

# COVID-19 reinfections substantially increase risk of death and Long COVID

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10 November 2022

A major study published Thursday in the scientific journal *Nature Medicine* found that each COVID-19 reinfection causes cumulative damage to patients and significantly increases their risk of death, hospitalization, and long-term sequelae referred to under the umbrella term “Long COVID.”

The study, titled “Acute and postacute sequelae associated with SARS-CoV-2 reinfection,” was conducted by noted COVID-19 researcher Dr. Ziyad Al-Aly and his colleagues from Washington University in St. Louis. It is believed to be the first study to date on the risks associated with COVID-19 reinfections, which have become increasingly common over the past year with the highly infectious and immune-resistant Omicron subvariants. Official data from Singapore indicates that at the peak of the recent surge of the Omicron XBB subvariant, roughly 18 percent of all cases were reinfections.

More so than any other study, this paper exposes the horrifying reality of the “forever COVID” policy imposed by the Biden administration in the United States and nearly every other world government outside China. Upending Biden’s lie that “the pandemic is over,” the study makes clear that each new wave of COVID-19 infections and reinfections will progressively kill and debilitate wider sections of the population.

Summarizing their findings, the authors write, “Compared to no reinfection, reinfection contributed additional risks of death... hospitalization... and sequelae including pulmonary, cardiovascular, hematological, diabetes, gastrointestinal, kidney, mental health, musculoskeletal and neurological disorders. The risks were evident regardless of vaccination status. The risks were most pronounced in the acute phase but persisted in the postacute phase at 6 months. Compared to noninfected controls, cumulative risks and burdens of repeat infection increased according to the number of infections.”

When the preprint version of this study was published in June, its dire findings were denounced by various right-wing figures and unprincipled scientists who have minimized the ongoing dangers of the pandemic. However, the fundamental results and analysis have weathered the objective process of professional review and remain unchanged from the preprint version.

## All-cause mortality risk more than doubles after reinfection

As in their previous studies documenting the impacts of Long COVID, the research team relied on enormous electronic healthcare databases from the US Department of Veterans Affairs.

The study compared 443,588 people with a single COVID-19 infection with 40,947 who had reinfections. Of those reinfected, 37,997 had two infections, 2,572 had three infections, and 378 suffered four or more infections. All were followed-up 180 days after their last infection or reinfection and their risks for various health outcomes including mortality were assessed and compared.

In the study, the mean age of the group with one infection and the reinfection group was the same at roughly 60 years of age. Although the study does not provide all-cause mortality rates for the non-infected in the same 180-day window, life tables from the National Center for Health Statistics (NCHS) indicate that before the pandemic, a person that was 60 years old had a burden of death of 11.5 per 1,000 people over a 12-month window, meaning that around 1.15 percent of all people 60 years of age would have died before reaching 61.

According to the data from the reinfections study, for those with only one COVID-19 infection, the burden of death at six months post-infection was 16.77 for 1,000 people. Thus, a single COVID-19 infection significantly increases one’s chances of dying should they survive the acute phase of their infection.

However, among those who were reinfected with COVID-19, the burden of deaths per 1,000 people jumped to a staggering 36.10. This figure is more than three-fold higher than what would be expected before the pandemic and more than double the burden of mortality of the first infection. In essence, having a single COVID-19 reinfection is equivalent to having aged several years beyond one’s stated age.

## Vaccines, “hybrid immunity” and Long COVID

One of the most alarming aspects of the study is its finding that prior vaccination with one, two or more jabs before reinfection did not curtail long-term all-cause mortality risks. Although all-cause mortality risks declined after the acute phase of the infection (the first 30 days), after three months the risk of dying plateaued above the baseline throughout the six-month period of analysis.

The authors note that the compounding damage of reinfections

“was evident even among fully vaccinated people, suggesting that even combined (a hybrid of) natural immunity (from previous infection) and vaccine-induced immunity does not abrogate the risk of adverse health effects after reinfection.”

They add, “The mechanism underpinning the increased risks of death and adverse health outcomes in reinfection are not completely clear. Previous exposure to the virus may be expected to hypothetically reduce risk of reinfection and its severity; however, SARS-CoV-2 is mutating rapidly and new variants and subvariants are replacing older ones every few months. Evidence suggests that the reinfection risk is especially higher with the Omicron variant, which has shown to have a marked ability to evade immunity from previous infections.”

These findings are a damning indictment of the false and unscientific conception of “hybrid immunity,” advanced by most politicians and official scientists worldwide, in which “natural” infections with Omicron have been touted as a positive good that will cause COVID-19 to become “endemic.”

Last January, Dr. Anthony Fauci stated, “It is an open question as to whether or not Omicron is going to be the live virus vaccination that everyone is hoping for.” These lies went unchallenged by every political tendency and media outlet except the International Committee of the Fourth International (ICFI) and the *World Socialist Web Site*.

Significantly, the study finds that long-term sequelae affecting various organs like the heart, kidneys, lungs, brain, and general constitution were all persistently elevated throughout the six-month post-reinfection assessment. Additionally, this burden of poorer health was cumulative between first, second, third and fourth reinfections. In particular, the lungs, heart, and vascular system were most impacted by repeat infections, leading to a considerable burden of disease.

In another study published earlier this year, Dr. Al-Aly and his team found that people with breakthrough infection after being vaccinated only had a 15 percent lower chance of developing Long COVID and were at increased risk of death and organ damage compared to controls who never were infected.

In their reinfections study, the authors hypothesize that “impaired health as a consequence of the first infection” might increase one’s risk of more adverse health outcomes with repeat infections. Indeed, studies have shown that COVID-19 can injure one’s immune system, potentially setting them up for more onerous sequelae upon reinfection with COVID-19 or other viruses. These studies provide firm evidence that infection with SARS-CoV-2 qualifies as a consequential pre-existing health condition irrespective of one’s vaccination status.

A recent report in *The Tyee* reviews the science behind these concerns and the critical role of immunologist Dr. Anthony Leonardi, who has spoken out continuously on dangers of the “herd immunity” strategy, particularly for children. Ultimately at play here is the idea that allowing the virus to rip through communities, wave after wave, is a public health hazard that is having dire repercussions.

## Conclusion

The results of the reinfection study are of immense importance in that they validate in the negative the precautionary principle that many scientists have advocated against the “forever COVID” policy that places the interests of Wall Street above humanity.

They also underscore the salient point that COVID is in no way comparable to the flu. Indeed, SARS-CoV-2, if not fatal, can lead to multi-organ injury with long-term consequences to the health of those infected, with compounding risks upon each reinfection.

Due to the conscious repudiation of all public health measures to mitigate against COVID-19, society confronts the unimpeded evolution of increasingly immune-evasive variants which steadily raise the risk of reinfections. Each wave of infection will further drive non-COVID excess deaths, which remain invisible to the public, and further strain healthcare systems already brought to their knees globally after three years of the pandemic.

Despite repeated claims that the number of deaths caused by COVID-19 are at pandemic lows, excess non-COVID deaths reported by various countries such as Peru, the UK, Northern European countries, and Australia are anywhere from five to 20 percent over pre-pandemic baselines. These are astronomical figures of which there is no mention in the corporate media.

These extra deaths can only be explained by the horrendous experiences of the last three years, in which the population has been left to fend for itself and subject to unending waves of mass infection, death and debilitation.

In many respects, the reports by Dr. Al-Aly and his colleagues have an evidentiary quality to them. They function as a forensic analysis of the crime of “social murder” committed by the ruling elites globally. Although an autopsy report is detached and formal in meticulously describing the trauma or disease sustained by the deceased, a dispassionate and objective introduction of the facts in an inquest, once made public, cannot be overlooked.

The policy makers guilty of this social crime must be held to account for the deaths of an estimated over 20 million people worldwide and the disabling of hundreds of millions more with Long COVID. Fundamentally, the ongoing disaster of the pandemic is an irrefutable indictment of world capitalism, which subordinates all social needs to the profit interests of a rapacious financial oligarchy. This outmoded system must be replaced by a world socialist society which reorganizes world economy to ensure the health and decent living conditions of all of humanity.



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