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Jul 14 · 22 tweets · [TRyanGregory/status/1547571828490588160](https://twitter.com/TRyanGregory/status/1547571828490588160)

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TRUE / BUT, a 🧵 .

TRUE:

\* Severe illness and death from acute COVID are much less likely now than they were. Several reasons for that, most notably vaccines and immunity from prior infections. (And obviously a lot of vulnerable people have already been lost.)

BUT...

\* Severe illness or death from acute infection are only one metric of concern. Hospitalizations can overwhelm healthcare systems and widespread illness can disrupt all sorts of industries. This is happening right now (see e.g. ER closures and air travel disruptions).

\* Immediate death is not the only thing to be concerned about. SARS2 affects many organ systems and increases risk for heart attack, stroke, diabetes, etc. We don't know what the medium or long term impacts will be in terms of mortality.

\* Long COVID is very real and potentially life changing. Protection from severe illness or death afforded by vaccines or past infection may not do very much when it comes to preventing long COVID.

TRUE:

\* Vaccines still work very well to prevent severe illness and death and boosters make a difference (get boosted!).

BUT:

\* Vaccine protection wanes over time.

\* First generation vaccines were developed for the original version of SARS2 and newer variants can escape prior immunity.

\* Herd immunity is not possible, and vax only or hybrid immunity (vax + infection) strategies will not work.

TRUE:

\* New variants have some advantage over previously dominant variants, but that does not mean they are more virulent (cause more severe effects) or inherently more transmissible. The advantage may be mostly immune escape.

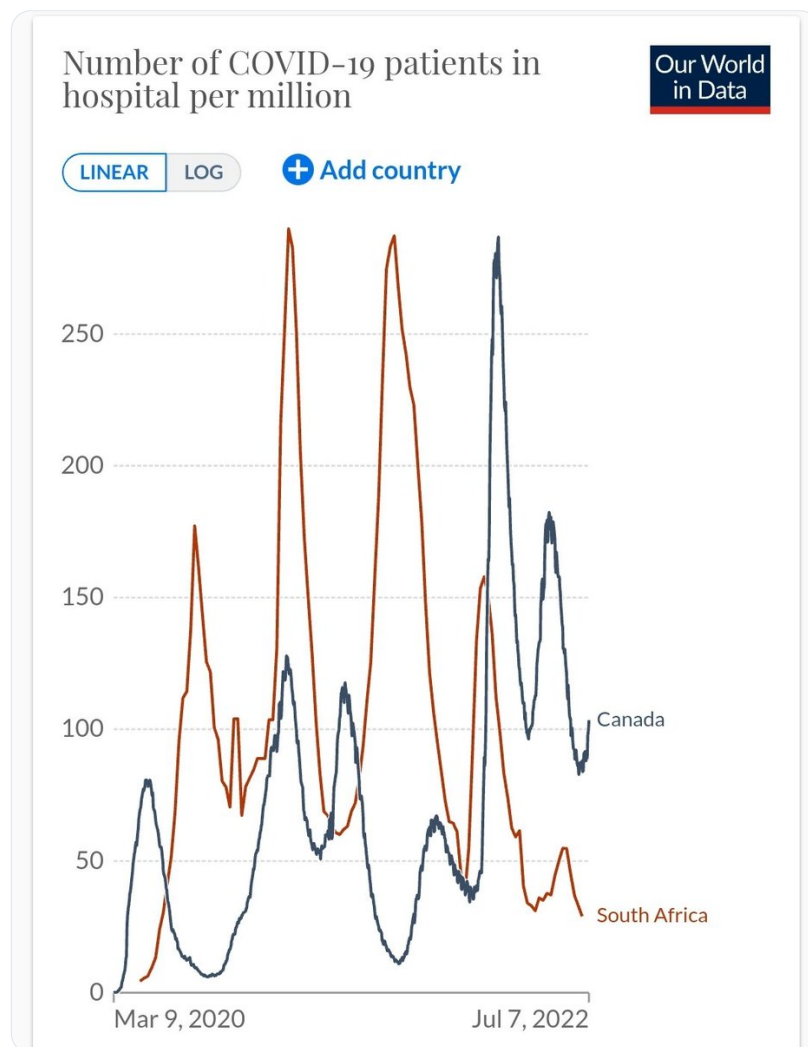
BUT:

\* Immune escape is not a good thing either. It means multiple waves per year and a lot of reinfections.

\* Rapidly evolving variants that escape immunity and cause multiple waves per year will make it much harder to keep up with updated vaccines than for something seasonal like flu.

\* "Not more severe than previous variants" is not an encouraging standard. Being equally or even less virulent than previous variants is bad if people can be reinfected over and over.

