

COVID-19: Light at the End of the Tunnel?

Hopeful news about the end of the pandemic seems to be emerging. As we will recall, the Omicron variant was first detected in South Africa on November 24, 2021, and compared to previous strains, it has generated a greater number of mutations as well as a higher degree of infections.

However, cases of Omicron variant infection tend to be milder than the variants that have preceded it and show symptoms similar to a common cold such as fever, dry cough, night sweats and bodily pain. Unlike the initial strain, its incubation time is shorter, with symptoms manifesting after two or three days.

Although Omicron also infects vaccinated people, there should be no doubt that the vaccines applied so far offer a better level of protection and prevent the increase in hospitalizations. But I believe that vaccines should only be applied to the elderly or people with chronic diseases, which in the end, are the ones that will end up in hospitals if they do not have the right doses.

Likewise, I believe that governments should only authorize vaccination to high-risk minors who have a weak immune system, affected by congenital conditions, infections or pharmacological treatments. Children are in the growth stage and are always exposed to viruses and bacteria, which is necessary for the continuous and natural evolution of their immune system. Due to the low risk in children, the Swedish government has recommended non-vaccination of children between 5 and 11 years old, unless a sound study, duly verified by peers around the world, shows otherwise or a more dangerous strain appears.

In addition, we already have orally administered antiviral drugs, such as Molnupiravir developed by Merck for persons age 18 or older and Paxlovid manufactured by Pfizer for children age 12 or older, which were approved by the U.S. Federal Drug Enforcement Administration (FDA) in December 2021.

It is also important to note that, last year, President Biden's administration announced a \$3 billion budget to accelerate the discovery, development, and manufacture of antiviral drugs, so this year we will see a new range of anti-COVID-19 drugs in the U.S. market. In Japan, the company Shionogi & Co. has developed the antiviral drug known as S-217622 and will be available to the public from February this year.

These medications are administered to people who have mild to moderate symptoms, but especially to the elderly, immunocompromised or with underlying heart conditions, cancer, diabetes or other chronic diseases.

Another relevant fact is that several countries are already beginning to lift the restrictions imposed on the population due to the pandemic precisely because of the high percentage of vaccinated and the lower risk of the Omicron variant. Denmark was the first European Union country to lift restrictions, followed by Sweden. Likewise, England has lifted all restrictions, despite Queen Elizabeth becoming recently infected with the virus. Spain is debating the advisability of declaring COVID-19 as endemic, while the Dominican Republic eliminated all the restrictions imposed by COVID-19. In Uruguay, the government has its borders open to the vaccinated, who no longer

have to be quarantined and has included antigen testing for the entry of residents and foreigners, without having to apply PCR tests.

The same trend towards the lifting or easing of anti-COVID-19 measures is seen everywhere in the United States. In this regard, Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases of the United States said that the country is approaching a total end of the pandemic that occurs when immunity levels are sufficient in the population to stop the contagion.

In Asia, China is still stuck to a COVID-19 zero strategy, which raises doubts about the future immunity of the Chinese population, but at least, the Chinese government has given conditional approval to the drug Paxlovid, manufactured by Pfizer. Actually, it is the first foreign-made COVID-19 medication approved by China, which might signal a more flexible approach to control the pandemic.

Japan is also opening the doors to business people and students given the strong pressure from business associations and universities, and it is expected that by March a total opening of the borders will be achieved. But it is important that the Japanese government accelerate the application of the third dose to the elderly (about 29 million) and health workers (about 6 million) as deployment of the third shot has been criticized as slow.

In South Korea, which had maintained strict epidemiological control over the population using technological applications, it has decided to select and focus only on vulnerable people. Interestingly, this was my position at the beginning of the pandemic, which I reflected in the article *"To Focus on the Vulnerable, No on the Number of infected"*, published in my blog on July 13, 2020. This policy, if it had been in place since the beginning of the pandemic, would have avoided the current socio-economic debacle affecting countries around the world.

Nonetheless, the Director-General of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, declared in early February that it was premature to declare victory over COVID-19. Although we understand the concern of the WHO due to the high levels of contagion of the Omicron variant, the reality is that the world has already been coexisting for two years with COVID-19, which is not a virus totally unknown to humanity since it comes from the same family of coronaviruses that include SARS-CoV-I (2003) and MERS-CoV (2012).

In addition, the WHO itself and governments around the world understand well that 80 percent of the population experiences mild symptoms or are asymptomatic, about 15 percent are severely affected requiring hospitalization, while 5% have little chance of survival.

We must also bear in mind that to date 5.8 million people have died due to COVID-19 in almost two years since the pandemic was declared. However, it is curious that every year around 8 to 9 million people die from ischemic heart disease, almost double the deaths from COVID-19, but we do not see the WHO to show the same level of concern or declare a global emergency about this disease.

Instead of keeping us under permanente stress, I would recommend WHO specialists to pay due attention to the history of pandemics, especially the misnamed Spanish Influenza, which occurred 102 years ago between February 1918 and April 1920. According to conservative estimates, the

1918 pandemic occurred in three waves killing from 17 to 50 million people around the world. At that time there were no vaccines (since they appeared after World War II), nor medicines produced by international pharmaceutical companies supported by governments and international organizations, as we see it today.

The 1918 pandemic was given the ungrateful title of "mother of all pandemics," as it was the origin of the H1N1 strain (Type A Influenza) and future strains of influenza, combined with the strains of avian and swine flu that make people to get vaccinated every year. In a December 2020 article in *history.com*, Dr. Jeffrey Taubenberger, Chief of the Pathogenesis and Viral Evolution Section of the U.S. National Institute of Allergy and Infectious Diseases, pointed out that the 1918 pandemic never really ended; instead entered a process of genetic mutations of the virus known as "antigenic drift", which has continued in progression to this day, generating other pandemics such as Asian influenza (1958-59), Hong Kong influenza (1968-1969) and swine influenza (2009-2010).

According to Dr. Taubenberger, the 1918 strain entered a process of mutations and by April 1920 the world population had already been exposed to contagion and developed natural immunity, transforming the virus into a seasonal influenza. That is, after two years of mutating in human populations around the world, the strain was losing its virulence.

By now, I believe Omicron has infected populations across the planet, and based on the experience of the 1918 pandemic, it must be entering the weakening phase and maybe will become the fifth type of seasonal influenza.

I also think that, instead of keeping us worried and stressed about COVID-19, the WHO should change the message, recommending the world's population to eat healthy foods and exercise regularly so that when the next pandemic arrives, they have an immune system ready to naturally fight the disease. Prevention is the best recommendation that any health institution should provide to the people.

Also, a policy recommendation for future infectious disease pandemic should include: 1) a national and updated database of people with chronic diseases; 2) to isolate only vulnerable people to protect and avoid them to end up in hospitals; 3) an aggressive national media campaign targeting homes, schools, workplaces, and other social spaces requesting citizens to take precautions with vulnerable people. These three basic aspects will help save lives, money and avoid the disruption of socio-economic life.

Until now, we have followed science. Science should always inform policy, but not to determine policy that will affect the fate of humankind. As somebody said, the war is too serious to be left only to generals. So, it is about time to follow nature, and let people to take responsibility on their own lives.

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