

Natural acquired immunity, gained after recovering from Covid-19 is full spectrum, durable, adaptable and long lasting. To ignore this is to ignore the principle of vaccination itself, as vaccines seek to mimic exposure to a virus. “Natural immunity confers longer lasting and stronger protection against infection, symptomatic disease and hospitalization caused by the Delta variant of SARS-CoV-2, compared to the BNT162b2 two-dose vaccine-induced immunity.” [1] “Mild infection with SARS-CoV-2 induces robust antigen-specific, long-lived humoral immune memory in humans”. [2] A large percentage of the population has already been infected by SARS-CoV-2 and recovered, therefore, their immune systems are prepared to protect them.

SARS-CoV-2 vaccines are designed to create a very unique immune response. Once injected with an mRNA vaccine, cells that accept the lipid nano particles (the active component of the vaccine) produce spike proteins, which are only one element of the SARS-Cov-2 virus. Traditional vaccines introduce a dead or attenuated virus to the body, triggering a reaction that protects the person in the event of real world exposure to the virus. Once infected by the actual virus, your body recognizes the whole virus, creating full spectrum immunity, versus spike protein specific immunity. “In our view, the data suggest that people confirmed to have been infected with SARS-CoV-2 may not need vaccination. We should not be debating the implications of prior infection; we should be debating how to confirm prior infection.” [3]

Up to date, fully vaccinated; there are various descriptions to describe those who have received the latest SARS-CoV-2 vaccine and/or booster. Our hope is that open discussion of immunity continues and “natural immunity” will be acknowledged. The data now shows that SARS-CoV-2 vaccine efficacy is waning significantly. “The decline in efficacy was most significant with the Janssen (J&J) vaccine, with effectiveness plummeting from 88% to 3% after 6 months.” (4) After actual viral exposure, “researchers found durable immune responses in the majority of people

studied. Antibodies against the spike protein of SARS-CoV-2, which the virus uses to get inside cells, were found in 98% of participants one month after symptom onset. As seen in previous studies, the number of antibodies ranged widely between individuals. But, promisingly, their levels remained fairly stable over time, declining only modestly at 6 to 8 months after infection.” (5)

SARS-CoV-2 vaccines are not stopping infection or transmission, although we were promised they would. We want to encourage early treatment to increase the likelihood of a positive outcome post infection, whether people have been exposed to the virus or the vaccine. These vaccines are not without risk, therefore it can't be said that there is no downside to administering them. Additionally, there is an increased risk of side effects if a recovered covid patient receives a vaccine. “According to the latest data from the ZOE COVID Symptom Study, people who have had a previous COVID-19 infection are almost twice as likely to experience one or more mild, whole body (systemic) after effects compared to people who didn't have COVID-19 (33% vs 19%) from a Pfizer/BioNTech vaccine dose”. [6]

Testing antibody levels of the vaccinated, the recovered, and those who are unaware of their exposure status should be considered and compared. Additionally, our innate, non specific immune response can not be ignored. SARS-CoV-2 will continue to mutate and these mutations will be chased by vaccine makers. It's time to promote healthy lifestyle choices, as a strong immune system is our best defense, and will transcend the Covid-19 era... That immunity is even stronger after we are exposed to and recover from SARS-CoV-2.

References

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