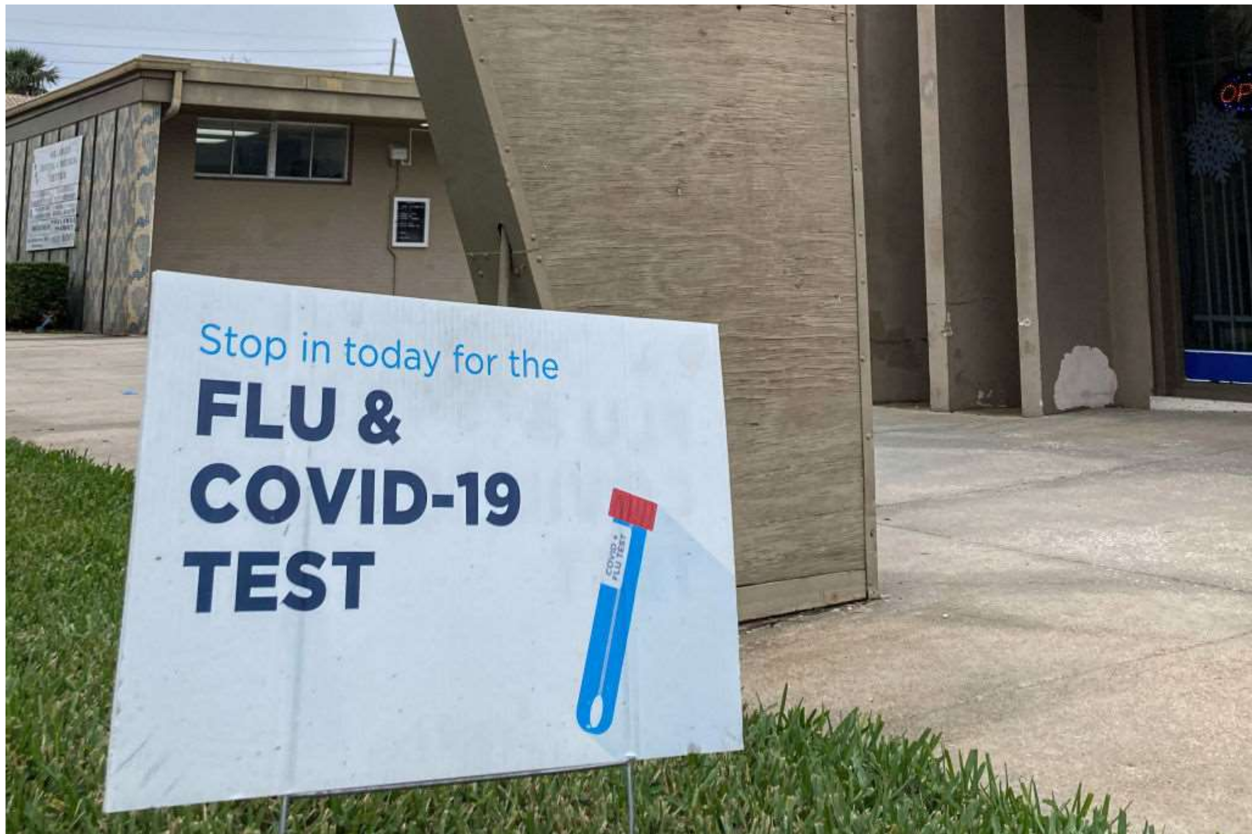
COVID-19 Is No Longer a Public Health Emergency



A sign advertising flu and COVID-19 testing is seen in front of a pharmacy in Orlando. Flu season continues to intensify in the United States with hospitalization rates more than 10 times those of past years' seasons. An estimated 6.2 million flu illnesses have been logged, according to the latest CDC data.

Paul Hennessy-SOPA Images/LightRocket

IDEAS

BY **DANIEL HALPERIN**

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Daniel Halperin, PhD is an epidemiologist based at the Gillings School of Global Public Health of the University of North Carolina, Chapel Hill. He has published over 60 peer reviewed articles on infectious diseases and is author of the book, Facing COVID Without Panic: 12 Common Myths and 12 Lesser Known Facts about the Pandemic.

A month before his recent retirement, Dr. Anthony Fauci cautioned that the U.S. “certainly” remains in the midst of a COVID pandemic. Other experts repeatedly warn of impending “deadly” waves caused by the latest genetic variants, and recently President Biden once again extended the COVID-19 Public Health Emergency. Yet those dire warnings hinge largely on an assumption that some 400 people in the U.S. continue dying daily from the disease. There are important reasons to question this assertion, as Dr. Leana Wen explored in the *Washington Post*. And if therefore in fact we’re no longer in a public health emergency (which a renowned virologist in Germany concluded last month), then some growing calls for reinstating school mask mandates or other inappropriate restrictions should be dropped.

