

Vaccinating the elderly: An unappreciated strategy to reduce COVID deaths

No other basic fact of life matters as dramatically as age for COVID. Other common factors associated with risk—[race](#), [diabetes](#), [cancer](#), [immunosuppression](#)—make the disease deadlier by a factor of “only” two to four. These are significant differences that influence how doctors care for COVID. But age increases risk by entire orders of magnitude. It is simply in a league of its own.

This is why, even though America’s vaccination and booster rates look better in the older groups compared with the young, they are still too low.

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“Our vaccination rates, as well as booster use, in people aged 60- or 65-plus are woefully low and expose a tremendous amount of vulnerability to severe disease, hospitalizations, and deaths,” says Eric Topol, the director of the Scripps Research Translational Institute. “This has been one of the most serious disappointments in our performance.”

Persuading vaccine holdouts among the elderly at this point is hard, but COVID risk is so high for this group that it’s very much worth trying. Boosting the already vaccinated, by contrast, should be eminently doable, as the group is [clearly open to vaccines](#). With America’s vaccination campaign sputtering, this is where efforts are likely to have the biggest payoff.

[This is an excerpt. Read the original post here.](#)