

Delta Variant: Natural Immunity 700% Better Than the Vaccine

Analysis by [Dr. Joseph Mercola](#)

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STORY AT-A-GLANCE

- › Data presented to the Israeli Health Ministry July 17, 2021, revealed that, of the more than 7,700 COVID-19 cases reported since May 2021, only 72 occurred in people who had previously had COVID-19 — a rate of less than 1%
- › In contrast, more than 3,000 cases — or approximately 40% — occurred in people who had received a COVID-19 vaccine
- › In other words, those who were vaccinated were nearly 700% more likely to develop COVID-19 than those who had natural immunity from a prior infection — and this is largely in response to the Delta variant, which has led to increasing infections in Israel
- › It's extremely rare to get reinfected by COVID-19 after you've already had the disease and recovered; one study found the median reinfection rate was just 0.27%
- › With effective treatments available, the documented high survival rate of COVID-19 and knowledge that if you've had COVID-19, you're already likely immune to further infection, the rationale for getting vaccinated is faltering

A recurring theme being broadcast by public health officials and the media is that vaccine-induced immunity is superior to that of natural immunity, but preliminary data from Israel — a country with more than 60% of its population vaccinated against COVID-19¹ — is showing otherwise.

Data presented to the Israeli Health Ministry July 13, 2021,² revealed that, of the more than 7,700 COVID-19 cases reported since May 2021, only 72 occurred in people who had previously had COVID-19 – a rate of less than 1%. In contrast, more than 3,000 cases – or approximately 40% – occurred in people who had received a COVID-19 vaccine. As reported by Israeli National News:

“With a total of 835,792 Israelis known to have recovered from the virus, the 72 instances of reinfection amount to 0.0086% of people who were already infected with COVID.

By contrast, Israelis who were vaccinated were 6.72 times more likely to get infected after the shot than after natural infection, with over 3,000 of the 5,193,499, or 0.0578%, of Israelis who were vaccinated getting infected in the latest wave.”

In other words, those who were vaccinated were nearly 700% more likely to develop COVID-19 than those who had natural immunity from a prior infection – and this is largely in response to the Delta variant, which has led to increasing infections in Israel.³

Rate of COVID Reinfection: 0.27%

It’s extremely rare to get reinfected by COVID-19 after you’ve already had the disease and recovered. How rare? Researchers from Ireland conducted a systematic review including 615,777 people who had recovered from COVID-19, with a maximum duration of follow-up of more than 10 months.⁴

“Reinfection was an uncommon event,” they noted, “... with no study reporting an increase in the risk of reinfection over time.” The absolute reinfection rate ranged from 0% to 1.1%, while the median reinfection rate was just 0.27%.^{5,6,7}

Another study revealed similarly reassuring results. It followed 43,044 **SARS-CoV-2 antibody-positive** people for up to 35 weeks, and only 0.7% were reinfected. When genome sequencing was applied to estimate population-level risk of reinfection, the risk was estimated at 0.1%.⁸

Again, there was no indication of waning immunity over seven months of follow-up, with the researchers concluding, “Reinfection is rare. Natural infection appears to elicit strong protection against reinfection with an efficacy >90% for at least seven months.”⁹

Another study from Israel also had researchers questioning “the need to vaccinate previously-infected individuals,” after their analysis showed similar risks of reinfection among those with vaccine-induced or natural immunity. Specifically, vaccination had an overall estimated efficacy of preventing reinfection of 92.8%, compared to 94.8% for natural immunity acquired via prior infection.¹⁰

Why Natural Immunity Is Superior

Speaking with journalist Daniel Horowitz, pathologist Dr. Ryan Cole explained that natural immunity produces broad immunity that can't be matched by vaccination:¹¹

"A natural infection induces hundreds upon hundreds of antibodies against all proteins of the virus, including the envelope, the membrane, the nucleocapsid, and the spike. Dozens upon dozens of these antibodies neutralize the virus when encountered again.

Additionally, because of the immune system exposure to these numerous proteins (epitomes), our T cells mount a robust memory, as well. Our T cells are the 'marines' of the immune system and the first line of defense against pathogens. T cell memory to those infected with SARSCOV1 is at 17 years and running still."

In 2020 it was reported that people who had recovered from SARS-CoV – a virus that is genetically closely related to SARS-CoV-2 and belongs to the same viral species – maintained significant levels of neutralizing antibodies at least 17 years after initial infection.¹² This also suggests that long-term natural immunity against SARS-CoV-2 should be expected.¹³

With vaccination, however, Israeli¹⁴ data suggest that those who were vaccinated early on, in January 2021, are becoming **susceptible to the virus**, suggesting its efficacy may

wane after about six months.

This sentiment was echoed by Pfizer's head of medical research and development, Mikael Dolsten, who said "after six months, there may be risk of infection with the expected decline of antibodies." Pfizer is seeking emergency use authorization for a third booster dose of its COVID-19 vaccine in the U.S.¹⁵

According to Cole, part of the reason for waning vaccine-induced immunity is because "we mount an antibody response to only the spike and its constituent proteins" and "as the virus preferentially mutates at the spike, these proteins are shaped differently and antibodies can no longer 'lock and key' bind to these new shapes."¹⁶

Natural COVID Immunity May Last a Lifetime

It was initially suggested that natural COVID-19 immunity may be short-lived. This was based on early data on SARS-CoV-2, which found that antibody titers declined rapidly in the first months after recovery from COVID-19. According to a team of researchers from the Washington University School of Medicine, however, if you've had COVID-19 – even a mild case – you're likely to be **immune for life**, as is the case with recovery from many infectious agents.¹⁷

According to senior author of the study Ali Ellebedy, Ph.D., an associate professor of pathology and immunology at Washington University School of Medicine in St. Louis, "It's normal for antibody levels to go down after acute infection, but they don't go down to zero; they plateau."¹⁸

The researchers found a biphasic pattern of antibody concentrations against SARS-CoV-2, in which high antibody concentrations were found in the acute immune response that occurred at the time of initial infection. The antibodies declined in the first months after infection, as should be expected, then leveled off to about 10% to 20% of the maximum concentration detected.

When a new infection occurs, cells called plasmablasts provide antibodies, but when the virus is cleared, longer lasting memory B cells move in to monitor blood for signs of

reinfection.¹⁹ Bone marrow plasma cells (BMPCs) also exist in bones, acting as “persistent and essential sources of protective antibodies.”²⁰ Ellebedy even said the protection provided by naturally acquired immunity is likely to continue “indefinitely”:²¹

“These [BMPC] cells are not dividing. They are quiescent, just sitting in the bone marrow and secreting antibodies. They have been doing that ever since the infection resolved, and they will continue doing that indefinitely.”

In another explanation of why antibody levels drop after initial infection – but it’s not an indication of waning immunity – Cole told Horowitz:²²

“Yes, our antibody levels drop over time, however, scientifically, the memory B cells that make antibodies have been proven to be present in our lymph nodes and bone marrow. They are primed and ready to produce a broad array of antibodies upon viral pre-exposure.

It would be physiologically, energetically impossible to maintain high antibody levels to all the pathogens we are constantly exposed to, and we would look like the ‘swollen Stay-Puft marshmallow man’ of lymph nodes, constantly, if the immune system were required to do that.”

Why Are Natural Immunity, Early Treatment Protocols Censored?

Dr. Peter McCullough is an internist, cardiologist, epidemiologist and full professor of medicine at Texas A&M College of Medicine in Dallas. He also has a master's degree in public health and is known for being one of the top five most-published medical researchers in the U.S. and is the editor of two medical journals.

In our recent interview, he discussed the importance of [early treatment for COVID-19](#), and the potential motivations behind the suppression of safe and effective treatments. He also told Horowitz, “[T]here has never been a confirmed second [COVID-19] infection beyond 90 days with similar or worse cardinal symptoms and confirmed PCR/Antigen/Sequencing test.”²³

In August 2020, McCullough's landmark paper "Pathophysiological Basis and Rationale for Early Outpatient Treatment of SARS-CoV-2 Infection" was published online in the American Journal of Medicine.²⁴ The follow-up paper, titled "Multifaceted Highly Targeted Sequential Multidrug Treatment of Early Ambulatory High-Risk SARS-CoV-2 Infection (COVID-19)," was published in Reviews in Cardiovascular Medicine in December 2020.²⁵

While early treatment options were available when the pandemic began, patients were simply told to stay home and do nothing, until the infection had progressed to the point where they were having trouble breathing. Once at the hospital, COVID patients were routinely placed on **mechanical ventilation** – a practice that was quickly discovered to be lethal.

But McCullough has been an outspoken advocate for early treatment for COVID, as have other pioneering doctors like those behind the **MATH+ protocol**. He believes the end goal in suppressing early treatment was to secure the rollout of a **mass vaccination campaign**.

Indeed, effective treatments like ivermectin – a broad-spectrum antiparasitic that also has anti-inflammatory activity – have shown remarkable success in preventing and treating COVID-19,²⁶ but they continue to be ignored in favor of more expensive, and less effective, treatments and mass experimental vaccination.²⁷

At this point, however, with effective treatments available, the documented **high survival rate** of COVID-19²⁸ and knowledge that if you've had COVID-19, you're already likely immune to further infection, the rationale for getting vaccinated is faltering. Even the Delta variant has a very low 0.2% case fatality rate in the U.K., which drops to 0.03% in those under 50.²⁹

Natural Infection Will 'Burn Out All Variants'

If you choose to get a COVID-19 vaccine, you're participating in an **unprecedented experiment** with an unapproved gene therapy, of which the benefits may not outweigh the risks, especially if you've already had COVID-19 and are already likely immune.

As noted by Horowitz, “Natural infection is the only phenomena that will ultimately burn out all variants, and the entire focus should be on getting seniors and other vulnerable people early treatment the minute they feel symptoms and even a prophylactic regimen of ivermectin ... when appropriate.”³⁰

Meanwhile, McCullough pointed out that by getting vaccinated, you’re setting yourself up for a very narrow immunity – much unlike the broad naturally acquired immunity – that could be easily overwhelmed by a more virulent virus. As he said in our interview that I previously mentioned:

“What I know based on the literature right now is there could be a risk given the narrow spectrum of immunologic coverage ... There could be such a narrow immunity that more virulent strain could overwhelm it ...

The most recent variant is the Delta variant. That's the weakest of all the variants and the most easily treatable. But if someone, let's say a nefarious entity created a more virulent virus, it could easily be designed to scoot past a very narrow immunity that hundreds of millions, if not billions of people, will be keyed to with narrow immunity.”

Sources and References

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