

New Omicron alarm: Significant drop in protection for doubly vaccinated individuals

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In a much-anticipated press release yesterday, Pfizer/BioNTech explained that in preliminary laboratory studies the antibodies from individuals recently vaccinated with two doses of the Pfizer vaccine showed significantly reduced effectiveness against the Omicron variant of COVID-19. People fully vaccinated could not mount the same level of antibodies (called neutralization titers), needed to prevent breakthrough infections, as they did against previous variants.

The manufacturers of the vaccine wrote, “Sera from individuals who received two doses of the current COVID-19 vaccine did exhibit, on average, more than a 25-fold reduction in neutralization titers against the Omicron variants compared to wild-type [original ancestor], indicating that two doses of BNT162b2 may not be sufficient to protect against infection with the Omicron variant.”

The press statement noted that the third dose, better known as a booster, appeared to increase effectiveness against the Omicron variant enormously: “A more robust protection may be achieved by a third dose as data from additional studies of the companies indicate that a booster with the current COVID-19 vaccine from Pfizer and BioNTech increases the antibody titers by 25-fold.”

Additionally, they remarked that T-cell immunity did not appear to be impacted by the mutations in the Omicron variant, meaning that the vaccines may continue to protect people from severe disease even if the risk of breakthrough infection is considerable.

The implication here is that in an Omicron-dominant pandemic, fully vaccinated will now mean that three doses are required. That would mean that the 3.33 billion people (42.6 percent) on the planet who have received only two doses of a COVID-19 vaccine are only partially vaccinated. Currently, only 217 million people, or close to 3 percent of the world’s population, have received a booster and therefore can be considered fully vaccinated. Hypothetically, such a distinction would have immense implications on the movement of people, air travel, and, more specifically,

criteria for return to work and school.

In a new study released in preprint form by South African scientists, the Omicron variant caused a 41-fold decline in neutralization titers for someone who received two doses of the Pfizer vaccine, compared to the D614G variant first identified in Wuhan, China.

Corroborating the Pfizer data, the principal author of the study, virologist Dr. Alex Sigal, Ph.D., who is leading the team of researchers that first identified Omicron, remarked that the variant’s ability to escape was incomplete, meaning that people previously infected or vaccinated could still mount a response against infection with the new strain, but he recommended vaccination and boosters to protect against severe disease.

A report by German virologist Dr. Sandra Ciesek from University Hospital Frankfurt analyzed the serum of individuals who had received three doses of Pfizer’s vaccine (boosted), comparing the impact of the Delta and Omicron variants. She found a 37-fold reduction in neutralization in the Omicron group, a far worse result than Pfizer’s own test.

When she looked at the serum of individuals who had received only two doses of Pfizer, Moderna, or a mix with AstraZeneca six months previously, there was no measurable neutralization at all. In other words, the older vaccines had become completely ineffective against Omicron.

Dr. Zoë Hyde, an epidemiologist and biostatistician in Perth, Western Australia, responding to Dr. Ciesek’s Tweet, wrote, “I won’t sugar-coat things. This is a disaster. People vaccinated with two doses of the Pfizer-BNT vaccine likely have no protection against infection with the Omicron strain. Protection after three doses has likely taken a big hit as well.”

Immunologist Dr. Anthony Leonardi explained that the breakthrough infections would mean that there will be little control of transmission of Omicron from the vaccines. He added, “Vulnerable people who did not respond well to vaccination could be infected by another person even if all parties were vaccinated,” and this is in the context of the

current recommendations by Dr. Anthony Fauci and the CDC (Centers for Disease Control and Protection) about lax mask policies for the vaccinated and the oft-repeated statements about knowing so much about this virus.

Barely a month into the beginning of the Omicron pandemic, the *Financial Times* reported on Tuesday that an “offshoot [designated BA.2] of the Omicron coronavirus variant could be more difficult to distinguish from other strains with routine PCR tests, making it harder to track the global spread of the heavily mutated virus.”

As Dr. Sarah Otto, a professor in evolutionary biology at the University of British Columbia, had explained, “The S-gene dropout,” which helped researchers and public health officials track Omicron in the early days and verify its higher spread than Delta, is not being picked up in the BA.2 offshoot. Without sequencing, it will be hard to track Omicron cases instead of Delta or other variants.

Despite assurances that these new subtypes are of no immediate concern, they do not pose the immediate critical questions: What qualities will the next strain of the SARS-CoV-2 virus, after Omicron, possess? And when will it emerge?

Dr. Leonardi said that it would be highly essential to continue emphasizing air quality, ventilation and respirators as the US goes into an unprecedented surge of Omicron and Delta outbreaks across the country.

On the news of these recent concerning findings, Pfizer Chairman and CEO Albert Bourla, speaking on CNBC’s “Squawk Box,” admitted, “When we see real-world data, [it] will determine if the Omicron is well covered by the third dose and for how long. And the second point, I think we will need a fourth dose ... [and] with Omicron, we need to wait and see because we have very little information. We may need it faster.” The “faster” refers to projections he had made that a fourth shot would be needed a year after the boosters.

Despite these alarming reports, many public health officials and media pundits have suggested that Omicron will cause only mild disease and advocated allowing the new variant to rapidly infect everyone across the globe regardless of their vaccine status, in the hopes that such a horrific maneuver could quicken the exit out of the pandemic.

Dr. Ashish Jha, the dean of Public Health at Brown University and vocal critic of the idea that COVID-19 supposedly does not impact children, Tweeted, “First, we have plenty of evidence that Omicron will spread easily, quickly, and far. We should expect, globally, relatively large waves of infections. How will people fare? It depends on who you are.” In group one, the unvaccinated and not recently infected, how will they fare, he asks. “They are likely to get infected with Omicron at very, very high rates.

Many of them will get sick. I hope, but doubt, that the virus will be mild for them.” This includes 4.45 billion people across the globe that are awaiting their turn for these life-saving measures.

In his usual cavalier attitude, speaking on “Good Morning America,” Dr. Jha offered this unsavory advice, “Omicron is not going to be dominant in the US probably until January. It’s just in small numbers still. For most Americans, if you’re fully vaccinated, especially if you’re boosted, I think travel is pretty reasonable, pretty safe.” And he made this public health message in the face of a seven-day average of more than 120,000 daily infections and a daily average death rate of 1,300. Daily hospitalizations for COVID-19 are now back up to 62,500.

As for the severity of the disease with the Omicron variant, hospitalizations in Gauteng province in South Africa, where the Omicron epidemic continues to surge, have seen new admissions doubling every five days and have already reached 31 percent of the previous peak, belying claims that the variant is less dangerous than Delta. Cambridge University Professor Ridhwaan Suliman explained that hospitalizations lag cases by up to three weeks, “and reporting delays need to wait a week to understand actual hospital admissions for the previous week.”

The active promotion of the spread of Omicron is Trump’s malign neglect on steroids—social murder on an unprecedented scale. Far from an end to the pandemic, spreading the infection will only ignite further variants that have repeatedly been selected for their ability to improve on their capacity to evade immunity. Vaccine makers are now beginning to closely study Omicron in case an “escape variant” emerges—a new strain that can completely evade immunity from current vaccines and previous infections.



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