For over a year, it has been apparent that many hospitalizations officially classified as being due to COVID-19 are instead of patients without COVID symptoms who are admitted for other reasons but also happen to test positive. Since nearly everyone is still routinely swabbed upon hospital admission (although the largest infection control organization has recommended against doing so), many patients with other conditions also receive a positive test result, especially during the ongoing Omicron surges—thereby overstating the number of hospitalizations tabulated as caused by COVID-19. UCLA researchers who examined Los Angeles County Public Hospital data discovered that over two-thirds of official COVID-19 hospitalizations since January 2022 were actually “with” rather than “for” the disease.

A rigorous Massachusetts assessment determined that a comparable proportion of COVID hospitalizations were in fact incidental to the

coronavirus. An attending physician at Emory Decatur Hospital (and former president of Georgia's chapter of the Infectious Diseases Society) cited by Dr. Wen estimates that some 90% of patients diagnosed with COVID at his hospital are now instead being treated for another illness. Wen also quoted Tufts Hospital's epidemiologist, who similarly observes that recently the proportion of patients hospitalized for COVID-19 has been as low as 10% of the number reportedly having the disease. All this is fully consistent with the reality that by March 2022 over 95% of people had already been infected or vaccinated or typically both, and the resulting robust population immunity combined with the less virulent nature of Omicron results in far fewer severe outcomes.

Growing recognition of the overcounting of COVID-19 hospitalizations has caused some local authorities as well as the CDC to try to better estimate the actual levels. Misclassified hospitalizations obviously suggest there have also been miscategorized deaths, yet a parallel recognition that undoubtedly many official COVID-19 deaths are similarly due to persons dying with instead of from the coronavirus has only begun to emerge. CDC guidelines still stipulate that any death from (any) illness occurring within 30 days of a positive test result automatically be classified as due to COVID-19. Hence, if the current prevalence in the population is, say, 3% (towards the lower end of typical levels during major surges like the present one) then the background prevalence among persons admitted to hospitals for other reasons—and also among those who end up dying — would similarly be around 3%. Considering about 9,200 total deaths occur daily in the U.S., then in this hypothetical scenario some 275 deaths ascribed to COVID (or approximately two-thirds of the official daily count) would in fact have been due to *other* causes.

The former Milwaukee County chief medical examiner conducted a careful review of some 4,000 COVID-19 deaths reported during the pandemic there. His research revealed that nearly half had no link to COVID or in some cases only a “marginal” association, such as end stage cancer patients whose demise was possibly hastened by a few days or weeks, from catching the disease. An analysis of LA County and national data collected during the more recent waves of the highly contagious (but considerably less deadly) Omicron variants suggests that COVID-19 deaths are now likely being overcounted by at least *fourfold*. A newly published investigation from Denmark documented that, following the emergence of Omicron a year ago, an astonishing 65-75% of deaths officially attributed to COVID-19 have been merely incidental to the coronavirus, consistent with the above hypothetical exercise. Yet even if only half the currently reported deaths in the U.S. are not really caused by the virus, that would mean an actual daily COVID-19 toll of around 200, roughly the number dying during a bad flu season.

In addition to overcounted numbers of COVID hospitalizations and deaths, another reason for maintaining a public health emergency is the purportedly massive wave of ongoing long COVID. Yet almost all long COVID reports are based on tabulations of the number of persons who self-report lingering symptoms post-infection, rather than controlled studies that carefully compare the prevalence of persistent symptoms in persons who have been infected to those who have not. An announcement on San Francisco Bay Area Rapid Transit trains warns that any of a number of common maladies, including headaches, anxiety, diarrhea, muscle aches and trouble concentrating, may be caused by long COVID. But case control studies have so far found, at most, only modest differences in symptom prevalence comparing between persons previously infected or not (and new research suggests most symptoms dissipate within a year). While long

COVID is undeniably a significant problem, as are those deaths still actually caused by the coronavirus, rigorous analysis is needed to more accurately estimate the prevalence.

The inadvertent exaggeration of COVID-19 deaths and long COVID leads not only to misplaced policy decisions, such as new mask mandates and booster recommendations for 6-month-old babies, but also to a needlessly enduring climate of fear, particularly in bluer regions (such as my hometown of San Francisco, where mask wearing remains commonplace, even outdoors). After three long years, it is past time to base public health pronouncements and policies on solid scientific evidence rather than well-meaning but often misleading assumptions.