

# Study finds that vaccines offer little protection from Long COVID after breakthrough infection

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In no uncertain terms, the vaccine-only strategy has proven to be an abysmal failure, not only in protecting society as a whole from the COVID-19 pandemic. It also does little to protect against Long COVID (technically known as post-acute COVID-19 syndrome) or death after the post-acute phase of a breakthrough infection.

The insistence on a vaccine-only strategy lies not in any health care rationale, but in the need to protect the capitalist class from any intrusion on their insatiable appetite for extracting surplus value out of the workforce.

The findings in a recent study published in *Nature Medicine*, conducted by the Veterans Affairs (VA) St. Louis Health Care System and Washington University School of Medicine in St. Louis, have significant public health implications. They confirm once again that the basic public health measures proven so effective for centuries, including quarantining, contact-tracing and eliminating an infection entirely (Zero-COVID, not “living with the virus”), remain the only assured strategies to protect the life and well-being of the population against a dangerous pandemic.

The stated purpose of the VA study was to address an important knowledge gap. Given the waning immunity from previous vaccinations and rising risk of breakthrough infections, did people with breakthrough infections develop Long COVID and at what rates? As the authors noted, “Addressing this knowledge gap is important to guide public health policy and post-acute COVID-19 care strategies.”

For their study, they compared nearly 34,000 documented breakthrough infection cases (COVID patients who had proof of previous vaccination) to almost 5 million contemporary patients of similar age, gender and medical comorbidities who had no documentation of prior infection. (This huge number is made possible by the large population served and monitored by the VA).

Though the study didn’t state the age of their studied population, a report prepared by the National Center for Veterans Analysis and Statistics in March 2019 found the

median age of VA patients was around 64 and they were predominantly male. Based on economic status, they fared slightly better than non-veterans.

The study found the incidence of breakthrough infections was approximately one for every 100 individuals at six months after being fully vaccinated. The study period was from January 1, 2021, to October 31, 2021, prior to the Omicron phase of the pandemic.

According to the authors of the study, those who survived breakthrough infections still had nearly twice the rate of death when compared to the contemporary VA patients who never were infected. Their excess rate of death by six months after the breakthrough infection was about one in every 75.

This compares to one out of every 73 elderly people—those over 65 and older—who have died of COVID complications directly. In other words, elderly people who have a breakthrough infection are no better off than elderly people who were never vaccinated at all.

The study found that the risk of death was highest in the first three months after a breakthrough infection, and the higher death rates persisted at least until six months, the duration of the study. Other research found excess death from COVID continued for at least a year.

Additionally, the study noted that the increased risk of dying persisted even for those who had mild disease and did not need hospitalization after their breakthrough infection. On the other hand, those with breakthrough infections that required ICU admission had a nearly six-fold increase in dying in the first six months after they had recovered from COVID.

Those who had breakthrough infections also had an increased risk of symptoms associated with Long COVID, at rates 50 percent higher than their uninfected counterparts.

All people infected with COVID, both those with breakthrough infections and those unvaccinated, are at risk for developing health conditions that threaten their well-

being and life. These include higher risks of cardiovascular, blood clotting, kidney, neurological, gastrointestinal and pulmonary disorders. They also suffered from fatigue, mental health disturbances, and muscle and joint pains.

When compared to previously unvaccinated individuals who became infected with COVID, those with BTI had a lower risk of excess death by one-third, meaning that vaccines protected them from death in the six months after recovering from COVID, but only slightly.

The lead author of the study, Dr. Ziyad Al-Aly of Washington University Medical School, told *Healthline*, “Essentially, we wanted to know if vaccines can protect us from Long COVID and how much protection is conferred by vaccination. We were hoping to see that vaccines would be protective, but, alas, the results showed otherwise,” calling the vaccines an “imperfect shield.”

The Omicron surge appears to have impacted the elderly even more than Delta, despite the relatively high rate of vaccination for those over 65. Nearly two-thirds of people that died during the Omicron surge were over the age of 75. This figure was only one-third during the Delta phase.

A *New York Times* analysis indicated that the share of COVID deaths among people over 65 started climbing since its low in September 2021 in part due to waning immunity, though vaccines have reportedly continued to be effective against severe disease, hospitalization, and deaths in the acute phase of the infection.

Also, the proportion of breakthrough infections has been much higher during the Omicron phase. Some of the most comprehensive data on breakthrough infections comes from the Washington state Department of Health. During January 2022, at the peak of the Omicron wave, more than 50 percent of COVID cases were breakthrough infections, with 44 percent on average during December 2021 through February 2022.

Additionally, Harvard School of Medicine recently published findings that Omicron was intrinsically as virulent as previous strains of SARS-CoV-2, suggesting that the claims of “milder” cases were in large part due to the high level of antibodies in the population from prior infections and vaccinations.

And a recent *New England Journal of Medicine* study underscored the important fact that after a booster shot, vaccine effectiveness against symptomatic disease, let alone breakthrough infections, declined to 40 percent after six months, making essentially everyone at risk for reinfection.

Less publicized, the Centers for Disease Control and Prevention (CDC) also published data on Long COVID for those infected between March 2020 to November 2021. They found that one in five adults 18 years and older subsequently developed health conditions related to their

previous COVID infection, corroborating the VA data.

According to Long COVID Initiative, a website of resources for patients and communities, nearly 23 million US residents, or 7 percent of the population, are living with Long COVID. Seven million are experiencing disabling Long COVID. The expected financial burden for the current year stands at \$386 billion. These figures do not include costs incurred by businesses or governmental agencies which will be pushed on to the backs of the afflicted.

The most common symptoms that last at least seven months include brain fog (58 percent), post-exertional malaise (72 percent), and fatigue (80 percent) implying that it may be impossible to perform demanding jobs for a significant number in the population, who face the growing economic hardships caused by the present inflationary crisis that is sweeping the globe.

These figures from the VA study, when applied on a world scale, suggest the staggering impact on the international working class of the policy of “learning to live with the virus.” If the vaccines offer little protection against Long COVID, as Arijit Chakravarty of Fractal Therapeutics told us recently, “If the whole world was vaccinated tomorrow, and we spent just three years ‘learning to live with COVID’ under the current strategy, we could well have over a billion people living with Long COVID.”

Indeed, the pandemic in permanence means that the more than 1 million dead in the US and 20 million across the globe are just the beginning of the continued death and debilitation that will befall the world’s humanity. Despite these horrific and grim figures and the success of a Zero-COVID policy best exemplified by China, the ruling elites demand all consideration of human health be subordinated to the health and prosperity of the markets.



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