



Natural immunity gets another boost from two new U.S. studies

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CDC and Johns Hopkins studies show strength and duration of natural immunity protection

Two newly released studies show the power of natural immunity following recovery from COVID-19 sickness. The Centers for Disease Control and Prevention (CDC) says “previous SARS-CoV-2 infection also confers protection against severe outcomes in the event of reinfection.” Johns Hopkins found that natural immunity developed from prior variants reduced the risk of infection with the Omicron variant.

Natural immunity was six times stronger during the Delta wave than vaccination, according to one [news report](#) about the CDC study. The report published Jan. 19 analyzed COVID outcome data from New York and California, which make up about one in six of the nation’s total COVID deaths. “Whereas French and Israeli population-based studies noted waning protection from previous infection, this was not apparent in the results from this or other large U.K. and U.S. studies,” the CDC said.

Dr. Benjamin Silk of the CDC [told the media](#) last week, “Before the Delta variant, COVID-19 vaccination resulted in better protection against a subsequent infection than surviving a previous infection.”

“When looking at the summer and the fall of 2021, when Delta became the dominant in this country, however, surviving a previous infection now provided greater protection against subsequent infection than vaccination,” he added.

Omicron has become the focus of the pandemic as Washington state and the nation enter the third year of battling multiple variants of the SARS-CoV2 coronavirus. Until this past week, Omicron accounted for nearly all the new cases detected in the state. Early reports seemed to indicate it ignores both vaccine immunity and natural immunity.

Clark County Public Health reports 72,239 total cases since the pandemic began. This means all those who have recovered now have natural immunity and protection. The two new natural immunity studies should boost public discussion regarding vaccine mandates by Gov. Jay Inslee.

This impacts citizen discussions about children in schools with or without vaccines. It also impacts the mini initiative petition the Clark County Council will consider. Should there be mandates when natural immunity provides protection as good if not better than vaccines alone?

The new CDC report was concluded before Omicron arrived on the scene. “After two years of accruing data, the superiority of natural immunity over vaccinated immunity is clear,” writes Dr. Marty Makary. He is a surgeon and public policy researcher at Johns Hopkins University.

Last week, the CDC released data which demonstrated natural immunity was 2.8 times as effective in preventing hospitalization and 3.3 to 4.7 times as effective in preventing COVID infection compared with vaccination, according to Makary.

One of the arguments that public health officials have used to discount natural immunity, is they claim they don’t know how long it lasts. Makary noted the U.S. is one of the few countries that ignores natural immunity. The NIH has \$42 billion in resources, but has refused to study it.

“You could do the study with about 100 people,” Makary told Brian Kilmeade. “You just invite people who were infected in New York two years ago and test their blood.”

Dr. Makary and his colleagues at Johns Hopkins therefore did their own study. “We found that among 295 unvaccinated people who previously had COVID, antibodies were present in 99.9 percent of them up to nearly two years after infection. We also found that natural immunity developed from prior variants reduced the risk of infection with the Omicron variant,” he reports.

“We found that immunity was strong, nearly two years out from the infection,”he said. “So it is now settled science. Natural immunity is durable and effective for as long as the infection has been around.”

Omicron is likely to go through the entire U.S. population. Makary noted that Dr. Fauci said everybody will get it. “If Omicron is nature’s vaccine for those who have not had access to or been eligible for vaccine, what are we doing immunizing those already immune?” A booster shot offers only a modest and temporary benefit.

Ali Mokdad, an epidemiologist at the University of Washington’s Institute for Health Metrics and Evaluation, said he believes about half of the U.S. population will be infected with Omicron during the next three months, with most cases being asymptomatic.

The CDC found COVID-19 rates among the vaccinated with no previous infection were 6.2 times lower in California and 4.5 times lower in New York than among the unvaccinated with no previous infection.

However, among the unvaccinated with a previous infection, the COVID-19 rate was 29 times lower in California and 14.7 times lower in New York.

The individuals most protected against infection were those who had previously had COVID-19 and were also vaccinated. Their infection rate was 32.5 times lower in California and 19.8 times lower in New York.

