

Note: To the best of our knowledge, Canada has an agreement in place for both agents, mentioned in the following article. Plaxovid, the anti-viral Rx is approved but access is somewhat limited. Evoshield the preventive agent is in the approval process. The important message is there is added therapy available and for those with higher risks to do their best to adopt preventive and or early treatment strategies.

[View in browser|nytimes.com](#)

The New York Times
The Morning

March 28, 2022



By [David Leonhardt](#)

Good morning. Many experts expect Covid caseloads to rise soon. Here are four steps to protect people.



Preparing boosters in Washington last month. Kenny Holston for The New York Times

Minimizing the toll

The BA.2 subvariant — an even more contagious version of Omicron — has already caused Covid-19 cases to rise across much of Europe. In the U.S., caseloads have held steady over the past week, [ending two months of sharp declines](#), and many experts expect increases soon.

Today's newsletter looks at four promising strategies for minimizing Covid's toll in the coming months.

1. More boosters

Dr. Aaron Richerman, an infectious-disease specialist in Philadelphia, regularly sees patients who have been vaccinated against Covid but have not received a booster shot. Some are not aware they are eligible for a booster. Others have heard about boosters but are not interested. “I just feel like I don’t need it,” one patient — an older man — recently told Richerman.

That attitude is common. Almost one-quarter of U.S. adults have been vaccinated but have not received a booster shot, according to Kaiser Family Foundation surveys. (Any American who was vaccinated more than six months ago is eligible.)

U.S. adults by Covid vaccination status, Feb. 2022

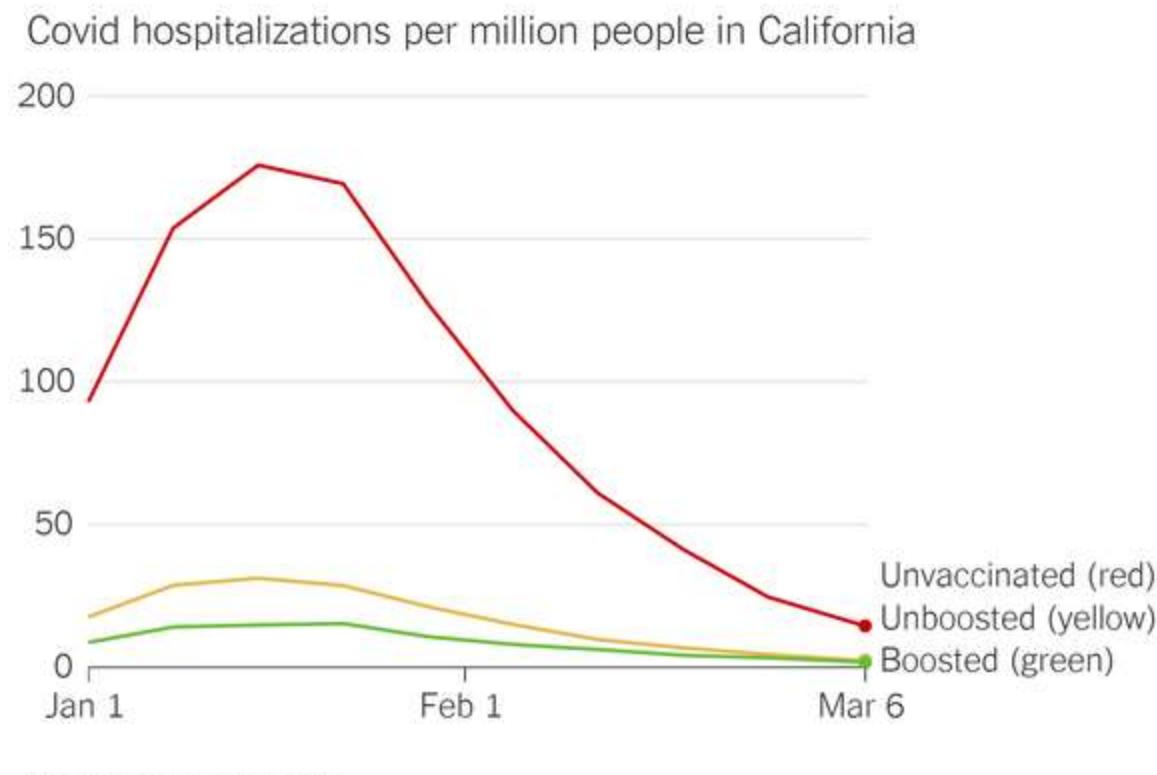


By The New York Times

Source: Kaiser Family Foundation

These vaccinated-but-unboosted Americans are clearly open to receiving a Covid shot. And many would benefit significantly from getting boosted. Without a booster, immunity tends to wane. With a booster, people are even more protected than they were shortly after receiving a second shot, data shows.

