’t likely to be registered as a vaccine-related adverse event.

Because so many cases are asymptomatic, Noorchashm recommends clinicians “actively screen as many patients with high cardiovascular risk as is reasonably possible, in order to detect the presence of SARS-CoV-2, prior to vaccinating them.”<sup>24</sup> As it stands, Noorchashm points out that by ignoring what he believes to be an imminent risk for a sizable minority of people, the FDA’s credibility, and that of the [mass vaccination](#) campaign in general, is at grave risk.<sup>25</sup>

## **Was Mass Vaccination Always the Plan?**

If protecting public health was really the ultimate goal in the pandemic response, people who have recovered from COVID-19 should be offered the same type of immunity “passports” and benefits being offered to those who have been vaccinated. In fact, they should be granted even more “access” since their immunity is likely superior to those with vaccine-induced immunity.

This isn't the case, however, as everyone is urged to get vaccinated with an experimental shot, regardless of their COVID-19 infection history and even if they're as young as 12 years old – in some cases without parental consent.<sup>26</sup>

Meanwhile, effective treatments like **ivermectin** – a broad-spectrum antiparasitic that also has anti-inflammatory activity – has shown remarkable success in preventing and treating COVID-19,<sup>27</sup> but it continues to be ignored in favor of more expensive, and less effective, treatments and mass experimental vaccination.<sup>28</sup>

As Dr. Peter McCullough, vice chief of internal medicine at Baylor University Medical Center, has stated, "**All roads lead to the vaccine**,"<sup>29</sup> it's possible the pandemic's purpose was to fuel the global vaccination campaign that is now occurring. This would allow for the vaccinated population to be recorded in a vaccine database, essentially "marking" you, which could be used as a tool for population control via **vaccine passports**.

At this point, however, with effective treatments available, the documented **high survival rate** of COVID-19<sup>30</sup> and knowledge that if you've had COVID-19, you're already likely immune to further infection, the rationale for getting vaccinated is faltering, even among mainstream groups. A large percentage of police and Marines are refusing COVID-19 vaccines, for instance.<sup>31</sup>

It's important to be informed that if you choose to get a COVID-19 vaccine, you're participating in an unprecedented experiment with an unapproved **gene therapy**, of which the benefits may not outweigh the risks, especially if you've already had COVID-19.

Please be sure and make a notation in your calendar to review my groundbreaking interview with Dr. Vladimir Zelenko this Sunday, which is only two days away. We discuss the very distinct possibility that everyone that receives the COVID jab may die from complications in the next two to three years.

This is largely because getting the jab now immediately places the injected individual at a very high risk of dying from COVID. Most have the false assurance that they are protected, but in reality they are far more vulnerable and as a result will not take very

aggressive proactive measures to avoid dying from pathogenic priming or paradoxical immune enhancement before it is too late.

## Sources and References

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- <sup>1, 4, 9, 13</sup> [Nature May 24, 2021](#)
- <sup>2</sup> [U.S. CDC, COVID-19 Vaccination FAQs April 30, 2021](#)
- <sup>3</sup> [CDC, COVID-19 FAQs June 15, 2021](#)
- <sup>5, 20</sup> [NewsWise May 24, 2021](#)
- <sup>6, 12, 14, 19</sup> [Nature June 14, 2021](#)
- <sup>7, 16</sup> [Nature. 1997 Jul 10;388\(6638\):133-4. doi: 10.1038/40540](#)
- <sup>8, 10, 11</sup> [Nature May 26, 2021](#)
- <sup>15</sup> [Adv Immunol. 2002;80:115-81. doi: 10.1016/s0065-2776\(02\)80014-1](#)
- <sup>17</sup> [European Journal of Immunology May 19, 2021](#)
- <sup>18</sup> [Emerg Microbes Infect. 2020; 9\(1\): 900–902](#)
- <sup>21</sup> [The Defender March 24, 2021](#)
- <sup>22</sup> [The Defender April 5, 2021](#)
- <sup>23, 24, 25</sup> [The Defender January 28, 2021](#)
- <sup>26</sup> [East Bay Times Updated May 17, 2021 \(Archived\)](#)
- <sup>27</sup> [Collective Evolution April 13, 2021](#)
- <sup>28</sup> [Mountain Home May 1, 2021](#)
- <sup>29</sup> [Rumble May 27, 2021](#)
- <sup>30</sup> [NBC 26 October 20, 2020](#)
- <sup>31</sup> [Alliance for Natural Health International June 10, 2021](#)