\* Often, early claims about a new variant being "no more severe" (or even "mild") are based on very limited information from countries that have different demographics and have not been good predictors for what will occur elsewhere (e.g., beware extrapolations from South Africa.)



TRUE:

\* Most people will experience SARS2 infection as relatively "mild", especially if vaccinated and boosted.

BUT:

\* Usually mild, or even asymptomatic, infection is the case for many diseases, including polio for example.

\* Mild initial infection may still lead to long COVID and can still increase risk of serious complications later on.

TRUE:

\* It is entirely possible that reinfections are less severe and come with a lower risk of long COVID than earlier infections. (This issue is not settled yet, and data are still coming in as more and more people get reinfected.)

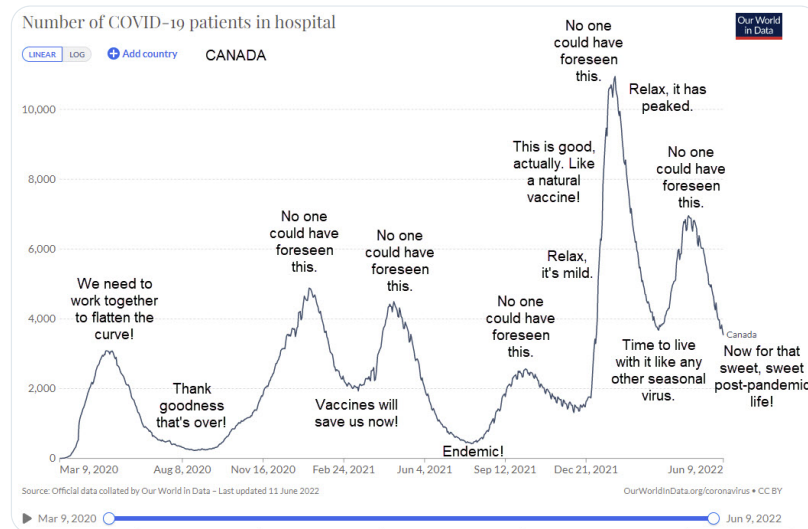
BUT:

\* Even if each reinfection is less severe, more infections is much worse than fewer infections and no infections remains ideal. Reinfections that are equally severe or come with equal risk of long COVID would make it even more important to avoid getting reinfected.

So, here is the COVID realist position as I see it:

\* The pandemic is not over.

\* We cannot sustain multiple waves per year caused by immune-escaping variants, even if they are no more severe than past variants and even if deaths and severe illness are lower.



\* We need next-gen vaccines, but these alone will not be enough to get things under control.

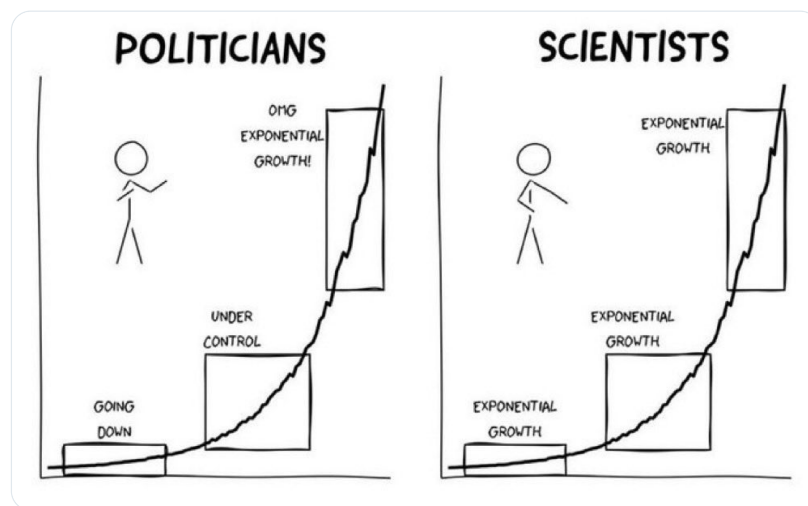
\* Ventilation, air filtration, and quality masks worn properly work against all past, present, and future variants and must be implemented in a vax+ strategy.

\* We need to stop platforming minimizers who ignore all the BUTs above.

\* Calling everything Omicron is failing to communicate the degree to which the virus is evolving and the challenges that this engenders.

\* We need to mitigate transmission, not only reduce deaths. That means tracking metrics other than deaths or ICU occupancy. These lag too much to be useful in shaping policy and they are not the only concern.

\* The time to prevent subsequent waves is during lulls. Ignoring early warning signs and reacting when things are clearly bad does not work.



\* We must address the pandemic as a global challenge. That means vaccine equity, distributed production of vaccines and PPE, and so on. The virus does not see or respect political borders.

\* We have to move away from the individualistic approach we've taken. We cannot "me" ourselves out of a "we" problem.

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