

Canada Approves New and Obsolete COVID-19 mRNA Vaccine Boosters (XBB.1.5)

Pushes them on children 6+ months and pregnant women - Major Safety Concerns! NO SAFETY studies done on children or pregnancy!

By [Dr. William Makis](#)

Global Research, September 13, 2023
[COVID Intel](#)

Region: [Canada](#)

Theme: [Science and Medicine](#)

All Global Research articles can be read in 51 languages by activating the Translate Website button below the author's name.

To receive Global Research's Daily Newsletter (selected articles), [click here](#).

Click the share button above to email/forward this article to your friends and colleagues. Follow us on [Instagram](#) and [Twitter](#) and subscribe to our [Telegram Channel](#). Feel free to repost and share widely Global Research articles.

Canada is RE-BRANDING obsolete and failed COVID-19 mRNA vaccines to remove the word "BOOSTER". This is an intentional move to forcefully make COVID-19 vaccines an "annual shot" like the flu shot, which they consider wildly successful (Sep.12, 2023).

"There is an Internationally agreed upon simplified dosing schedule NOW" - "It may be much like the flu vaccines where people may be on a REGULAR SCHEDULE getting an Updated vaccine" (Canada's chief medical advisor, Dr. Supriya Sharma - Sep.12)



[Click here to view the video.](#)

Masking is being pushed again: “now is the time to get your mask ready.” (Sep. 12, 2023)



[Click here to view the video.](#)

They are going after children again (Canada’s chief medical advisor, Dr. Supriya Sharma):

- “5 years or older should receive 1 dose regardless of COVID vaccination history”
- “6 months to 4 years should receive 2 doses if not previously vaccinated, 1 dose if previously vaccinated”



[Click here to view the video.](#)

SAFETY: Florida Surgeon General **Joseph Ladapo** warns against getting the Covid booster shot:

“There’s been no clinical trial done in human beings showing that it benefits people. There’s been no clinical trial showing that it is a safe product for people.” “There are a lot of red flags.”



[Click here to view the video.](#)

SAFETY: Newly Approved Moderna XBB.1.5 Covid-19 vaccine was tested on only 50 adult participants and only monitored over a 20-day period with no control group. Also, Health Canada states that it authorized the vaccine based on older data from the original primary series and booster vaccines.



MENU ▾

Regulatory Decision Summary for Spikevax XBB.1.5

Medicinal Ingredient(s):	Andusomeran
Control Number:	275936
Therapeutic Area:	Vaccines, for human use
Type of Submission:	New Drug Submission (New Active Substance) (COVID-19)
Decision issued:	Authorized; issued a Notice of Compliance in accordance with the Food and Drug Regulations

The safety, reactogenicity, and immunogenicity of Spikevax XBB.1.5 are evaluated in an ongoing Phase 2/3 open-label study in participants 18 years of age and older (study mRNA-1273-P205, Part J). In addition, the safety and effectiveness of Spikevax XBB.1.5 for individuals 6 months of age and older is inferred from studies of a primary series and booster dose of Spikevax Bivalent (Original/Omicron BA.1) in individuals 6 months to 5 years of age, a booster dose of Spikevax Bivalent (Original/Omicron BA.1) in individuals >18 years of age, as well as data from studies which evaluated the primary series and booster vaccination with Spikevax (original).

In study mRNA-1273-P205 Part J, 50 participants received a 50 mcg dose of Spikevax XBB.1.5, and 51 participants received a dose of an investigational bivalent vaccine (XBB.1.5/Omicron BA.4/5). Overall, of the Spikevax XBB.1.5 group 60.0% were female and 40.0% were male. The mean age was 51.6 years (range: 21 to 84 years) and 22.0% of participants were ≥65 years of age. The interval between the fourth dose (Spikevax Bivalent Original/Omicron BA.4/5) and the fifth dose of Spikevax XBB.1.5 was a median of 8.2 months. Spikevax XBB.1.5 elicited neutralizing responses at Day 15 against the SARS-CoV-2 variants assessed, including XBB.1.5, XBB.1.16, BA.4/5, BQ.1.1 and D614G. When assessed against XBB.1.5 the neutralising antibody geometric mean titre (GMT) and corresponding 95% CI was 2,579.0 (1,809.1, 3,676.7) 15 days after the Spikevax XBB.1.5 dose, and the GMR (95% confidence interval [CI]) was 16.7 (12.8, 21.7). When Spikevax XBB.1.5 was assessed against BA.4/5, the GMT (95% CI) was 9,673.4 (6,965.6, 13,433.8) and the GMR was 6.3 (4.8, 8.2). Data on Day 29 will be submitted at a later time as a Term and Condition for authorization. The immunogenicity results suggest that a dose of Spikevax XBB.1.5 could provide superior protection against antigen-matched and related Omicron variants.

Regarding safety, the median follow-up time in the interim analysis was 20 days (data cutoff date of 16 May 2023). Reactogenicity was similar to prior doses of the original Spikevax vaccine and Spikevax Bivalent (Original/Omicron BA.4/5). The percentage of participants reporting any solicited local (68% Spikevax XBB.1.5, 84.3% Spikevax XBB.1.5 + BA.4/5) and systemic adverse reactions (58% Spikevax XBB.1.5, 64.7% Spikevax XBB.1.5 + BA.4/5) within seven days after vaccination. The XBB.1.5-containing vaccines (monovalent Spikevax XBB.1.5, bivalent Spikevax XBB.1.5 + BA.4/5) given as a fifth dose were well tolerated. There were no Grade 4 local or systemic reactions and no fatal events or serious adverse events in this interim analysis. No adverse events of special interest (AESI) were reported during the study period. Specifically, there were no reports of myocarditis, pericarditis, myopericarditis, or thrombosis.

Given the aforementioned immunogenicity data from the Spikevax XBB.1.5 vaccine administered as booster dose in individuals 18 years of age and older, combined with accumulated experience with the primary series of the Spikevax monovalent formulation, and a booster dose of Spikevax (Original/Omicron BA.1 or Spikevax Original/Omicron BA.4/BA.5), along with the understanding that the Spikevax XBB.1.5 vaccine is manufactured by the same process as the currently approved Spikevax formulations, it is reasonable to generalize the inferred effectiveness of Spikevax XBB.1.5 administered under the new simplified schedule in individuals 6 months and older.

Variant-containing vaccine studies to date suggest that a variant-containing primary series should also induce superior nAb responses against circulating variants, translating to enhanced vaccine effectiveness. More effective COVID-19 vaccine primary series will be particularly relevant to children in each new birth cohort who may lack prior natural infection or vaccine-induced immunity. The two dose regimen is considered because this young population is more likely immune naïve against COVID-19, and in order to ensure that the efficacy will be the similar clinically to that of the 2 dose primary series achieved with original trials.

The current context encompasses, the state of the pandemic transitioning towards an ongoing health issue, the need for vaccines that are more targeted to currently circulating strains, and the overall impact on public health systems and incorporation into future immunization programs within Canada. This context has been taken into account when deciding the level of clinical evidence required to support approval of the Spikevax XBB.1.5 vaccine in individuals 6 months and older. Based on the totality of data reviewed, the safety profile of Spikevax XBB.1.5, administered as a 5th booster dose in individuals 18 years of age and older is expected to be comparable with the safety profile of other formulation of Spikevax formulations.

“Safety and effectiveness of Spikevax XBB.1.5 for individuals 6 months of age and older is INFERRED from studies of a primary series and booster dose.” They did NO safety studies for children!

NO studies done to ensure safety in pregnancy!

“Reactogenicity was similar to prior doses of the original Spikevax and Bivalent.”

USA situation is even worse: They are pushing 3 Pfizer doses on children 6 months to 4 years!

FDA APPROVES NEW BOOSTER

WHAT YOU NEED TO KNOW

- Individuals **5 years of age and older** regardless of previous vaccination are eligible to receive a single dose of an updated mRNA COVID-19 vaccine at least 2 months since the last dose of any COVID-19 vaccine.
- Individuals **6 months through 4 years of age** who have previously been vaccinated against COVID-19 are eligible to receive one or two doses of an updated mRNA COVID-19 vaccine.
- Unvaccinated individuals **6 months through 4 years of age** are eligible to receive three doses of the updated authorized Pfizer-BioNTech COVID-19 Vaccine or two doses of the updated authorized Moderna COVID-19 Vaccine.

MSNBC REPORTS

USA: “Annual COVID-19 vaccine shots” are being pushed.

> BREAKING NEWS

FDA APPROVES NEW COVID BOOSTERS

MSNBC REPORTS

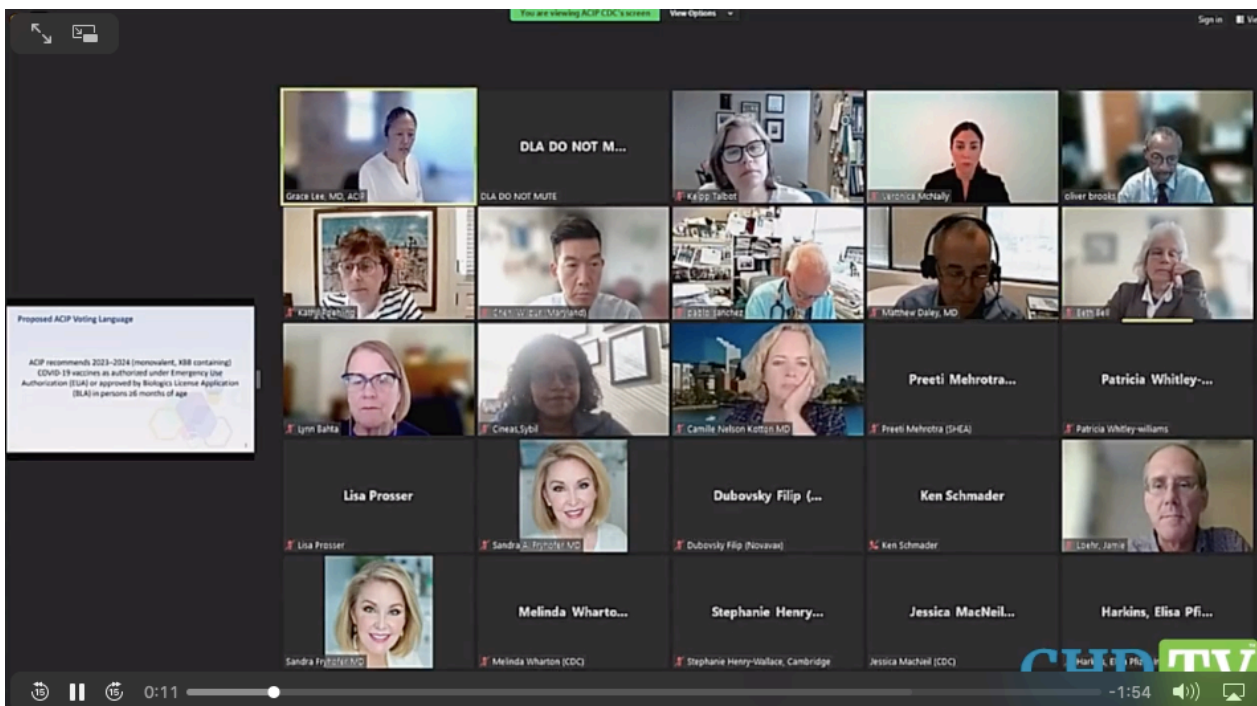
0:20 -5:53

[Click here to view the video.](#)

FDA Approved 13:1, the member who voted “NO”:

Pablo J. Sanchez, M.D., who voted no, explained, **“We have extremely limited data on children and infants and other individuals, and I think that needs to be made available to the parents.**

I also think that in certain circumstances, **we do have to be concerned about potential side effects, especially in young adults and in young adult males.** And so, I think all of that needs to be weighed. And so, that’s why I hesitate to make it just a universal recommendation.”



[Click here to view the video.](#)

Why Are New COVID-19 Boosters Obsolete?

- XBB.1.5 will be extinct by the time the new boosters are rolled out
- Health Canada just approved a product that is all risk and no benefit



golden pup
@Golden_Pup

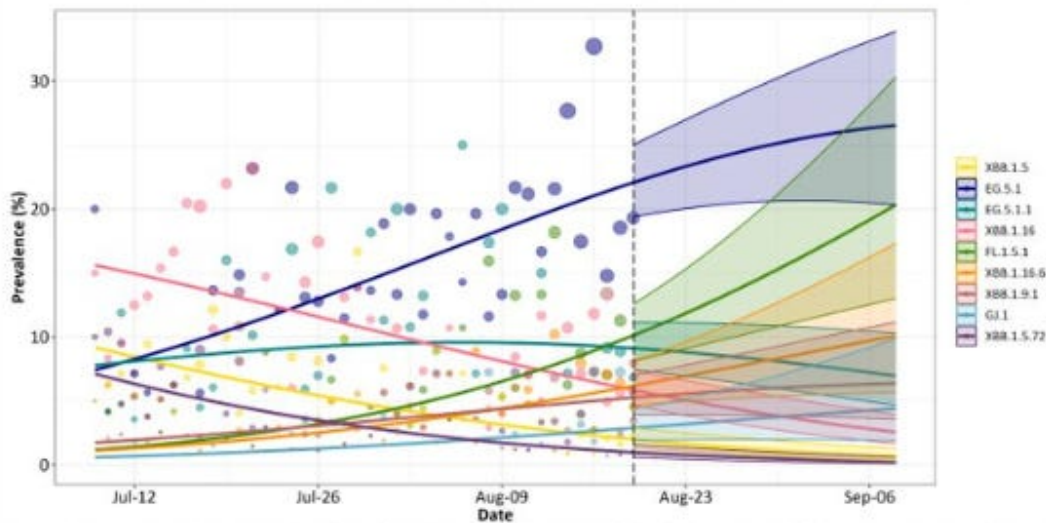
...

This new vaccine targets the XBB.1.5 subvariant.

In Public Health Ontario's most recent report (Jul 23-Aug 19), XBB.1.5 accounted for just 77 out of 2048 detections (3%).