Consider the numbers from California, which publishes detailed data by vaccination status. For every million boosted Californians, fewer than two have been hospitalized with Covid at any given time recently:



Source: California Department of Public Health

“I remain most worried about lack of booster uptake among the elderly and the immunocompromised,” Jennifer Nuzzo, a Johns Hopkins University epidemiologist, told me.

Many Americans still have not gotten this message, though. What might help? A prominent public-service campaign, focused specifically on booster shots rather than vaccination, could. So could encouragement from politically conservative voices. Fewer than 30 percent of Republican adults have received a booster; many Republicans [have not received even a first shot](#).

“The most powerful weapon we have, by far, is vaccination,” Richterman told me, “and that includes first doses, second doses and third doses.”

What about fourth doses (that is, second booster shots)? The Biden administration will soon begin offering them [to anybody 50 or older](#). The evidence suggests that these shots may offer additional protection but that they are less important than first booster shots, as Katelyn Jetelina, an epidemiologist, [has explained](#) in her newsletter.

2. The immunocompromised

For a small percentage of Americans, vaccination is impossible or ineffective. This group includes people who are receiving cancer treatments and those who have received certain organ transplants.

Fortunately, a drug now exists that may help many of them. It is an injection called Evusheld, developed by AstraZeneca with help from government funding. It appears to provide months of protection, and the Biden administration has ordered enough doses to treat 850,000 people.

But about 80 percent of the available doses [are sitting unused](#), in warehouses, pharmacies and hospitals, my colleagues Amanda Morris and Sheryl Gay Stolberg have reported. Among the reasons: Many patients are unaware of Evusheld's existence. Some doctors are uncertain about who qualifies. Some hospitals are refusing to dispense it to eligible patients, saving it for people who they think might benefit more from it.

"The biggest problem is that there is absolutely no guidance or prioritization or any rollout in place at all," Dr. Dorry Segev of N.Y.U. Langone Health told The Times. "It's been a mess."

Biden administration officials have been working with state officials, hospitals, doctors and patient advocates to clear up the uncertainty. They have a long way to go.

3. Post-infection treatments

A knowledge gap is also hampering the distribution of Paxlovid — a post-infection treatment from Pfizer that seems to sharply reduce the chances a Covid illness will become severe. It is most effective when prescribed shortly after symptoms begin, but many Americans do not know it exists.

The good news is that Paxlovid has become more widely available in recent weeks. If you are in a high-risk group and get infected with Covid, you should immediately talk with a doctor. ([Here's an explainer.](#))

One thing to keep in mind: The government has so far authorized Paxlovid only for high-risk people, like those 65 and older or those with serious underlying medical conditions. I know that many Americans, [especially liberal Democrats](#), are nervous about their own Covid risk and may be tempted to seek out Paxlovid.

But the risk of developing severe Covid for most people who are boosted remains very low, as the chart above shows. And the current supply of Paxlovid is not large enough to treat anywhere near everybody who gets infected, especially if cases rise. "Our supply is fragile," Dr. Scott Dryden-Peterson of Brigham and Women's Hospital in Boston [told Bloomberg News](#).

If many younger, otherwise healthy people rush to get a Paxlovid prescription, they may effectively be taking doses from vulnerable people.

4. Masks

Broad mask mandates [have not done much](#) to prevent Omicron's spread. Too many people wear low-quality masks or take them off at times, and Omicron is so contagious that it takes advantage of these gaps.

But masks can still help reduce Covid's spread:

- They are especially helpful in hospitals and nursing homes, where high-quality masks can be required and where many people are vulnerable.
- Masks also make sense for people who have returned to work or school five to 10 days after a Covid infection, Dr. Shira Doron of Tufts Medical Center [says](#).

- Anybody who is personally anxious about Covid, for any reason, can wear a mask, too, Dr. Tom Frieden, a former C.D.C. director, notes. A high-quality mask [will protect the wearer](#) even if others nearby are maskless.

The bottom line

All four of these steps have small costs and large benefits.

They avoid contributing to the pandemic's continuing crisis of isolation and disruption, like [closing classrooms](#) and keeping children home from school for weeks on end. And they can save lives. Covid's official death toll in the U.S. has already exceeded 975,000. But given the availability of vaccine shots and other treatments, the vast majority of deaths are now avoidable.