

NEWS

Another study shows natural COVID-19 immunity lasts for 'substantial' period of time

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By Calvin Freiburger

June 4, 2021 (LifeSiteNews) – Yet another study has been published supporting the conclusion that people who contract COVID-19 and recover remain immune to reinfection for a "substantial" period of time, potentially dashing health bureaucrats' hopes of making COVID

vaccinations and booster shots a long-term feature of American life.

The study, published in *The Lancet's* journal *EClinicalMedicine*, examined data from antibodies in 39,086 individuals who tested positive for COVID-19 from March 2020 and January 2021, taking advantage of Laboratory Corporation of America Holdings (Labcorp), "one of the United States' largest diagnostic laboratories, which has access to some of the most substantial longitudinal data on COVID-19." It found an "encouraging timeline for the development and sustainability of antibodies up to ten months from natural infection."

The researchers caution that their findings were limited by the lack of "advanced demographic (race, ethnicity, etc.) and diagnostic information (disease severity)" in the data they were using, and their reliance on multiple types of antibody tests limiting the "specificity of how much antibodies remain in the system." Therefore, "true SARS-CoV-2 antibody kinetics are still unknown, and require more time from sample collection and monitoring."

Still, they say their findings show a "sustained positivity rate of antibodies against the SARS-CoV-2 spike protein past ten months post-PCR [polymerase chain reaction test] confirmed COVID-19 infection using data from over 39,000 patients, with linear trends indicating a substantial population half-life." This, the team explained, "may help guide current and future post-pandemic planning, such as public health restrictions."

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One study, published on May 24 in *Nature*, found that COVID-19 infection "induces a robust antigen-specific, long-lived humoral immune response in humans," with antibodies "remaining detectable at least 11 months after infection." Another, published at *BioRxiv*, found that even without vaccination, antibodies in the infected "remain relatively stable from 6 to 12 months," while "B cell clones expressing broad and potent antibodies are selectively retained in the repertoire over time and expand dramatically after vaccination." A third study out of Israel found that natural immunity was slightly more effective against reinfection than the Pfizer vaccine, at 94.8% versus 92.8%.

"There is more data on natural immunity than there is on vaccinated immunity, because natural immunity has been around longer," says Dr. Marty Makary, professor of surgery at Johns Hopkins School of Medicine. "We are not seeing reinfections, and when they do happen, they're rare. Their symptoms are mild or are asymptomatic."

Makary argues that natural immunity and vaccinated immunity are equally effective and "probably life-long," and that, between the roughly 50% of Americans he thinks are naturally immune and the 41% fully vaccinated so far, the United States has already reached herd immunity – the point at which enough of the population is impervious to COVID-19 that the virus will run out of places to spread and die out.

Makary goes so far as to urge Americans to "ignore" the guidance of what he calls the "most slow, reactionary, political [US Centers for Disease Control] in American history" and "live a normal life, unless you are unvaccinated and did not have the infection, in which case you need to be careful. We've got to start respecting people who choose not to get the vaccine instead of demonizing them."

Sen. Rand Paul (R-KY), an ophthalmologist who contracted and recovered from COVID-19 last year, says he is supportive of the COVID-19 vaccines but feels no need to take one himself. "Until they show me evidence that people who have already had the infection are dying in large numbers, or being hospitalized or getting very sick, I just made my own personal decision that I'm not getting vaccinated because I've already had the disease and I have natural immunity," Paul said.

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If the above conclusions are correct, they would effectively gut the case for all remaining COVID-19 restrictions, and especially for the intensity with which many political and media figures have been pressuring Americans to vaccinate in the name of protecting their neighbors.

Both the restrictions and the vaccine push are predicated on the idea that COVID-19 can easily be spread through casual contact in public, regardless of whether a carrier is displaying or experiencing symptoms. Therefore, lockdown and vaccine supporters argue, only those who have been vaccinated can forego masks and social distancing in public spaces.

These arguments have already been undermined by research indicating that masks were ineffective at containing COVID-19 and that the risk of asymptomatic spread is very low, as well as public health officials' March admission that the six-foot distancing rule was arbitrary from the start.

If spread can be prevented simply by the symptomatic infected isolating until recovery (and the rest of the public generally engaging in conscientious sanitation practices), past infection is at least as protective as vaccination, and enough Americans are immune that risk of infection will continue to shrink regardless of what individuals or policymakers do, then restricting the general public's interactions and additional COVID-19 vaccination are simply not necessary to protect one's neighbors.

With the "social responsibility" argument for COVID vaccination dispatched, the question then turns to one of both personal medical autonomy and medical ethics. To the first point, many Americans remain concerned that the three COVID vaccines currently available in the United States have not been sufficiently studied for negative effects.

While many officeholders and media figures blame online "misinformation" for lingering vaccine hesitancy, considerably less contemplation has been spent on how the government's own actions contribute to mistrust, such as mixed messaging about vaccinated people still

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potentially transmitting the virus to others, as well as the fact that clinical trials for the currently-authorized COVID-19 vaccines were performed in less than a year, when such trials traditionally take a minimum of two to four years.

One of the innovations of the Trump administration's Operation Warp Speed was conducting various aspects of the development process concurrently rather than sequentially, but that does not fully account for the condensing of clinical trial phases — each of which can take anywhere from 1-3 years on its own — to just three months apiece.

Apart from factual questions about safety and effectiveness, some of the COVID-19 vaccines also carry grave ethical concerns for many, particularly religious and pro-life Americans, due to the use of cells derived from aborted babies in the development process. To help pro-lifers make an informed decision, the Charlotte Lozier Institute has a detailed breakdown of all the various COVID-19 vaccines in development and which ones used or did not use abortion-derived cells at any stage of the process.

According to the Lozier document, the Pfizer and Moderna vaccines were not designed or produced with abortion-derived cells, but abortion-derived cells were used for some of the lab tests conducted on both vaccines. By contrast, the Johnson & Johnson vaccine was designed, produced, and tested using abortion-derived cells.