It’s time to redouble and refocus our efforts to fight covid, not retreat

Amid news of Hurricane Ian battering the East Coast, another perfect storm is forming. Two weeks ago, Joe Biden, President of the United States, stated to 60 Minutes that “the pandemic is over.” But this claim unfortunately appears to be premature, and a significant winter surge—fueled by the emergence of new omicron strains—may lie ahead. Yet the continuing resolution the US Senate passed last week did not include the administration’s funding request for aid for covid-19 or the monkeypox outbreak. In parallel, the Centers for Disease Control and Prevention (CDC) announced that masking will no longer be universally required in healthcare settings and nursing homes. Booster coverage in the US is low, and rates of new bivalent booster acceptance are even lower. The United States is not ready for another storm.

We are a group of physicians, public health scientists, economists, and other experts whose work is focused on combating the covid-19 pandemic and other emerging health threats. We know from our clinical and research experience that the pandemic is far from over, and that national efforts to secure the health and wellbeing of the American public are far from complete. We are deeply concerned that the Biden administration is minimising covid at a time when it needs to be redoubling its efforts to ensure funding and resources to prevent another surge.

To be sure, the US is in a very different place than it was when the pandemic first emerged in 2020. We understand the virus better and have a broader arsenal of tools to control it. Covid-19 vaccines have been widely available in the United States for more than a year, and the US Food and Drug Administration (FDA) has approved a bivalent booster that is well matched to the dominant subvariant. New therapies, including Paxlovid and Evusheld, have recently come online.

Yet pandemics do not end with a flip of a switch. Despite the widespread belief that the pandemic is over, death and disruption continue. As Americans embrace what McKinsey and Company has called “individual endemicity”—in which people let their risk tolerance dictate the preventive measures they take—transmission rates remain at dangerous levels in nearly every county of the US. Throughout the summer, the US recorded approximately 3,000 deaths per week, at least the equivalent of a 9/11’s worth of deaths each week, and often more. The delta and omicron surges took 350,000 American lives in seven months, almost seven times as many fatalities as claimed by the most severe flu season in years.

In early September 2022, covid-19 was the second leading cause of death in the United States, claiming more lives than stroke and common cancers. Beyond its outsized death toll, covid-19 is leaving many Americans in diminished health and with less economic security. More than 7% of Americans report experiencing protracted post-covid symptoms; recent estimates suggest long covid has forced at least 500,000 people out of the workforce.

The continuing impact of the pandemic is particularly devastating given its unequal burden on communities of colour and socioeconomically vulnerable populations, who are less likely to have private insurance to cover prevention, testing, and treatment costs. If Biden’s recent comment indicates that the administration is positioned to pull back further pandemic mitigation, the US will be preparing for a major storm without even an umbrella in hand. New Zealand, Singapore, and other countries have relaxed stringent national pandemic control policies, but those countries have recorded significantly lower per-capita death rates and have made considerable investments in public health.

If future surges occur, their populations will be on much stronger footing because they have achieved high coverage of primary vaccinations and boosters and rolled out other tools including testing and treatment.

Unlike those other countries, the US hasn’t put in the effort needed to move into a new phase with confidence. Booster coverage, even among older Americans, is abysmal, with only half of vaccinated adults having received a booster. This places the US 73rd globally for booster coverage. Fewer than 6% of immunocompromised Americans—a group that accounted for nearly 1 in 5 hospital admissions during the BA.2 surge—have received Evusheld, a therapy to help prevent covid-19. The US continues to have worse covid-19 outcomes than most of its peer countries. The US’s rate of deaths per capita has outpaced other high-income countries in the last year—lowering the country’s average life expectancy for the second year in a row. We need a full-court press this fall to reverse these trends and reach more of the public with boosters and antivirals.

Moreover, Biden’s claim is almost guaranteed to sap political will for funding the public health and medical resources Americans need to “live with covid.” Indeed, the refrain that “the pandemic is over” has made it easy for politicians on both sides of the aisle to block funding for vaccination, therapeutics, and tests. In recent months, congressional Democrats have pointed to assurances from the White House as reason for inaction on covid-19. Republicans pounced on Biden’s claim that the pandemic is over, renewing calls for ending the pandemic state of emergency. But even as a prematurely “post-pandemic” order takes shape, cities are beginning to report spikes in wastewater surveillance—an ominous sign of trouble ahead.

The US must make smart investments in the future of our country’s response. We need to continue prioritizing tests, masks, treatments, and ventilation. Failing to produce these resources and make them widely accessible will effectively waste the benefits.

