

March 9, 2022

The Honorable Shane Pendergrass
Chairman, House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen St., Annapolis, MD 21401

Re: HB 819 - Public Health – COVID–19 and Other Influenza–Like Illnesses – Antibody Tests

Dear Chairman Pendergrass:

I am writing the committee in support of House Bill 819, COVID–19 and Other Influenza–Like Illnesses – Antibody Tests. I believe this bill introduces a scientific and legally sound approach to state COVID-19 mitigation efforts that align with ample science, while protecting the fundamental rights of individuals.

Recognition of antibodies that are created from contracting the wild COVID-19 virus as sufficient and equal with vaccine-derived antibodies is a commonsense policy that matches the growing body of science, which affirms natural immunity as equal, if not significantly stronger, in preventing infection and thus community transmission¹⁻⁷.

Due to the vaccines' apparent high rate of secondary failure (their inability to produce long term protection) and the well-established robust protection of natural immunity, there is no good scientific basis for the distinction of vaccine or naturally derived antibodies. In fact, rejection of natural immunity mixed with restrictions on the fundamental rights of the COVID-19 recovered unvaccinated population, is riddled with legal problems.

Thankfully, we now have credible scientific data affirming the aim of this bill to recognize natural immunity. This recognition is long overdue and I urge the committee to pass this bill.

Sincerely,

Amanda Eden, JD

References

1. Leon TM, Dorabawila V, Nelson L, et al. COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021. US Department of Health and Human Services, Centers for Disease Control and Prevention, MMWR, January 28, 2022, Vol. 71, No. 4. <https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7104e1-H.pdf>
2. Wolter N, Jassat W, Walaza S, et al. Early assessment of the clinical severity of the SARS-CoV-2 omicron variant in South Africa: a data linkage study. *The Lancet*, Volume 399, Issue 10323, P437-446, January 29, 2022. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00017-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00017-4/fulltext)
3. Altarawneh HN, Chemaitelly H, et al. Protection against the Omicron Variant from Previous SARS-CoV-2 Infection. *The New England Journal of Medicine*, February 9, 2022, DOI: 10.1056/NEJMc2200133. <https://www.nejm.org/doi/pdf/10.1056/NEJMc2200133>
4. Alejo JL, Mitchell J, Chang A, et al. Prevalence and Durability of SARS-CoV-2 Antibodies Among Unvaccinated US Adults by History of COVID-19. *JAMA*. Published online February 03, 2022. doi:10.1001/jama.2022.1393. <https://jamanetwork.com/journals/jama/fullarticle/2788894>
5. Wang Z, Muecksch F, Schaefer-Babajew D, et al. Naturally enhanced neutralizing breadth against SARS-CoV-2 one year after infection. *Nature*, published online: 14 June 2021, DOI: 10.1038/s41586-021-03696-9. <https://www.nature.com/articles/s41586-021-03696-9.pdf>
6. Shenai MB, Rahme R, Noorchashm H, et al. Equivalency of Protection From Natural Immunity in COVID-19 Recovered Versus Fully Vaccinated Persons: A Systematic Review and Pooled Analysis. *Cureus*, 2021 Oct; 13(10): e19102. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8627252/>
7. Dorabawila V, Hoefler D, Bauer UE, et al. Effectiveness of the BNT162b2 vaccine among children 5-11 and 12-17 years in New York after the Emergence of the Omicron Variant. medRxiv 2022.02.25.22271454, DOI: 10.1101/2022.02.25.22271454. <https://www.medrxiv.org/content/10.1101/2022.02.25.22271454v1.full-text>