

Minnesota Now (MPR) | Minnesota Now COVID-19 isn't done with us yet, U's Osterholm warns
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INTERVIEWER: There is an explosion of COVID cases in China that's making news as that country lifts restrictions. Meanwhile, health officials in this country are warning of COVID spikes because of the holidays. COVID is still very much with us. Joining us for the latest and a look ahead is Michael Osterholm. He's an epidemiologist and Director of the Center for Infectious Disease Research and Policy at the University of Minnesota. Welcome back.

MICHAEL Thank you for having me.

OSTERHOLM:

INTERVIEWER: I know you're keeping track of the huge surge of cases in China right now after these restrictions have been lifted. How might the rest of the world be affected by the explosion of infections?

MICHAEL Well, I think, first of all, it is just an utter surprise that the Chinese government is handling like this as they are,
OSTERHOLM: which calls into question a lot of issues, I think, around global governance. You know, last January, I was one of the people saying, at that time, that they could no longer maintain zero COVID as a policy given the Omicron virus was so much, much more infectious, and they surely attempted to do that and obviously continue to fail, but they did suppress it a bit.

But they didn't do anything to prepare for, well, what happens if we don't have a zero-COVID policy anymore. Only about one half of 1% of the country had been vaccinated in the last six months even with an inferior vaccine that they have. They had no build up in their hospital capacity, no public health improvements, et cetera. So when they let it kind of just rip, as they're doing right now, this is just tragic.

We are seeing, basically, China brought to its knees. And not only is this a health issue, but as you asked what might this mean for the rest of the world, surely two things. One is that global supply chains are collapsing-- has anything to do with China, which, unfortunately, many of the global supply chains for so many goods, drugs, et cetera, come from China.

But the second thing is this virus is moving quickly through millions and millions of people, which allows it to, again, go through these mutation changes that we worry about that cause these new variants. And every time a variant occurs, it may very well be more infectious. It may be more capable of evading the immune protection from the vaccines or previous infection immunity that we have. And we're very concerned that this could start or at least reignite an entire international challenge with COVID just because of these new viruses coming out of China.

INTERVIEWER: So we have China. COVID cases have been going up for the past few weeks here. There's concern about a potential surge in this country because of folks mixing for the holidays. What's the immediate outlook for case numbers in this country?

MICHAEL Well, I don't think it's good. You know, I think we have what we call a shifting-baseline moment, where everyone
OSTERHOLM: says having 460 deaths a day isn't so bad. We used to have 2,000 and 3,000. But what people forget, at 460 deaths a day, we're still talking about 150,000 deaths a year. We're talking about a situation where even comparing that to the number one cause of death of cancer, lung cancer, is only 350 deaths a day. And we surely don't think that's an insignificant problem.

So we can't grow complacent with where we're at right now, and those numbers could surely go up. I think the other thing that is a real challenge for us right now with regard to this is just getting people vaccinated. We do know that these vaccines can greatly reduce the risk of hospitalization, serious illness, and death, particularly for those over age 65. And yet we see a minority of the US residents getting vaccinated with this dose. And so that is, again, going to put us in a risk picture where we're going to see more and more serious illness, hospitalizations, and deaths.

INTERVIEWER: You mentioned the 460 deaths a day. The folks who are dying are mostly seniors. I mean, 9 out of 10 deaths are now in people aged 65 or older, which is the highest rate since the pandemic began, as I understand. That's not making news, really. What does that signal to you?

**MICHAEL
OSTERHOLM:** Well, first of all, I worry that people say, well, they're just old people. Well, I'm in that group, and I don't consider myself an old person. I am viable, part of society, working hard, and I know a lot of people like that. So, I think, first of all, we have to be very careful about making an assumption that being over age 65 means, well, people are going to die.

Again, as I pointed out in a moment ago, the number one cause of lung cancer deaths in this country is lung-- is lung cancer is one where we would not accept 460 deaths a day with lung cancer any more than we do with 350. So I just don't think we can accept these, because there's so much we can do to actually reduce this particularly with vaccination.

So I think the point is we have to keep hitting home, though, that for now, at least, this phase of the pandemic, this is where it's hitting. But as I just pointed out with what's happening in China right now, that virus is wiping through the entire population. And with variants that developed there, it very easily could be a situation where it isn't just those over 65 who are primarily hit with this in the days to come.

So, I think, and one of the things you and I have talked about, Cathy, for three years now, and we are approaching three years this week, is the fact that this virus just keeps throwing 210-mile-an-hour curveballs at us. And I think anyone who tries to tell you this is what it's going to be like four or five months from now, they don't know what they're talking about.

INTERVIEWER: So I don't know if you saw the tweet last week from Larry Levitt, who's with the Kaiser Health Foundation, and he was looking through the health care provisions in the end of the year spending bill. And one big thing not in the bill-- funding to buy COVID vaccines, treatments, tests. And he fears the commercialization of this country's COVID response is coming. Why is that concerning?

**MICHAEL
OSTERHOLM:** Well, first of all, it's about access. You know, as we see some of the pandemic funding going away, not just for directly dealing with COVID but just health care in general, we're going to lose a number of people who have been covered with some form of health insurance over the course of the pandemic because of that funding.

We're going to go back to a situation where we're going to have a lot of people won't have access to these things. And so this is going to be, I think, a significant challenge, and Larry's concerns are well-founded. And I think that when we look at even to the extent that we're not done with this virus yet. We need new and better vaccines. The ones we have are surely serving us as well as they can, and they're saving lives, but we need new and better vaccines.

Well, you know what? There's nothing in the funding line for that. This is somehow as if the world just wants to move on and say this is over with, and it's not. And so I think, you know, there was that old commercial from many years ago, oil for an oil commercial that said, you can pay me now, or you'll pay me later. And I think that that's exactly where I see us at right now with regard to COVID.

INTERVIEWER: Say, before you go, about a minute left, looking back over this year, 2022, what do you think were some of the most important advances in our understanding of COVID 19, this virus?

MICHAEL Well, we've surely come to respect the fact that the virus changes, and it changes a lot through these mutations.

OSTERHOLM: It was a year ago right now that we saw Omicron just start to take off. We saw a highly infectious virus. Let me tell you that right now, what we're seeing in China, poses a really significant challenge for transmission. This virus is every bit as infectious now there as is measles virus, which is considered one of the most infectious viruses on the face of the Earth.

And so we've surely seen that this virus can change. It can do more very damaging things over time. So that's one. I think the second thing is that people are done with the pandemic. They're done. Well, unfortunately, the virus isn't done with us yet. And so I think that one of the real challenges we have is just that.

INTERVIEWER: OK. Mike Osterholm, thanks so much. Happy New Year.