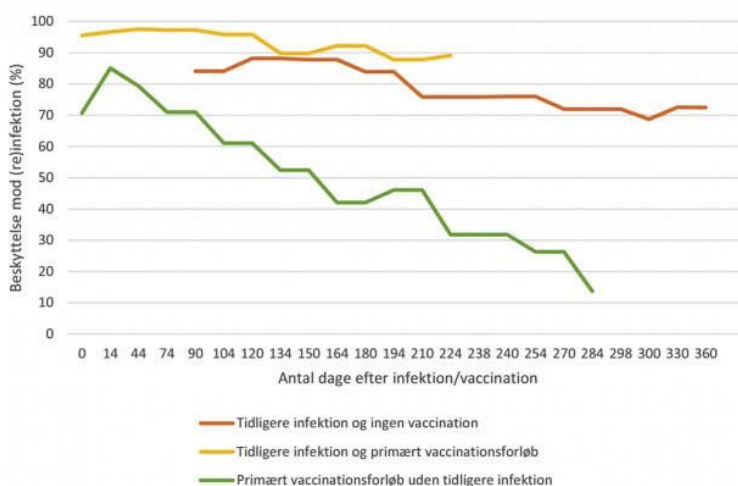
The CDC study and the Johns Hopkins study confirm what more than 100 other studies on natural immunity have found, Makary emphasized: “The immune system works,” he said. The largest of these studies, from Israel, found that natural immunity was 27 times as effective as vaccinated immunity in preventing symptomatic illness.

Last September, Heidi Wetzler highlighted doctors from the St. Elizabeth Healthcare System in Ohio submitted a compelling letter to their administration logically and completely outlining their concerns with vaccine mandates. Their very first point states that “Natural immunity is at least equal to and likely superior to vaccine immunity, yet this has not been a part of the discussion for unclear reasons. A majority of healthcare providers in our system are declining the vaccine due to prior infection and already having sufficient immunity to COVID-19.”

Wetzler shared those who had SARS-CoV-1 in 2002-2003 were still found to be immune 17 years later, and those who survived the influenza pandemic of 1918 were still immune to the H1N1 outbreak in 2009-2010 a stunning 92 years later.

Researchers followed more than 52,000 Cleveland Clinic employees for five months in 2021. More than 1,300 of those employees already had a documented COVID infection and did not get vaccinated.

The study released last June, found none of them were re-infected during the five months they were monitored. They concluded those with laboratory-confirmed symptomatic COVID infection are unlikely to benefit from vaccination, and vaccines can be safely prioritized to those who have not been infected before.



The orange line corresponds to people who’ve been previously infected but not vaccinated; the yellow line to those who’ve been previously infected and vaccinated; and the green line to those who’ve been vaccinated but not previously infected. The y-axis gives the percentage reduction in

the number of infections, compared to those who haven't been vaccinated or previously infected. For example, a value of 90 percent means there would be only 10 infections for every 100 in the comparison group. The x-axis gives the number of days since the relevant event. Graphic courtesy of Danish Study — Statens Serum Institute

A Danish study published in December confirms that natural immunity protects better against infection than the vaccines. It shows vaccine-induced immunity wanes rapidly, beginning a few weeks after vaccination. At the five-month mark, protection is well below 50 percent. Natural immunity, by contrast, is robust: a full year after infection, protection is still above 70 percent.

The study shows hybrid immunity – conferred by the combination of vaccination and previous infection – is slightly better than natural immunity. However, the difference is small compared to that between natural and vaccine-induced immunity.

“While those who’ve already had Covid should be perfectly free to get vaccinated, there’s no obvious need for them to do so,” said Noah Carl of The Daily Sceptic. “The tricky part may be getting this message through to politicians.”

A May 2021 statement from the World Health Organization made the following points.

- Within 4 weeks following infection, 90-99 percent of individuals infected with the SARS-CoV-2 virus develop detectable neutralizing antibodies.
- The strength and duration of the immune responses to SARS-CoV-2 are not completely understood and currently available data suggests that it varies by age and the severity of symptoms. **Available scientific data suggests that in most people immune responses remain robust and protective against reinfection for at least 6-8 months after infection** (the longest follow up with strong scientific evidence is currently approximately 8 months). (Emphasis added)
- Some variant SARS-CoV-2 viruses with key changes in the spike protein have a reduced susceptibility to neutralization by antibodies in the blood. While neutralizing antibodies mainly target the spike protein, **cellular immunity elicited by natural infection also target other viral proteins, which tend to be more conserved across variants than the spike protein.** (Emphasis added)
- The ability of emerging virus variants (variants of interest and variants of concern) to evade immune responses is under investigation by researchers around the world.

