

Is it time to talk about COVID again?



"My COVID vaccine appointment was canceled by CVS because there is a nationwide shortage now. Really??"

So wrote one of my relatives on Facebook this week. Admittedly, I predicted nearly two years ago "Maybe it's time to talk less about COVID".

"This New Year, I've made a resolution to talk less about COVID. It's taken center stage for nearly two years. In the early months of the pandemic, I broke precedent and issued breathless pandemic dispatches via my podcasts seven days a week; we interviewed countless experts who offered their latest predictions and protective measures . . . But I wonder if I didn't inadvertently amplify the hysteria."

Nevertheless, at the risk of violating my vow and rekindling inordinate COVID obsession, here's my assessment:

Yes, there's a COVID uptick, with more people reporting infections. A few patients here and there in my practice have had it recently. Some are COVID "virgins" who have until now eluded infections; others are pre-infected *and* vaccinated, some with multiple boosters. All have reported mild symptoms, lasting at most a few days. And yes, around 20,000 people have been hospitalized recently "with COVID", but it's likely they had comorbid conditions like congestive heart failure, poorly controlled

diabetes, immune suppression, or frailty.

Although officially there have been upwards of one million US deaths attributed to COVID, I can't think of a single one of my patients among them. That notwithstanding that a significant proportion remain unvaccinated as their choice. Might it be that their resilience can be attributed to their adherence to healthy diets, exercise, and supplement programs?

(Which is not to suggest that vaccines may not be of *some* benefit to those less fortunate who are at higher risk.)

White House COVID Czar Ashish Jha is trotting out the disproven shibboleth that getting vaccinated will "protect grandma". According to most studies, the vaccine *won't* prevent transmission. Nor will it do much to augment the natural immunity of individuals who have already had COVID. As to Long COVID, there's some evidence that vaccinated individuals may be less likely to experience long-term symptoms, but the researchers didn't compare the effects of having boosters to being fully vaccinated *without* them.

The White House and the CDC have hewed to the recommendation that **everyone over the age of six months** get the new COVID booster—but Americans by and large aren't biting.

The *Wall Street Journal* weighed in in an op-ed:

"The FDA last week approved updated boosters based on data showing they generated antibodies and past studies purportedly demonstrating that the original vaccine and earlier booster versions worked. But these are large extrapolations based on flimsy evidence. No placebo-controlled trials have shown the boosters are effective, and studies on prior boosters systemically suffer from what scientists call 'healthy user bias'—the process by which healthier people, who are more likely to receive a treatment, skew retrospective analyses."

Pfizer recently forecast that only 24% of Americans will be taking the booster this fall, leading them to schedule layoffs in their vaccine division.

Uptake among children and adolescents is even more disappointing to health authorities. They're commissioning **expensive NIH studies** to plumb the reasons why parents—many of whom themselves dutifully signed up for vaccines and boosters—don't think their kids need them.

Indeed, the U.S. is an **outlier among nations** in recommending the boosters for other than seniors and those with underlying risk factors. Do they know something we don't?

Moreover, even for those dutifully queuing up for their boosters, obstacles abound. *Medpage* reports:

"COVID Vax Appointment Cancelled? New Shot Rollout Faces Challenges—Insurance approval delays, slower than ideal supply chain contributing to rocky vaccine rollout"

Authorities say there are plenty of vaccines available, but bureaucratic snafus are leading to delays and cancellations of appointments, further undermining confidence in public health messaging.

It all comes down to the risk-benefit equation: if the perceived risk of adverse

reactions exceeds the slight or negligible protective benefits, why boost?

A recent little-discussed study highlights the conundrum. Let's stipulate that it theoretically makes sense to vaccinate healthcare workers against epidemic diseases: they might serve as a reservoir of infection, transmitting pathogens to already-debilitated patients; they themselves have a right to be shielded from health threats they incur on the front lines; moreover, sickness among hospital staff can create critical manpower shortages just when capacity is being overwhelmed, as in the early days of COVID.

The German study of boosters for healthcare workers (HCWs) yielded a counter-intuitive result:

"Among 1704 HCWs enrolled, 595 (34.9%) HCWs were on sick leave following at least one COVID-19 vaccination, leading to a total number of 1550 sick days. Both the absolute sick days and the rate of HCWs on sick leave significantly increased with each subsequent vaccination."

The boosters placed an inordinate burden on staffing, particularly among nurses, who seemed to experience more serious vaccine reactions. While the study authors stopped short of saying the downsides of boosters outweighed their ultimate protective benefits, they concluded:

" . . . there is a risk of additional staff shortages due to postvaccination inability to work, which could negatively impact the already strained healthcare system and jeopardise patient care."

Meanwhile, healthcare workers who were fired due to vaccine refusal are being reinstated. A year ago, a New York State Supreme Court judge ruled that terminating workers for lack of compliance with vaccine mandates violated their terms of employment. Subsequently, the state removed its vaccine mandate for healthcare workers, following a national trend.

In other news, it appears that Americans' views on COVID diverge sharply based on political orientation.

According to a Gallup poll:

- "About 25% of people in the U.S. said they are at least 'somewhat' worried about getting infected with COVID, up from 18% in May/June. Thirty-six percent are 'not too worried,' and 37% are 'not worried at all.'"
- "The share of Democrats who feel the situation has worsened has risen from 6% in May/June to 44% in September. Among Republicans, only 16% believe the situation has gotten worse."
- "Democrats are much more likely to wear a mask currently – 25% of the Democrats who answered the survey wear one at least sometimes, compared to 15% of independents and only 6% of Republicans."
- "While 51% of Democrats thought the pandemic was over last quarter, only 35% feel that way now. Meanwhile, 77% of Republicans and 57% of independents believe it's over."

This is interesting because surely there's not a lot of political debate over whether the moon is made of green cheese, or whether the earth is flat. But this COVID thing has exposed schisms among our body politic.

Thankfully, dissenting voices won't be silenced when it comes to COVID. A recent

California Assembly bill aimed at restraining doctors from disseminating “misinformation” was repealed after encountering judicial challenges and massive public blowback.

Surely, there’s got to be a happy medium between COVID denialism and unconditional vaccine refusal, versus paralyzing COVID hysteria and uncritical acquiescence to booster mandates?