

Makers Say Vaccines Cut Chance of Dying by 10 Times, but Age Cuts It by Up to 15,000 Times

Description

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Here is the estimated US COVID infection fatality rate stratified by age:

As you can see, and as we have known ever since the first detected outbreak in Wuhan, COVID mortality risk varies by age to a colossal degree. (It varies by age 10X more than influenza which is already hugely age-dependent.)

The infection mortality for an 80-year old male reaches 5%. That's not nothing.

By the same token, the difference in estimated IFR between an 80-year old and a 6-year old is a factor of 5,000. The difference in observed COVID-attributed mortality between an 84-year old and 5-year olds is a factor of 15,000.

The vaccine manufacturers claim a vaccine "efficacy" of just over 90 percent. If they are right that means the vaccine can reduce your chances of dying by 10 times.

However, your age can reduce your chances of dying by up to 15,000 times.

Clearly one of these two figures is far, far greater than the other.

It means age will always remain the far more important factor to mortality outcomes. Astronomically so.

A 10 times reduction is a scientific accomplishment and in certain, very specific circumstances useful and nothing to be scoffed at.

But in a different setting, it is likewise absolutely meaningless. If thanks to a younger age you already enjoy a reduction in mortality risk in the 100s or 1000s, then how useful is it to multiply that by another 10?

Understand that at certain ages we start to talk about COVID mortality risks below that of mortality due to drownings.

There are 286 documented deaths of children under 18 officially attributed to COVID in 2020 and 2021. There are 800 child drowning deaths each year.

The 42,000 road accident deaths in just 2020 are more than all the COVID deaths of all Americans under 54.

They are 15 times more than all 2860 COVID-attributed deaths among the under 30s.

They are still 5 times more than all 8685 COVID-attributed deaths among the under 40s.

How much time do you spend fretting about death on your commute to work, or in a drowning, and how far would you go to reduce your chances of such by a factor of 10?

Would you inject a substance that promised to reduce your chances of a drowning death 10 times as soon as it was invented, or would you wait 5-10 years to see if there are long-term side effects?



The popo harrasing not-at-risk people for not sheltering from what does not threaten them

If someone is 80 years old I will be the last person to say that that person shouldn't take the vaccine. Let's be real. At 80 years old *long-term* side effects are less of a concern, and if it can cut your chances of dying, should you catch it, by 10 times from 5% to 0.5% that's a very sweet deal.

Of course, there are reasons to believe the reduction is not really 10 times, particularly in the elderly.

One reason is that between 30% to 50% have already had COVID so for them the vaccine will at best do nothing.

The other reason is that vaccines don't work as well in individuals whose immune systems are already weak.

In fact, the manufacturers didn't include the elderly in their effectiveness studies in any real numbers precisely because their inclusion would bring down the numbers they were after.

Nonetheless, at 80 or 85 you've got less to lose, and more to gain.

If it works as well as the manufacturer claims it would be the equivalent of making you 15-20 years younger for the purposes of COVID death risk. Even if it works only one-third as well as advertised it could still be the difference between life and death.

On the other hand, if you're 35 years old your chances of dying with COVID are already microscopic. A 10 times reduction in risk would mean making you the equivalent of a 20-year old, but it still means just dividing by 10 a figure that was already microscopic in the first place.

In fact, there is something misleading in saying that 14 out of every 100,000 US 35-year olds died with COVID.

That makes it sound as if any and all 35-year olds have a chance of dying with COVID albeit a very small one. That is not true.

The common flu can kill an active 85-year old. Someone who was healthier than his octogenarian peers. It happens all the time. The same is true of COVID.

They do not kill healthy 35-year olds.

The 621 deaths with COVID of 35-year old Americans were overwhelmingly of 35-year olds with very serious comorbidities.

At 35 if you still have a liver and at least half a lung you are already just about immortal for purposes of COVID death.

Even if vaccination can make you “more immortal,” the question is at what risk cost?

And I’m not saying at all that the risk cost is high. What I’m saying is that when the benefit is converting microscopic risk into slightly smaller microscopic risk, taking on any risk cost above microscopic is illogical.

The risk cost of COVID vaccine is not microscopic:

- They are less than one year old and their long-term effects can not be known by definition.
- They are based on the completely new mRNA and the relatively new adenovirus technologies.
- Vaccines getting pulled after a mass government injection program is not unheard of. There’s the Dengvaxia vaccine that the Philippines pulled in 2017 after it caused more Dengue than it prevented. There is the 2009 Pandemrix swine flu vaccine that was pulled after it gave hundreds of children narcolepsy for life. There is the US mass swine flu vaccination drive of 1976 that was later admitted to have been folly.

Moreover, it isn’t as if the vaccines are going anywhere. It’s not a binary choice between taking an injection now or never.

The vast majority of people alive today have the option to wait and take the vaccine 5 or 10 years from now if they are proven safe, or when they are improved. The risk cost for a 35-year old to wait 20 years until he is 55 is near zero.

I would say there is a cutoff age at which the math says it makes sense to take the injection even now. (I would say it’s somewhere in old age, eg 70, but your comfort levels with pharma products and pathogens may differ.) I would likewise say there is a cutoff age below which math says not to take the injection. I do not know why this is controversial. This is not an anti-vax stance. This is a pro-vax stance as corresponds to pro-vaxx ideology as it existed before 2020. Ie when we actually believed in testing vaccines before putting them into billions of arms.

I would also say there are other ways to reduce your risk besides the injection such as sun, outdoors, less social media, vitamin D, zinc... They are not silver bullets. Neither is the vaccine. It only reduces the risk by at most 10 times. For most people that is actually very, very little. Microscopically so.