“Public-health officials have a lot of explaining to do. They used the wrong starting hypothesis, ignored contrary preliminary data, and dug in as more evidence emerged that called their position into question,” Makary writes in his column.

“Many clinicians who talk to other physicians nationwide have long observed that we don’t see reinfected patients end up on a ventilator or die from Covid, with rare exceptions who almost always have immune disorders.”

He was asked if there was a variation in the strength of the immunity in the Johns Hopkins study. According to Makary, “99 percent of these subjects we studied had antibody levels that were almost as effective and consistent as they had in the earliest time of their recovery,” he said.

Essentially 100 percent of new infections now are Omicron, he noted. The data shows it is less dangerous than influenza, according to Makary.

A 3.8 percent increase in protection

Kilmeade asked if you were vaccinated, and then you had COVID or you got the virus and then got vaccinated, does that double your immunity?

“It increases it by 3.8 percent,” Makary responded. “So hybrid immunity is more effective. But remember, the vaccine gives you almost a sugar high of antibodies that will wear off in terms of its protection against getting the infection. Your protection against hospitalization and severe disease is still solid with vaccinated or natural immunity.”

“We’re really not seeing new vaccinations at this point,” he said. Makary believes people are so hardened by what they see as excessive government policies, they’re probably not going to get vaccinated. Chances are, they have natural immunity.

He also mentioned that “no healthy child has ever died of COVID that we know of.”

In South Africa, where officials first sounded the alarm about Omicron, the government in December eased protocols. They are betting that previous encounters with the virus have given the population enough immunity to prevent significant levels of severe illness. The Omicron wave there subsided quickly with modest hospitalizations. Scientists think one reason is that so many people — close to 80 percent — had previously been infected by earlier variants.

CATO

<https://www.clarkcountytoday.com/news/natural-immunity-gets-another-boost-from-two-new-u-s-studies/> (opens in a new tab)

Last fall the Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) requiring businesses with 100 or more employees to enforce a vaccination-or-testing regime. That has since been overruled by the Supreme Court.

The CATO Institute weighed in, including the following.

Universal vaccine mandates are irrational in ignoring naturally acquired immunity from infection and recovery, which has come to be referred to as “natural immunity” in public discussion. This single-minded focus on vaccination as the exclusive means to acquiring immunity is largely novel.

*Contrary to conventional belief, states typically do not have “vaccine” requirements for children to attend school or any other purpose; they require **evidence of immunity** to certain viruses, whether through serological testing that evidences the presence of relevant protective antibodies or evidence of prior history “diagnosed or verified by a health care provider.”*

Virtually all countries in the Western world that impose some form of vaccine passport or mandate recognize natural immunity to Covid as qualifying for at least six months post-recovery.

If OSHA had reviewed the medical and scientific literature regarding the relative protective efficacy of natural immunity compared to vaccination, it is unlikely that the agency would be successful in establishing a factual basis for forced vaccination of Covid-recovered individuals. Given the trivial — if any — benefit to either the individual or the public from compelled vaccination of Covid-recovered individuals, that evidence of elevated adverse effects requires an especially high standard of proof by regulators to overcome.

Fighting for those terminated

Makary also spoke about those who have been terminated over refusal to get vaccinated. “By firing staff with natural immunity, employers got rid of those least likely to infect others,” he said. “It’s time to reinstate those employees with an apology.”

He writes in [The High Cost of Disparaging Natural Immunity to Covid](#) that “Public-health officials ruined many lives by insisting that workers with natural immunity to Covid-19 be fired if they weren’t fully vaccinated.”

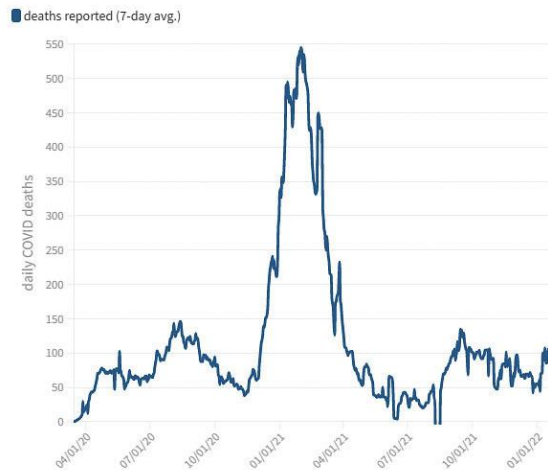
“It’s time to reinstate American workers who were fired under the vaccine mandate, for a number of reasons,” he told Kilmeade. “Number one, it was unfair. Number two, we have therapeutics now that really mean no one should be dying of COVID. And number three, it turns out, many of them had natural immunity.”

“The risk of somebody who has natural immunity getting hospitalized is 3 per 10,000,” he said. “That’s identical to the risk of somebody with hybrid immunity, that is a vaccine and natural immunity. So getting the additional vaccination (booster) did nothing to change the numbers of hospitalization. That’s the honest data.”

“When employers fired workers with natural immunity, they got rid of the workers least likely to spread the infection,” he said. “That’s the great irony. The data are now in. It’s clear.”

Makary noted a disconnect in numbers being reported by public health officials. A California study of Omicron cases found only one death among over 52,000 cases. Yet the state is reporting much higher numbers of COVID deaths.

COVID deaths in California reach record high since last winter's surge



Reported COVID-19 deaths in California have begun to rise rather quickly during the Omicron wave of the pandemic, yet remain far below peak levels reached a year ago. Graphic courtesy San Jose Mercury News

Makary mentioned COVID-19 case numbers showing a steep decline for the past two weeks. In some parts of the country the virus is still peaking and hospitals are going to be strained. The hospitals are not necessarily strained from the influx of patients alone, he noted. “We normally have a massive influx of patients every winter, from a number of respiratory pathogens,” he said. “Sometimes it’s a bad flu season.”

“The difference is this time, we’ve got a massive staffing shortage,” Makary said. “One in five workers in health care have left. If you look at what happened at Washington State, they fired 55 workers from this hospital system called Multicare. They were so short staffed, they told people who tested positive who were working, even if you have COVID come back into work. Even if you have symptoms, we are that short staffed. That’s the problem with the staffing crisis that people don’t know about.”

According to an internal memo dated Jan. 6, MultiCare hospitals in the Puget Sound area moved into “crisis levels of staffing.” The impetus for the move was the rise in hospital visits, though not all due to COVID.

Consequently, the hospitals modified their return-to-work process, ordering staff “to work even if they are experiencing mild symptoms but are improving.” But a MultiCare staffer claimed that unless a staffer has a fever, “they want us coming in.” COVID-positive staffers are not required to disclose their status to patients or coworkers.

Makary believes we’ve got to reinstate all these workers. He noted that 50 to 60 percent of all truck drivers are not vaccinated. We have got to get the country moving, including the supply chain he said.

“People don’t just die of viral replication,” he said. “They die of hopelessness, poverty, and all kinds of substance abuse and mental problems. We’ve been blowing that data off. Those soldiers who were dishonorably discharged need to immediately be reinstated with their rank and back compensation, including restoring that period of lost pension pay.”

Omicron behaving like a different virus

Makary spoke to the reality of fighting Omicron. “It’s really not COVID; it’s acting and behaving like a different virus.” He pointed out there’s only been one death in 52,000 Omicron cases in the Kaiser Southern California study, which is lower than influenza.

Yet other news reports indicate Omicron deaths are increasing at a faster pace than during the Delta wave of COVID-19 last summer. As of Thursday, California was averaging 157 new COVID deaths a day. That’s more than last summer but less than a year ago.

Over the weekend, one case of natural immunity has been making headlines. A North Carolina man who said a hospital refused to carry out a kidney transplant because he’s unvaccinated against COVID-19. He is willing to “die free” rather than comply with their vaccine requirement. He is in need of a kidney transplant due to it operating at 4 percent, requiring him to get dialysis three times a week.

Chad Carswell said he’s had the coronavirus twice before and believes getting the vaccine should be a personal choice, not a requirement. Atrium Health Wake Forest Baptist Hospital in Winston-Salem said both the donor and the recipient must be vaccinated.

“The reason it is recommended is to provide protection for the patient. Transplant patients are at high risk for severe illness if they don’t have preexisting immunity prior to being transplanted,” the hospital said

Carswell has preexisting immunity. The CDC and Johns Hopkins studies show his immunity is likely more robust than if he’d been vaccinated three or more months ago.

As Noah Carl noted in his review of the Danish study, there’s no obvious need for people who have recovered from COVID to get vaccinated. “The tricky part may be getting this message through to politicians.”