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Opinion: With only 28% of Kentuckians boosted against COVID-19, variants could pose a big health risk

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Kevin Kavanagh, guest contributor

Almost a month after President Biden declared the pandemic over, he extended the COVID-19 public health emergency until Jan. 11, 2023. Cases of COVID-19 are surging in Europe, there is not just one variant of concern but what appears to be a “soup” of highly infectious variants. In the United States [these include](#) the BA.5, BA.4.6, BA.2.75, BF.7, BQ.1 and BQ. 1.1 and in Southeast Asia, the XBB

variant. Variant “soup” is highly problematic, since it just takes one variant that is able to evade your immunological history to cause an acute infection.

The BQ.1 variant, one of the most worrisome, is doubling every week in Europe. In the United States, in just two weeks, the sublineage BQ.1.1 has increased from 1.0% to 5.7% of sequenced specimens. BQ.1.1 is also [evading monoclonal antibody treatments](#), including Evusheld and Eli Lilly’s Bebtelovimab. Evusheld is a preventative treatment given to immunosuppressed individuals and transplant recipients. It may be fast losing its effectiveness.

The [XBB variant](#) may be even more problematic, it is more infectious than BA.5 and is reported to have a greater ability to evade natural and vaccine immunity than the BQ.1.1. This variant is currently causing a surge in Singapore, a country where [90% of the population is vaccinated](#) and 77% boosted. In Kentucky, the percentage of our population boosted is [only 28%](#). Even fewer people have received the updated bivalent booster. Only 4.5% of the United States’ population has received one. But the greatest danger of the pandemic may not be the acute infection, but the chances of developing Long COVID. Catch phrases mitigating this danger include, “If you are not hospitalized you have a ‘mild’ infection” and “if you do not die from the acute illness you have ‘recovered.’”

The [CDC reports](#) the incidence of Long COVID at 14.2%. Long COVID occurs more commonly in the young than the elderly, presumably because of a lower rate of vaccinations. A recent [study from Scotland](#) published in Nature Communications found that almost 50% of those who survived COVID-19 had symptoms at six months. Even more disturbing, the percentage of individuals afflicted with Long COVID did not markedly change at 18 months follow-up.

Long COVID is fast becoming a major cause of the United States’ workforce shortage; presently estimated to be up to 2 to 4 million workers, or approximately 2% of our workforce. And as reinfections occur, Long COVID’s impact will grow, exacerbating the ongoing disabilities endured by patients.

A recent article in [The New Yorker](#) pointed out that with reinfections “many of us could get COVID 10 times or more in our lifetimes.” With symptoms of Long COVID not abating over time, and reinfections occurring, the long-term outlook for the United States’ workforce is not good.

We need to take decisive steps to slow down reinfections until a pan-coronavirus vaccine which prevents infections can be developed. These steps include, encouraging all who can to be vaccinated and boosted and to encourage the wearing of N-95 masks.

The [National Institute of Health’s Researching COVID to Enhance Recovery initiative](#) found patients who were vaccinated before their acute infection had their chances of developing Long COVID reduced by 30% to 38%.

At a recent [White House webinar](#), Dr. Joseph Allen, from the Harvard T.H. Chan School of Public Health, described “the original sin of the COVID-19 response is the failure to recognize airborne transmission as the dominant mode of transmission. ...”

Industry needs to upgrade indoor ventilation and ideally install germicidal UV-C lighting. The public can obtain portable CO2 monitors from Amazon which can serve as a guide to detect unsafe ventilation in indoor settings.

Staff who become sick need to have support from their employers. During the Omicron BA.1 period, [80% of those infected](#) still tested positive for the virus five days after symptom onset; and 20% at 12 days. For safety, one should be off of work for at

least 14 days. [A faster return](#) can be achieved, if one has three negative rapid tests over a course of two to three days.

To protect the vulnerable in our society, businesses need to set aside a few hours in the morning each week in which everyone is required to wear a mask and should offer curbside pickup with staff wearing N-95 masks. These are simple steps that do not infringe upon “liberties” but show that we care for others.

Dr. Kevin Kavanagh, of Somerset, is a retired physician and current chairman of [Health Watch USA](#).

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