A Plan for Facing the Long COVID Winter

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It took the world nearly 90 days to reach 500,000 COVID-19 cases. The US alone recorded more than that many in the past seven days, an all-time high. We have already lost more than 230,000 American lives to COVID-19, more than 75 times the number who perished on 9/11. And while all eyes are on our US election, we're on track to lose 170,000 more Americans by the start of spring no matter who wins, bringing us to a total that is close to the number of Americans who died in World War II.

Winter is coming, if it isn't already here, and we need to change our approach. Defeating this novel enemy requires a novel strategy that solves for both its

epidemiological and economic—or as we call them, “epinomics”—threats. Against the backdrop of a potential change in administration, how we manage or fail to manage the current wave will set the stage for the remainder of the pandemic.

The good news is that the end may finally be in view. Promising vaccines are progressing at record pace. Drug companies have resolved to meet rigorous standards for safety and efficacy, and have pledged to expand access both in the US and globally. The US has four Phase III candidates and is on track for significant distribution in 2021, giving us the first glimpse of the end of the fight against COVID-19.

How we will manage the fight in the meantime is shaping up as a polarized debate between two extreme positions in the scientific community that have spread to the broader public sphere: herd immunity or communitywide interventions. Both positions create a false tradeoff between lives and livelihoods, disproportionately harming the most disadvantaged among us. Neither position meets this moment.

On one side, we have the strategy to let the pandemic more or less run its course to reach herd immunity, as proposed in the Great Barrington Declaration, a statement published in early October by a group of epidemiologists and public health scientists. Citing the economic and health consequences of existing lockdown policies, Barrington argues for “focused protection” of the vulnerable while letting all others “resume life as normal.” It fails to even mention masks or COVID-19’s potential long-term effects on younger, healthier people who contract it, among many other omissions.

The Barrington declaration also overlooks the vaccines on the horizon and the success of multiple countries in slowing the spread of the virus effectively. Moreover, once community prevalence is high enough and health care capacity is reached, it becomes virtually impossible to protect the vulnerable. With the arrival of flu season, the death toll could be staggering. If 50% to 60% of the population still needs to be infected to attain herd immunity, a fatality rate of 0.5% would imply another 750,000 deaths in the US alone.

Unfortunately, the prevailing scientific rebuttal laid out in the John Snow Memorandum, named for the 19th-century English doctor who helped stop a deadly London cholera outbreak, is also quite concerning. The authors of the Snow memo argue that we should look to the lessons of Japan, Vietnam, and New Zealand—places that never experienced widespread outbreaks—for how best to impose communitywide restrictions to control the spread of the virus. At the same time, the Snow memo waves the flag of defeat, arguing that differentially protecting the 30% of the population more vulnerable to severe outcomes "is practically impossible."

This strategy gets it wrong on two fronts. First, it ignores the mismatch between social costs and risk. People in their twenties are 1,000 times less likely to die from the disease than those older than 70, and most of them will not comply with interventions over longer periods. Differentiating interventions for the health vulnerable is vital. Second, new communitywide restrictions must be focused and short-lived. The public is suffering from COVID fatigue as compliance with social distancing has decreased markedly since the spring. Full lockdowns, which do work for virus containment, have enormous, regressive human costs. They disproportionately hurt lower-income Americans, often communities of color, who are least able to shelter in place.

In the early days of the crisis, the US took unprecedented and bipartisan fiscal and economic steps to protect the economy. They worked, and now the US is far better off economically than Europe, despite worse disease outcomes. It's time for a new, more equitable "epinomic" strategy that integrates health, social, and economic imperatives—one that manages the course of the pandemic until vaccines end the fight.

FIVE SMART WAYS TO CURB THE PANDEMIC

We believe we should focus immediate efforts on five things:

- **Get people to wear masks.** Period. We don't argue about wearing pants in public. Why are we arguing about masks?

- **Make every effort to protect the vulnerable.** We know who is at risk, and we can provide that population with income and food security, and high-quality masks. And we can offer them special store hours, safe transportation, and an increased ability to work from home.
- **Prevent gatherings that lead to widespread transmission** by surgically and progressively reducing those activities that both drive the most spread and have the least societal cost of restriction. For instance, schools should be more open than closed, bars more closed than open. Provide income and food security for hospitality workers and others whose livelihoods are hampered by shutdowns.
- **Continue to ramp up testing and tracing capacity.** Let's be more ready to contain the virus once we are at lower community prevalence.
- **Continue to develop vaccines** safely, effectively, quickly, and equitably.

There is no time to waste. This pandemic will end. How it does will depend on our collective ability to act boldly and decisively to save lives and livelihoods over the coming weeks, and to set the novel course we need.

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