

4.35: Omicron, Travel Bans, Masks, Vaccine Mandates with Dr. Zeb Jamrozik

Season	4
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Plenary Session 4.35 Show Notes

Overview

Conversation with Dr. Zeb Jamrozik

- **YouTube**
 - [Watch this conversation on YouTube](#)
- **Introduction [0:42]**
 - [Dr. Zeb Jamrozik](#) is a bioethicist and internist at the Monash Bioethics Centre and the University of Oxford
 - He has served in World Health Organization Ethics Working Groups on a variety of infectious disease-related issues.
- **South Africa [1:00]**
 - Variants
 - Dr. Jamrozik points out that the panic surrounding variants has been shown to be unjustified since the very start of the pandemic
 - There were alternative ideas, such as a variant being much more lethal, harboring enormous vaccination escape, that variants would reset all our policies to zero, but none of that has occurred

“When we make an observation about what's happening with an infectious disease, and some other types of illnesses – there's a triad between the host or the population, the virus, and the environment – and it's often hard to tell which one of those factors is most responsible for the changes that we've seen” - Dr. Jamrozik

- e.g., If we find a variant in the winter, for example, it will always seem to be much more transmissible since the environment has changed
- Global response to a travel ban

- The worst form of travel restriction, obviously, is one that is discriminatory (e.g., travel bans on LMIC's)
 - Travel bans are also ignorant of the fact that by the time a new variant is discovered, there is a good possibility that it has been seeded in virtually every well-connected nation on the planet
 - On the flip side, there's all these benefits of having linked populations worldwide, including immunological benefits
- **Retrospective datasets [6:40]**
 - SARS CoV 2 has a stochastic nature
 - Some super spreader occurrences have a form of *founder effect*
 - Things we need to understand about transmissibility of SARS-CoV-2 is that
 1. Immunity wanes overtime
 2. Reinfection is going to be a common phenomenon
 3. The virus will mutate and possibly becomes more infectious, but it doesn't mean that you reset your immunity to zero
- **Travel ban pt. 2 [11:51]**
 - