

Paxlovid Is a Fraud, When Will It Be Taken Off the Market?

Analysis by [Dr. Joseph Mercola](#)

✓ Fact Checked

November 10, 2022

STORY AT-A-GLANCE

- › Paxlovid, which was granted emergency use authorization to treat mild to moderate COVID-19 in December 2021, has become widely associated with rebound infection
- › While the U.S. Centers for Disease Control and Prevention and Pfizer have tried to suggest that COVID rebound is spontaneous and not necessarily linked to Paxlovid, recent research found no rebound cases among COVID-19 patients who did not take Paxlovid
- › People who take Paxlovid can also still transmit COVID-19 to others, even if they're asymptomatic
- › A number of high-profile individuals have experienced COVID rebound after using Paxlovid, including "The Late Show" host Stephen Colbert, comedian Jimmy Dore, Dr. Anthony Fauci, President Joe Biden, First Lady Jill Biden and CDC director Dr. Rochelle Walensky. Most were double-jabbed and double-boosted. Walensky actually had three boosters
- › Emerging evidence also suggests SARS-CoV-2 can develop resistance to Paxlovid. Two separate studies cultured SARS-CoV-2 and exposed it to low levels of nirmatrelvir – the active antiviral ingredient in Paxlovid – which would kill some, but not all, of the virus. As a result, the virus became 20 times and 80 times less susceptible to the drug, respectively

So far, all of the drugs developed against COVID-19 have been disastrous in one way or another. Remdesivir, for example, which to this day is the primary COVID drug approved

for use in U.S. hospitals,¹ routinely causes severe organ damage^{2,3,4,5} and, often, death.

Another notable one is Paxlovid, which was granted emergency use authorization to treat mild to moderate COVID-19 in December 2021.⁶ While not showing signs of being deadly like remdesivir, Paxlovid has become so widely associated with rebound infection that the U.S. Centers for Disease Control and Prevention has even issued a warning about it. According to the CDC's health advisory:⁷

"Recent case reports document that some patients with normal immune response who have completed a 5-day course of Paxlovid for laboratory-confirmed infection and have recovered can experience recurrent illness 2 to 8 days later, including patients who have been vaccinated and/or boosted."

Asymptomatic Paxlovid Users Can Still Spread Infection

The CDC⁸ and Pfizer⁹ have suggested that sometimes COVID-19 naturally comes back after a person tests negative, implying that COVID-19 rebound is spontaneous and not necessarily linked to Paxlovid. However, research¹⁰ by Dr. Michael Charness of the Veterans Administration Medical Center in Boston refutes this notion.

When Charness and colleagues analyzed 1,000 cases of COVID-19 diagnosed among members of the National Basketball Association – none of whom took Paxlovid – no cases of COVID-19 rebound were found.¹¹ They also found that people who take Paxlovid can still transmit COVID-19 to others, even if they're asymptomatic. Charness told CNN:¹²

"People who experience rebound are at risk of transmitting to other people, even though they're outside what people accept as the usual window for being able to transmit."

Is Paxlovid-Induced Rebound Really Rare?

While Paxlovid-induced rebound of COVID is clearly widespread, health authorities insist the effect is “rare.”¹³ Pfizer’s clinical trial had a 1% to 2% rebound rate. White House COVID response coordinator, Dr. Ashish Jha, put the rebound rate at 5% in real-life settings.

“If you look at Twitter, it feels like everybody has rebound,” Jha said during a White House press conference in July 2022. “But it turns out there’s actually clinical data.”¹⁴

In one such study,¹⁵ 5.87% of the 13,600 patients experienced rebound of symptoms within a month of the treatment. Dr. Aditya Shah, an infectious disease specialist at the Mayo Clinic, thinks the rebound rate may be as high as 10%.¹⁶

But if those rebound statistics were actually true, how does one explain the fact that so many high-profile celebrities and government officials who have used it have ended up rebounding? Statistically, that seems rather incredible.

High-Profile Rebound Cases

For example, in April 2022, the fully jabbed and boosted “Late Show” host Stephen Colbert got COVID, took Paxlovid and recovered, only to suffer a rebound a week later. Tweeting about his experience, Colbert referred to it as the “WORST. SEQUEL. EVER.”¹⁷ Comedian Jimmy Dore also experienced COVID-19 rebound after taking Paxlovid.¹⁸

Dr. Anthony Fauci got COVID in June 2022 — again despite being double-jabbed and double-boosted — and proudly shared that [he took Paxlovid](#). Immediately after the five-day treatment, he tested negative for SARS-CoV-2. Alas, three days after that, he not only tested positive again but all the symptoms of infection also returned, and they were more severe than the first time around.^{19,20}

Fauci described his rebound in an interview: “Over the next day or so I started to feel really poorly, much worse than in the first go around. I went back on Paxlovid, and right now I am on my fourth day of a five-day course of my second course of Paxlovid.

Fortunately, I feel reasonably good. I mean, I'm not completely without symptoms, but I certainly don't feel acutely ill."²¹

At the end of July 2022, it was President Joe Biden's turn to announce he had COVID, despite being double-jabbed and double-boosted — something Biden had previously insisted could not happen (see video above). He too took Paxlovid and, like Fauci, ended up rebounding around Day 3, just as I predicted on Twitter.²² Unlike Fauci, however, he reportedly didn't have any symptoms.²³

In mid-August 2022, the double-jabbed, double-boosted First Lady, Jill Biden, came down with COVID,²⁴ took Paxlovid and, like clockwork, rebounded a few days after finishing the treatment and initially testing negative.²⁵

Toward the end of October 2022, double-jabbed and TRIPLE-boosted Dr. Rochelle Walensky, director for the U.S. Centers for Disease Control and Prevention, got COVID. She'd received her fifth shot — the latest bivalent booster that has only been tested on mice — on September 22.²⁶

Exactly one month later, she tested positive and reported mild symptoms.^{27,28} I think that makes the “new and improved” bivalent booster the shortest-acting shot so far. Anyway, Paxlovid to the rescue once again. And once again, it caused rebound. After initially testing negative after the treatment, she tested positive a couple of days later as symptoms returned.²⁹

Government Researchers Investigating Rebound Effect

At the end of April 2022, Bloomberg described the post-Paxlovid rebound of David Ho, a virologist at the Aaron Diamond AIDS Research Center at Columbia University:³⁰

“Ho said he came down with COVID on April 6 ... His doctor prescribed Paxlovid, and within days of taking it, his symptoms dissipated and tests turned negative. But 10 days after first getting sick, the symptoms returned and his tests turned positive for another two days.

Ho said he sequenced his own virus and found that both infections were from the same strain, confirming that the virus had not mutated and become resistant to Paxlovid. A second family member who also got sick around the same time also had post-Paxlovid rebound in symptoms and virus, Ho says.

'It surprised the heck out of me,' he said. 'Up until that point I had not heard of such cases elsewhere.' While the reasons for the rebound are still unclear, Ho theorizes that it may occur when a small proportion of virus-infected cells may remain viable and resume pumping out viral progeny once treatment stops.'

Clinical Director of the Division of Infectious Diseases at Brigham and Women's Hospital, Dr. Paul Sax, told Bloomberg:³¹

"Providers who are going to be prescribing this should be aware that this phenomenon occurs, and if people have symptoms worsening after Paxlovid, it's probably still COVID. The big problem is that when this drug was released, this information wasn't included [on the label]."

Research published in *Clinical Infectious Diseases*^{32,33} looked into why Paxlovid may be leading to rebound symptoms and suggests it could be the result of insufficient exposure to the drug. Possibly, the drug is metabolized more rapidly in some individuals. Alternatively, perhaps the drug needs to be administered for a longer period of time.

Is SARS-CoV-2 Becoming Resistant to Paxlovid?

