Coronavirus Likely Will Infect Us All. Lockdown is Delaying the Inevitable.

By Alex Berezow, PhD — May 11, 2020

If the spread of COVID-19 is unstoppable, infectious disease epidemiologist Dr. Johan Giesecke says that we must shift our public health strategy away from a futile attempt to prevent its spread and toward providing optimal care for the sickest patients.

The novel coronavirus, officially dubbed SARS-CoV-2, and the disease it causes (COVID-19) have continued to surprise all of us. And the surprises have been uniformly negative.

When the pandemic first began, it was obvious that the coronavirus would pose, at the very least, a substantial regional threat. That's why we scolded [2] the World Health Organization for dragging its feet in declaring a global public health crisis. We pondered, probably correctly, that WHO Director-General Dr. Tedros was trying to keep China happy. For this and other reasons, we called for his resignation [3].

What we didn't expect -- and what most scientists, public health officials, and journalists didn't expect if they're being honest [4] -- is that SARS-CoV-2 would cause an enormous public health problem outside of Asia. There were at least seven reasons for this, and six of them involve other types of coronavirus.

SARS (severe acute respiratory syndrome) was snuffed out due to a robust global public health
response combined with good luck. MERS (Middle East respiratory syndrome) doesn't transmit easily between humans. The other four coronaviruses are among the some 200 causes of the common cold. Combined, these constituted six good reasons to predict that COVID-19 would be either containable or a minor nuisance. The seventh reason was that the United States and many European nations have advanced healthcare and technology.

Well, we ended up being wrong. More specifically, I was wrong [5]. It happens.

**From Bad to Worse**

The conversation then turned toward predicting how bad the coronavirus pandemic was going to be. Once again, I placed my faith in the U.S. healthcare system. In contrast to those declaring that the U.S. will become "the next Italy," I predicted that would not be the case [6] because the U.S. had the most ICU beds per capita and a relatively low case-fatality rate.

As of today, here are the relevant statistics [7]. (Of course, all the normal caveats apply about limited testing and not knowing the true extent of the disease.) The case-fatality rate in Italy is almost 14%, and the mortality rate is over 500 per 1 million people. In the U.S., the numbers are roughly 6% and 250 per 1 million people, respectively. So, while I might be technically correct that the U.S. is not the next Italy, it feels wrong to declare myself vindicated given that the American death toll is over 80,000 and growing. I never expected the death toll to exceed that from influenza, but COVID-19 has now doubled it.

**If We're All Going to Become Infected, a Lockdown No Longer Makes Sense**

Unfortunately, it has become increasingly obvious that this virus is unstoppable. Even though we have a vaccine and know for a fact that it's coming every single year, we cannot stop influenza. Like clockwork, seasonal flu [8] infects roughly a billion people worldwide and kills 300,000 to 500,000. COVID-19 seems to be on the exact same path, though the specific numbers will differ.

If we can't stop the virus, that means two things: (1) We'll all become infected, eventually; and (2) The lockdown is simply delaying the inevitable. These points were well argued by infectious disease epidemiologist Dr. Johan Giesecke in *The Lancet* [9]. In his article, Dr. Giesecke draws some very sobering conclusions. For instance:

> "It has become clear that a hard lockdown does not protect old and frail people living in care homes — a population the lockdown was designed to protect. Neither does it decrease mortality from COVID-19, which is evident when comparing the UK's experience with that of other European countries."

Because evidence indicates that perhaps a quarter of Stockholm's population has already been infected, Dr. Giesecke concludes, "Everyone will be exposed to severe acute respiratory syndrome coronavirus 2, and most people will become infected." Additionally, he writes, "Measures to flatten the curve might have an effect, but a lockdown only pushes the severe cases into the future — it will not prevent them."
If Dr. Giesecke is correct, and I believe that he is, this has a policy implication, which he also elaborates: "[O]ur most important task is not to stop spread, which is all but futile, but to concentrate on giving the unfortunate victims optimal care."

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