

## Opinion: This new year, resolve to abandon zero-COVID mentality

Jeffrey A. Singer

January 5, 2022

As we begin the third year of the pandemic, the U.S. averages over 200,000 new cases per day, and more than 800,000 lives have been lost due to the virus. This has occurred despite travel bans, mask mandates, total or partial lockdowns, and school closures.

While scholars will continue to debate whether those interventions helped slow the virus down, the economic and psychosocial tradeoffs have been immense — particularly among young children whose educational and social development has been sacrificed to protect people from a virus that primarily threatens older generations. Surgeon General Vivek Murthy recently warned of a mental health emergency developing among the young, which has been worsened by pandemic restrictions.

And as we have now experienced multiple times, not long after one surge of cases ebbs, a new variant emerges more contagious than the last. Despite the hubris and conceit of government and public health officials who thought they could stop it, this virus is becoming endemic.

It is part of the environment. Just like we need to accept there will never be a drug-free society, so too we need to accept there will never be a COVID-free world. The answer to both is harm reduction. As in the never-ending war on drugs, a never-ending effort to eradicate COVID inflicts too much harm on society.

The most effective harm reduction tools against the virus are vaccination and therapeutics. Vaccinations don't completely protect against infection, but they dramatically reduce the likelihood of getting sick enough to go to the hospital and possibly die.

At least two new antiviral drugs, one from Merck and one from Pfizer, can stop a COVID infection in its tracks if taken during the first few days. The former is 30% effective, and the latter is 89% effective. Also encouraging is the discovery that a cheap, generic antidepressant — fluvoxamine (Luvox) — has been found in randomized controlled trials to be possibly as effective as the antivirals and is now a part of Ontario, Canada's drug armamentarium.

We've also learned a lot more about the virus over the last two years. We know now who the most vulnerable are, and who will likely escape with relatively mild and short illnesses. During viral surges we can focus our efforts on protecting the vulnerable, and they can be more proactive in protecting themselves. But in 2022, we must concentrate on letting the young and

least vulnerable live as much of a normal life as possible.

It is also important to be honest about the fact that the jury is still out on the benefits of mask-wearing. Now, however, there is close to unanimous agreement on the ineffectiveness of cloth masks. George Washington University Public Health professor Leana Wen calls them “little more than facial decorations.”

And many pediatric and public health experts are concerned that making young children wear masks in school is not only ineffective, it might impair psychosocial, cognitive and language development. That is an unacceptable tradeoff for an age group in which fatalities from COVID-19 are “incredibly rare.”

The Centers for Disease Control and Prevention recommends masks for children aged 2 and up. But the U.S. is an outlier. The World Health Organization recommends against them under age 5, reflecting the global consensus.

And as we consider what public policies should be implemented or changed in 2022, we must not forget the science behind what we are dealing with. Highly contagious viruses are prone to mutate. Mutation breeds variants. While not always the case, the natural tendency is for viral mutations to yield variants that are more contagious but less virulent. Such natural selection favors viruses’ continued coexistence with their hosts.

The recent appearance of the omicron variant gives reason to be optimistic that we can adjust to this endemic virus more easily than we might have thought. Data from around the world consistently show it to be highly contagious — so contagious that it is outcompeting delta for hosts and thus replacing it. But it also seems to cause much milder infections that are much shorter in duration and have only a roughly 2-day incubation period.

Hospitalizations and deaths are dramatically lower than with previous variants. Research from the University of Hong Kong shows the variant is less likely to attack lung cells than its predecessors, and just remains in the upper respiratory tract. This may help explain why it is milder. Omicron spreads so easily that its surge peaks and drops very quickly as well.

The flip side of this is that the omicron variant has evolved a protein spike that less resembles the original COVID-19. This means that vaccinated people can and are getting infected but remain largely protected against severe disease. And researchers in South Africa have found evidence the immunity that results after an infection with omicron also works against delta. This is very encouraging news as we enter the new year.

Omicron changes everything. This means that, as Brown University’s Dr. Ashish Jha has said, policymakers and the press should focus less on case numbers and keep their eyes on hospitalization numbers and fatalities.

It also means that the original goal of blanket testing the general population for COVID no longer makes sense. With omicron being so contagious, the goal of testing everyone who is asymptomatic — as we do with professional athletes, performing artists and many unvaccinated workers — can make millions of healthy asymptomatic people quarantine, causing our society indefinite disruption. Instead, we should focus testing on people who work in hospitals and

nursing homes, are caregivers, or who have symptoms and work or live with people who may be vulnerable.

Roughly 20% of all colds that humans contract are caused by four different coronaviruses. The omicron variant is beginning to resemble what might become the fifth coronavirus to cause recurring, endemic colds. The new year may be unveiling the process whereby natural selection drives the pandemic to a close, ending as an endemic virus that periodically flares up to inflict a cold upon us.

If that turns out to be the case, COVID-19 will not only become something we can learn to live with — it can become something we are long accustomed to.

*Dr. Jeffrey A. Singer, M.D., practices general surgery in Phoenix, Arizona, and is a senior fellow at the Cato Institute.*