



# An alarming number of my friends have COVID-19. Are we in another wave?

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**Question:** An alarming number of people I know have recently caught COVID-19 – including three close friends, two neighbours and my sister-in-law. Are we in another wave?

**Answer:** Your hunch is correct – we are indeed experiencing a new COVID-19 wave.

In fact, infections have been steadily climbing for several months, said Fahad Razak, an associate professor of medicine at the University of Toronto and an internal medicine physician at St. Michael's Hospital. About 4,700 people in Canada are currently in hospital with COVID, which is a one-year high, he noted.

The surge can be linked to several factors. In colder months we tend to gather indoors, where respiratory viruses can more easily spread. There is also a new Omicron sub-variant circulating – known as JN1 – which contains mutations that help it evade the defences of the immune system.

But possibly the biggest driving force behind the current wave is the fact that so few got the updated COVID vaccines last fall.

According to the latest statistics from December, just 15 per cent of people in Canada rolled up their sleeves for the inoculations. Although many had some protection from previous vaccinations or infections, that immunity wanes over time.

“Consequently, lots and lots of people are getting sick,” said Dawn Bowdish, a professor of medicine and a Canada Research Chair in Aging and Immunity at McMaster University in Hamilton.

But on a positive note, Dr. Razak said the recent hospitalizations have not been accompanied by a significant rise in people who need to be treated in an Intensive Care Unit (ICU).

“This suggests the Canadian population has pretty good protection against the most severe forms of the illness ... including COVID pneumonia,” he added. “We are clearly not in the throes of the crisis that we were a couple of years ago.”

Even so, experts generally agree we will continue to experience more COVID waves, as the virus mutates and evolves over time.

“It is going to be with us for the rest of our lives, and we have to accept that,” said Susy Hota, division head of infectious diseases at University Health Network and Sinai Health in Toronto.

She and other experts believe it’s time to start developing a long-term strategy.

“The question is: How do we manage these waves in a way that reduces the risk to the most vulnerable and yet allows people to move on with their lives as much as possible,” Dr. Razak said.

Vaccinations should be a central part of such a strategy, experts say, with a special focus on encouraging high-risk people to stay-up-to-date with their shots.

Unfortunately, many of these individuals shunned last fall’s vaccine which was updated to target the XBB variant, the dominant form of the virus at that time.

“What is especially concerning is that more than 50 per cent of people over the age of 80 have not been vaccinated,” Dr. Razak said.

In addition to vaccines, masks can also offer protection, especially in crowded indoor settings, Dr. Hota said.

“I know this is a controversial topic for a lot of people, but masks still have value,” she said. They provide individuals with some degree of control over their circumstances.

“People can make their own decisions around masking” based on their level of risk and their desire to avoid infections, she explained.

But other measures – including indoor air filtration and purification – are often beyond the control of individuals and require collective action.

“At a societal level, we need to think about ventilation and air quality when we design new buildings so that we have better ways of dealing with respiratory viruses.”

Of course, portable equipment – such as HEPA filters and UVA light air sterilizers – can be used to retrofit existing structures.

It’s worth remembering that many people eagerly lined up for COVID jabs when they first became available in December, 2020.

The shots made by Moderna and Pfizer-BioNTech are based on relatively new messenger-RNA vaccine technology. Their key advantage is that they are easier to modify and faster to produce than traditional vaccines.

Dr. Bowdish noted that it was originally hoped vaccine manufacturers would be able to quickly pump out revised and reformulated inoculations within months of a new variant emerging.

But the low public uptake of the most recent COVID shots doesn’t bode well for such regular updates: “Lower demand undermines the economic incentive for manufacturers to frequently modify their vaccines,” she said.

Dr. Hota agrees the financial implications are important. However, she is not sure many people would embrace new shots every six months or so, even if they were available.

“When it comes to public health, you need to consider the feasibility of implementing certain things,” she explained. “Whether you like it or not, if people don’t accept what you are saying, they shut down and won’t listen any more.”

She added that “we have to be a bit cautious about what recommendations we put out there going forward.”

After all, many people now feel “done” with COVID. That unenthusiastic public sentiment certainly adds to the challenges of health officials who are trying to plan for an unpredictable virus that is going to be with us for the foreseeable future.

*Paul Taylor is a former patient navigation adviser at Sunnybrook Health Sciences Centre and former health editor of The Globe and Mail.*

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