

Corona-Booster Shots

Almost without exception, all vaccinations follow a **prime-boost strategy**: the same vaccine antigen is administered twice, usually 6 months apart, using the same vaccination route and at the same dose. The goal is to increase the immune response, either only the humoral immunity (antibody only, incomplete immune response) or, in the case of a complete immune response, to increase both the humoral and cellular response.

Corona vaccines: Whether BioNTech, Moderna or AstraZeneca or cross vaccines, these vaccines also follow the prime-boost regimen. **The second shot is already a boost.** This is what doctors and politicians fail to mention.

It is misleading and false to claim that a third vaccination is now just the first boost. It is another boost. But reasonable? No!

T cells control both humoral and cellular immunity. For example, killer cells that hunt down virus-infected cells. **If the killer cells are bombarded non-stop with viral antigen, then the killer cells react by refusing to work: instead of killing, they lay down their weapons and surrender.** Burnout of the killer cells.

The viral antigens can dance on the killer cell's nose, and the killer cell watches. Nothing works anymore. Immunologists speak of a "**state of exhaustion**" (T cell exhaustion) and of **anergy** in the complete absence of the immune response. This is what happens in a chronic viral infection. The immune system has become tolerant to the virus.

This is exactly what will occur if multiple vaccinations are now given against Corona: Immune tolerance to the Corona virus.

The multiple vaccinations are also intended to hide the fact that none of the approved Corona vaccinations provide sufficient immune protection. Their effectiveness is miserable.

If they were effective, then the **immunological memory cells** (antibodies and killer cells) would automatically kick in during a second contact with the virus and build up a massive protection in no time.

If now again especially the old and immunocompromised patients are targeted by the booster campaign, then the following has to be said:

Immunocompromised patients per se react weakly or not to a vaccine antigen.

The elderly are subject to immunosenescence, the natural aging of the entire immune system. The lower efficacy of vaccines in the elderly (>65 years) is generally attributed to immunosenescence. This involves both the host's ability to respond to infection and the development of a robust immune response through vaccination. **The decline of age-related immune functions is an evolutionary process that proceeds in only one direction - a path with no return of lost immune capabilities.**