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## OPINION

# Delta poses dangerous new threats — here's what we need to do

COVID-19 is proving to be an ever-shifting and likely chronic health threat and we need to remain vigilant. Vaccines are our best weapon in this battle.

By **Shan Soe-Lin and Robert Hecht** Updated August 30, 2021, 3:00 a.m.



COVID-19 vaccines are very effective at preventing hospitalization and death. PAT GREENHOUSE/GLOBE STAFF

For the [more than 5 million](#) Massachusetts residents who have been vaccinated against COVID-19, you are largely protected from severe illness and death — but there's still

more to do. If you are eligible but haven't received the vaccine, we encourage you to talk to your health care provider, get the facts, and get vaxxed. Today. Please don't ignore the overwhelming evidence that COVID-19 vaccines work and expose yourself and others to avoidable illness, hospitalization, and possibly death.

We thought the state had COVID beaten in June after vaccination coverage reached [over 70 percent in Massachusetts adults](#), among the highest level in the United States. New cases fell in June to less than 100 a day and there were some days when no one died of COVID. Residents were ready to resume traveling, seeing friends, and socializing. In July as infection rates crept up, experts warned us to remain [careful in higher-exposure settings](#) like bars and indoor restaurants and to keep wearing masks in stores, but simply out of an abundance of caution. Most scientists agreed that those of us who were vaccinated were safe from COVID infection and from passing the virus to others.

But the Delta variant is proving us wrong.

Vaccines today do not protect us as well as we thought from becoming infected or transmitting COVID to others. However, they are very effective at preventing hospitalization and death. Once again, we need to take new actions, individually and together, to respond to this evolving threat.

First, the hard facts.

Delta is far more contagious — [viral loads are more than 1,000 times higher than the original virus](#), making the [mutated virus exponentially more transmissible](#). Because of the higher viral loads in infected people, past infections with earlier variants may not be protective against Delta.

While the majority of those currently hospitalized with COVID in Massachusetts and the rest of the country are unvaccinated, data from seven states including Massachusetts show that [breakthrough infections are rising, and now account for 12-24 percent of hospitalizations](#).

What does this mean for the endgame? Delta is so transmissible that exposure to the virus is going to be hard for any of us to avoid.

Over the next few months Delta will continue to burn through places with low vaccination rates, particularly as schools reopen. Although the overall vaccination rate is high in Massachusetts, there are [pockets where vaccination rates are much lower](#), such as in Hampden and Bristol counties. These communities will be more vulnerable to the Delta surge. But even where vaccination rates are high, Delta will cause some breakthrough infections and target the smaller numbers of unvaccinated persons.

In Iceland and the United Kingdom, Delta became the dominant variant in a matter of weeks. Although cases rose rapidly, the high case levels did not result in large numbers of hospitalizations and deaths. These countries were able to break the links between COVID infection and serious illness and mortality because of vaccination, proving its immense value.

But Israel is seeing a different pattern, with new daily case numbers exceeding its earlier peak of around 8,000 infections a day, plus rising COVID hospitalizations and deaths. Israel vaccinated its population earlier than Iceland and the UK, and immunity is waning after 8-10 months. Hence the need to refresh these otherwise highly effective vaccines through periodic [boosters, as Israel doing now](#). This month the [Centers for Disease Control and Prevention recommended boosters be administered in the fall](#).

Yet it must wait for the Food and Drug Administration to approve the three vaccines already in use for boosters, not only for the immunosuppressed but for all who were vaccinated more than six months ago. The rollout of boosters should start immediately and not wait until September. Booster eligibility should be broad and flexible, without all the complicated and clumsy rules that we used last winter and spring when we set multiple tiers of “priority” populations. Vaccines are plentiful right now, so everyone who was vaccinated more than six months ago and wants a booster should have access to one.

Additionally, Governor Charlie Baker must announce a new indoor mask mandate for all

public settings. Unlike at the start of the pandemic, effective masks like the N95 are now widely available and can cut infection rates.

Vaccine mandates by private employers, universities, schools, and city and state governments are integral in protecting the community.

What isn't discussed nearly enough is the need to beef up genomic sequencing of new infections so that we can track Delta and other future variants faster and more completely than we are doing today. Without sequencing, we are fighting Delta blindly. The [United States lags behind 30 other countries in this area](#). The CDC stopped sequencing breakthrough infections with mild or no symptoms several months ago. It must reverse this policy immediately.

COVID is proving to be an ever-shifting and likely chronic health threat and we need to remain vigilant. Vaccines are our best weapon in this battle.

And if you're unvaccinated, get a shot today so you and those you love don't become a statistic tomorrow.

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