Emerging evidence also suggests SARS-CoV-2 can develop resistance to Paxlovid if the drug doesn't eradicate all of the virus the first time around. Two separate studies cultured SARS-CoV-2 in a lab and exposed it to low levels of nirmatrelvir – the active antiviral ingredient in Paxlovid – which would kill some, but not all, of the virus.

"Such tests are meant to simulate what might happen in an infected person who doesn't take the whole regimen of the drug or an immunocompromised patient who has trouble clearing the virus," Science reported.³⁴

One of the studies revealed that SARS-CoV-2 developed three mutations after 12 rounds of nirmatrelvir treatment — “at positions 50, 166 and 167 in the string of amino acids that make up MPRO.”³⁵ The mutations amounted to a 20-fold reduction in the virus’ susceptibility to nirmatrelvir.³⁶

The other study³⁷ also found mutations at positions 50 and 166, revealing that when they occurred together, SARS-CoV-2 became 80 times less susceptible to nirmatrelvir. According to the authors:³⁸

“Reverse genetic studies in a homologous infectious cell culture system revealed up to 80-fold resistance conferred by the combination of substitutions L50F and E166V. Resistant variants had high fitness increasing the likelihood of occurrence and spread of resistance.”

It’s still unknown what might happen when two courses of Paxlovid are taken in quick succession to treat COVID-19 rebound — as occurred with Fauci. It’s possible that ever-mutating COVID-19 variants could be created.

Other antivirals on the market to treat COVID-19 have also led to concerns about drug resistance. Molnupiravir (sold under the brand name Lagevrio), approved by the FDA for emergency use in high-risk patients with mild to moderate COVID symptoms, has been shown to supercharge the rate at which the virus mutates inside the patient, resulting in newer and more drug resistant variants.³⁹

Pfizer Gets Rich on Fraudulent Drugs

Pfizer’s revenue is expected to reach \$101.3 billion in 2022,⁴⁰ thanks to the COVID jab and Paxlovid (\$10 billion from Paxlovid alone) — both of which are frauds. Neither of them actually work as advertised, and both can make matters worse. In the case of Pfizer’s COVID-19 shot, you can still get the disease once you’ve been injected and boosted, and may still transmit the disease to others as well.

Then, when the shots don’t work to prevent infection — and we’ve now seen even five doses won’t prevent infection — Pfizer makes even more money by selling Paxlovid,

which in many cases causes rebound! There can be only one reason for why the FDA has not withdrawn both of these drugs, and that is because they're actually working for Pfizer.

“ Immunocompromised patients ‘may carry this virus for a very, very long time, and we see that area as a real new opportunity growth area for Paxlovid to do very well, where you may need to take multiple courses.’ ~ Dr. Mikael Dolsten, chief scientist and president of Worldwide Research and Development at Pfizer”

Pfizer itself doesn't view COVID rebound after Paxlovid treatment as a failure; they see it as a successful venture because the more courses needed, the more money they make. As reported by the Kaiser Family Foundation (KFF) in early July 2022:⁴¹

“During a recent investor call, a Pfizer official could spin the recent reports that the virus can hide from Paxlovid into good news, predicting that, as with the vaccine, patients may need multiple courses.

Immunocompromised patients ‘may carry this virus for a very, very long time,’ Dr. Mikael Dolsten [chief scientist and President of Worldwide Research and Development at Pfizer⁴²] said in the investor call. ‘And we see that area as a real new opportunity growth area for Paxlovid to do very well, where you may need to take multiple courses.’”

FDA and CDC Are Extensions of the Drug Industry

Pushing a drug that causes COVID rebound does not appear to be in the best interest of public health. Paxlovid is a fraud and should be taken off the market. The fact that the FDA and CDC have focused on Paxlovid, remdesivir and molnupiravir to the exclusion of

all others, including older drugs with high rates of effectiveness and superior safety profiles, sends a very disturbing message.

They've basically become extensions of the drug industry and have abandoned their original purpose, which is to protect public health – by ensuring the safety and efficacy of drugs, in the case of the FDA,⁴³ and by conducting critical science and data analysis in the case of the CDC.⁴⁴

Instead, they seem to be doing everything they can to protect Big Pharma profits, even if it costs you your life. Remdesivir, for example, costs between \$2,340 and \$3,120 depending on your insurance.⁴⁵ Ivermectin, meanwhile – which has been very effective against COVID and shown to outperform at least 10 other drugs, including Paxlovid⁴⁶ – costs between \$48⁴⁷ and \$94⁴⁸ for 20 pills depending on your location. The average cost is said to be about \$58 per treatment.⁴⁹

Paxlovid costs \$529 per five-day course of treatment,⁵⁰ and molnupiravir is around \$700.⁵¹ While not quite as expensive as remdesivir, both are still nearly 10 times costlier than ivermectin, which is more effective. Imagine the billions of dollars we could have saved were it not for our health agencies being so compromised by industry.

Since the FDA and CDC cannot be trusted, it's imperative to take responsibility for your own health. Do your own research and follow your own conscience and conviction. Remember, when it comes to COVID-19, early treatment is crucial, and effective protocols are readily available – just not from the FDA, CDC or even most hospitals.

For a refresher, check out [Dr. Pierre Kory's interview with Chris Martenson](#). You can also find many other articles describing treatment protocols by [searching through my Substack archive](#).

Sources and References

- ¹ FDA, October 22, 2020
- ² International Journal of Infectious Diseases, 2020; doi: 10.1016/j.ijid.2020.06.093
- ³ New England Journal of Medicine, 2021;384:497
- ⁴ Scientific Freedom, June 1, 2020

- ⁵ [The Lancet, 2020;395\(10236\):P1569](#)
- ⁶ [U.S. FDA December 22, 2021](#)
- ^{7, 8} [U.S. CDC, COVID-19 Rebound After Paxlovid Treatment May 24, 2022](#)
- ^{9, 11, 12} [CNN May 31, 2022](#)
- ¹⁰ [NEJM September 15, 2022; 387: 1045-1047](#)
- ^{13, 14, 16, 19} [CNBC July 27, 2022](#)
- ¹⁵ [MedRxiv June 22, 2022](#)
- ¹⁷ [Yahoo! May 11, 2022](#)
- ¹⁸ [Bitchute Jimmy Dore Show August 2, 2022](#)
- ²⁰ [Forbes June 30, 2022](#)
- ²¹ [CNN June 30, 2022](#)
- ²² [Twitter Joseph Mercola July 21, 2022](#)
- ²³ [Politico July 30, 2022](#)
- ²⁴ [Politico August 16, 2022](#)
- ²⁵ [CNN August 29, 2022](#)
- ²⁶ [Twitter Ian Miller October 22, 2022](#)
- ²⁷ [World Freedom Alliance October 23, 2022](#)
- ²⁸ [NY Post October 22, 2022](#)
- ²⁹ [MSN October 31, 2022](#)
- ^{30, 31} [Bloomberg April 29, 2022 \(Archived\)](#)
- ³² [Clinical Infectious Diseases June 20, 2022](#)
- ³³ [UC San Diego Health June 21, 2022](#)
- ^{34, 36} [Science June 29, 2022](#)
- ^{35, 37, 38} [bioRxiv June 7, 2022](#)
- ³⁹ [Revyuh May 1, 2022](#)
- ⁴⁰ [Fierce Pharma November 21, 2021](#)
- ⁴¹ [KHN July 5, 2022](#)
- ⁴² [Pfizer May 25, 2010](#)
- ⁴³ [FDA Mission](#)
- ⁴⁴ [CDC Mission](#)
- ⁴⁵ [AJMC June 29, 2020](#)
- ⁴⁶ [Cornell University, January 20, 2022](#)
- ⁴⁷ [WellRx, Ivermectin](#)
- ⁴⁸ [Drugs.com Ivermectin](#)
- ⁴⁹ [JAMA 2022;327\(6\):584-587](#)
- ⁵⁰ [Precision Vaccinations, November 19, 2021](#)
- ⁵¹ [Reuters February 3, 2022](#)

[Login](#) or [Join](#) to comment on this article