An open letter by a group of physicians, public health scientists, economists, and other experts

Cite this as: BMJ 2022;379:o2423
http://dx.doi.org/10.1136/bmj.o2423
Published: 7 October 2022
of the scientific advances we’ve made thus far. Inadequate funding may also slow or stop our progress towards developing new and more protective nasal and pan-coronavirus vaccines and therapies.

The Biden Administration, with the support of Congress, must be clear: the pandemic is not over—and with strategic investment and planning, we can greatly mitigate its impact. We need a robust national booster campaign, more investment in tests, treatments, and next-wave vaccines, better protections for the immunocompromised and other high-risk groups, and healthier buildings that protect against covid and other diseases. Leaders and policymakers must not accept or normalise our dangerous current status quo: dramatic reductions in life expectancy, declining health and economic security for many, and the ongoing loss of hundreds of lives per day.

Signed by: Kathleen Bachynski, assistant professor of public health, Muhlenberg College; Brian C. Castrucci, president and CEO, de Beaumont Foundation; Esther K. Choo, professor of emergency medicine, Oregon Health and Science University; Ravi Dhillon, instructor of medicine, Division of Global Health Equity, Brigham and Women’s Hospital and Harvard Medical School; Jim Downs, Hutchins Fellow, Center for African and African American Studies, Harvard University, and Gilder Lehrman-NIH Professor of History, Gettysburg College; Lakshmi Ganapathi, instructor of paediatrics, Harvard Medical School; Gregg Gonsalves, associate professor of epidemiology, Yale School of Public Health, and associate professor of law (adjunct), Yale Law School; Abraar Karan, infectious disease fellow, Stanford University; Richard C. Keller, professor and interim chair, Department of Medical History and Bioethics, University of Wisconsin-Madison; Scott Duke Kominers, professor of business administration, Harvard Business School, and research partner, a16z crypto; Jonathan Levy, professor of environmental health, Boston University School of Public Health; Martha Lincoln, assistant professor of medical anthropology, San Francisco State University; Seth Peins, assistant professor of epidemiology and socio-medical sciences, Mailman School of Public Health, Columbia University; Julia Raifman, assistant professor, Boston University School of Public Health and principal investigator of the COVID-19 US State Policy Database; Anne Sosin, policy fellow, Nelson A. Rockefeller Center, Dartmouth College; Jim Downs, Hutchins Fellow, Center for Health Equity, Brigham and Women’s Hospital and Harvard Medical School; Ranu Dhillon, instructor of medicine, Division of Global Infectious Diseases, Oregon Health and Science University; Castrucci, president and CEO, de Beaumont Foundation; Esther K. Choo, professor of emergency medicine, Oregon Health and Science University; Ravi Dhillon, instructor of medicine, Division of Global Health Equity, Brigham and Women’s Hospital and Harvard Medical School; Jim Downs, Hutchins Fellow, Center for African and African American Studies, Harvard University, and Gilder Lehrman-NIH Professor of History, Gettysburg College; Lakshmi Ganapathi, instructor of paediatrics, Harvard Medical School; Gregg Gonsalves, associate professor of epidemiology, Yale School of Public Health, and associate professor of law (adjunct), Yale Law School; Abraar Karan, infectious disease fellow, Stanford University; Richard C. Keller, professor and interim chair, Department of Medical History and Bioethics, University of Wisconsin-Madison; Scott Duke Kominers, professor of business administration, Harvard Business School, and research partner, a16z crypto; Jonathan Levy, professor of environmental health, Boston University School of Public Health; Martha Lincoln, assistant professor of medical anthropology, San Francisco State University; Seth Peins, assistant professor of epidemiology and socio-medical sciences, Mailman School of Public Health, Columbia University; Julia Raifman, assistant professor, Boston University School of Public Health and principal investigator of the COVID-19 US State Policy Database; Anne Sosin, policy fellow, Nelson A. Rockefeller Center, Dartmouth College.

Competing interests: Scott Duke Kominers is part of the Accelerating Health Technologies research team, and served on a pro bono expert group that advised on COVAX allocation and exchange design. He also acknowledges the support of the Washington Center for Equitable Growth. Abraar Karan is funded by the Stanford Center for Innovation in Global Health (CIGH) on a trial investigating the efficacy of air filtration devices to slow covid-19 spread in homes. None further declared.

10. CDC. Trends in number of COVID-19 cases and deaths in the US reported to CDC, by state/territory. https://covid.cdc.gov/covid-data-tracker/#trends_dailydeaths_select_00