PHO's modelling suggests that this variant (yellow) will be statistically eliminated within a month.

Figure 2. Estimated daily prevalence (%) by Pango lineage, using Nowcast model, Ontario, July 9, 2023 to September 9, 2023



Note: Each curve represents the estimated prevalence of a given lineage from Nowcast modelling, which uses six weeks of daily representative surveillance data in a multinomial logistic regression. Each set of dots represents the observed daily prevalence of a given lineage, while their size represents the relative number of samples. The vertical dashed line indicates the most recent day of data, after which projected Nowcast prevalence estimates are presented with their 95% confidence intervals. The vertical grey lines indicate the mid-point of the week. Lineages with at least 21 days of non-zero case counts were included in the model and lineages that did not have at least 21 days of non-zero case counts were included but not shown. Figure includes all lineages with at least one day of an estimated prevalence of 5% or greater during the 12 week period (six observed and six projected). Only three weeks of projected data are shown. Prevalence projections may be overestimated for emerging lineages.

Data sources: Ontario Health Data Platform - Public Health Analytic Environment (OHDP-PHAE)



Global National @GlobalNational · 5h

Health Canada approved the updated COVID-19 vaccine made by Moderna for all Canadians over the age of six months.
trib.al/zGqtW2J

10:42 AM · Sep 12, 2023 · 8,851 Views

COVID-19 mRNA Vaccine induced myocarditis is 1 in 35 per dose, this includes young adults and children:

- [The Switzerland study is here](#)



[Click here to view the video.](#)

My Take...

FDA and Health Canada just approved a new & obsolete COVID-19 mRNA vaccine monovalent booster shot for XBB.1.5 variant which is almost extinct.

- Only **“safety study”** done on this product was **50 adults monitored for 20 days, with no control group! This is medical fraud.**
- **No safety studies done on children 6 months or older** (recommended by Health Canada anyways - this is medical malfeasance and malpractice).
- FDA Member who voted NO cited **“extremely limited data on children and infants”** and concerns about side effects in young adults (& young adult males).
- **No safety studies done on pregnant women** (recommended by Health Canada anyways - this is medical malfeasance and malpractice).
- **“Reactogenicity was similar to prior doses of the original Spikevax vaccine and Spikevax Bivalent”** - this is an admission that **we will see 1000s of COVID-19 mRNA vaccine induced injuries & deaths of children, young adults and pregnant women** (I’ve documented thousands of these injuries & deaths on my substack and Twitter).
- **“Spikevax XBB.1.5 vaccine is manufactured by the same process as the currently approved Spikevax formulations”** - this is an admission that we will see potentially **lethal “hot lots”, “bad vaccine batches”, metallic contamination, DNA plasmid contamination, SV40 promoter contamination and all the quality control problems** of the original products! They’ve done nothing to improve quality control.

Where this is going:

Health Canada intends to continue injuring & killing thousands of children, young adults, pregnant women, the immuno-compromised and other vulnerable groups with these new and obsolete COVID-19 mRNA Vaccine XBB.1.5 Booster shots.

There is an “**internationally agreed upon**” push to re-brand these **toxic, failed experimental mRNA gene** therapy products as “**updated vaccines**” or “**annual vaccines**” and **stop using the word “booster”**. This is in both Canada and the US.

The goal is to make these “annual COVID-19 vaccines” MANDATORY as a condition of being able to visit your family doctor (you don’t get to see a doctor unless you have your updated annual COVID-19 vaccine).

They think they can implement this new kind of “vaccine mandate”.

All doctors and nurses will be forced (mandated) to have this new COVID-19 XBB.1.5 booster and will be forced to push it on all their patients or they will be stripped of their licenses, fined and possibly jailed (already law in Bill 36 in British Columbia).

I’ve done an extensive substack on this which you can find [HERE](#).

Finally, they want 2 or 3 of these new updated COVID-19 XBB.1.5 boosters in children under the age 5 (the only group they’re pushing multiple shots on) – EVERY PARENT should ask themselves WHY.

*

Note to readers: Please click the share button above. Follow us on Instagram and Twitter and subscribe to our Telegram Channel. Feel free to repost and share widely Global Research articles.

***Dr. William Makis** is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General’s Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.*

The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

ISBN: 978-0-9879389-3-0, **Year:** 2022, PDF Ebook, **Pages:** 164, 15 Chapters

Price: ~~\$11.50~~ FREE COPY! [Click here \(docsend\) and download.](#)

We encourage you to support the eBook project by making a donation through Global Research's [DonorBox “Worldwide Corona Crisis” Campaign Page.](#)

The original source of this article is [COVID Intel](#)
Copyright © [Dr. William Makis](#), [COVID Intel](#), 2023

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Dr. William Makis](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in

print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca