

The odds still favor the vaccinated, even for Delta

We learn as we go. That's a good thing; that's what science is all about. It's not like changing a political position to get votes. You keep an open mind so that, as new information comes in, you arrive at a more-informed place and can make better decisions and recommendations. It's too bad that it's so hard to get the relevant info though. My question was simple- how well do current vaccines protect against Delta. I finally found some really solid, trustworthy data [here](#). The graphic below is from that link, and shows the odds of getting Delta if unvaccinated, vaccinated with Pfizer, or vaccinated with Moderna (curiously very different results from Pfizer and Moderna), vs how long ago you were (or weren't) vaccinated.

This is solid, actionable data. It tells us that we're a lot better off vaccinated than not, but protection against Delta is not binary. You are far better off vaccinated, but you can't depend (especially with Pfizer and likely J & J) on a negative test when traveling. You might relatively-easily get it with the only symptom, if any, being a loss of smell or taste. From a practical standpoint, this means any chance I'd consider eating "inside" in the near future is out the window. It also means I'm going to try and figure out the timing of a "booster" shot to maximize effectiveness for an upcoming vacation with my wife, so I have minimal risk of a positive test that keeps us from getting on board a cruise ship (Greek Islands, yes, I'm finally going to do something I said I'd never do, ironically because I always considered ships to be floating virus factories) or returning home. Normal life still seems to be a very long way away.

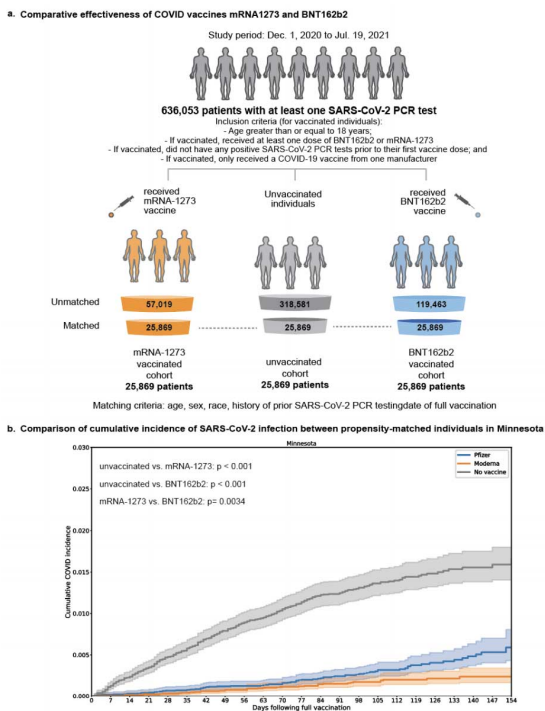


Figure 1. Study Overview. (A) Derivation of matched vaccinated and unvaccinated cohorts to compare the effectiveness of the mRNA COVID-19 vaccines mRNA1273 and BNT162b2. The matching process yielded 25,869 triples of individuals (one unvaccinated, one vaccinated with mRNA-1273, one vaccinated with BNT162b2) from Minnesota who were matched on the basis of age, sex, race, ethnicity, history of prior SARS-CoV-2 PCR testing, and date of vaccination. (B) With the cohorts described in (A), we assessed the overall effectiveness of each vaccine by comparing the cumulative incidence of infection in each vaccinated cohort compared to the matched unvaccinated cohort. We also assessed the relative effectiveness of each vaccine (i.e., incidence rate of infection in the mRNA-1273 cohort compared to the BNT162b2 cohort).