



As Evidence Grows That Vaccines Do Not Protect Against Infection, the Case For Granting Privileges to the Vaccinated Collapses

Description

Creating a two-tier society where freedoms and opportunities are contingent on whether or not you have received a novel (and not fully tested or licensed) vaccine, and having to reveal that fact to strangers, was never a sound approach from a civil liberties point of view. But as the evidence grows that the vaccines do not prevent infection or transmission, the medical case against this new medical apartheid falls apart as well.

The Covid vaccines were originally intended to protect the vulnerable from serious disease and death, following which life could then return to normal. At some point, though, a new idea emerged: that everyone (including children) should be vaccinated, not in order to protect themselves (their risk was low) but to provide further protection to the vulnerable. Similarly, the idea appeared that the fully vaccinated should have freedoms that the unvaccinated did not, because they were no longer able to transmit the virus.

It's becoming increasingly clear that this idea is incorrect, and the vaccines do not meaningfully prevent infection or transmission, particularly from new variants. Yesterday, *Lockdown Sceptics* [reported](#) on the new data from Israel showing that the effectiveness of the Pfizer vaccine against infection had dropped to 64% during the current Covid surge, down from 94% the previous month. (Effectiveness against serious disease as a result of becoming infected held up much better at 93%.) Public Health England has already reported that the effectiveness of the AstraZeneca vaccine has [dropped to 60%](#) against the Delta variant. Even these new lower figures may be overestimates, since Israel reports that 55% of new cases are [in fully vaccinated people](#), and since 60% of the country is fully vaccinated this suggests the vaccines are doing very little to prevent infection (a vaccine efficacy estimate on those raw figures would give just 18.5%).

There have also been major outbreaks in highly vaccinated countries like [Bahrain, Seychelles, Maldives and Chile](#).

Underlining the point, the Swiss Doctor has [highlighted](#) a case where “a vaccinated Israeli caught the Indian variant in London, infected another vaccinated person in Israel, who infected another vaccinated

person, who infected [about 80 students](#) at a high school party”.

To some, the idea that the vaccines do not prevent infection or transmission comes as no surprise. As Peter Doshi wrote in the *BMJ* in October, the trials were not designed to establish this. Furthermore, the vaccines do not produce mucosal IgA antibodies, which have [been shown](#) to play a crucial role in fighting infection in the early stages.

Time for governments to abandon the idea that vaccination provides meaningful protection against infection or transmission, and thus any idea of vaccinating people to protect others, or conferring privileges on the vaccinated, including for international travel, as though they will no longer spread the virus.

Governments should make clear that vaccination is purely for personal protection, and therefore also a personal choice in regard to personal risk. There is no social obligation to get vaccinated to protect others, no benefit to vaccinating children, and no warrant for restricting the freedoms and opportunities of the unvaccinated or imposing on them extra costs such as quarantine.

Some will argue that this ‘failure’ of the vaccines means we need to continue restrictions in some form, possibly indefinitely. Indeed, most alarmingly, SAGE appears to believe this. In minutes from April, published this week, the scientific advisers state: “Ongoing baseline measures and sustained long-term behavioural change will be required to control a resurgence in infections.”

The Government has already conceded that local lockdowns (or tiers) may return with new variants that evade vaccines and that it has retained emergency powers for that reason.

But this is the wrong conclusion. The correct conclusion is that by vaccinating the vulnerable we have done what we can to protect them. Indeed, by imposing restrictions on the whole of society for over a year now we have gone above and beyond what it is reasonable to impose on people in the hope of providing some additional protection for some people. Now they are jabbed we must return to normal and end the state of emergency, end all restrictions both in law and guidance, all restrictions on international travel, and cease all threats of re-imposing restrictions nationally or locally. Now that it is clear that vaccines don’t meaningfully prevent infection or transmission we must end all suggestion of special privileges for the vaccinated, and all obligation to be vaccinated to protect others.

The vaccines are imperfect, but we must accept we have reached the limit of what can reasonably be done to protect people – though we should certainly put more effort into finding and approving effective treatment options, especially cheap, repurposed drugs like [ivermectin](#) and [fluvoxamine](#), just as we should have done from the start. We can develop booster shots targeting new variants, but like flu vaccines these are likely to have limited effectiveness and it is not reasonable to continue restrictions while we wait for these to arrive.

Time to accept we have done all we reasonably can and more to protect the vulnerable and return to living as a free people once again.

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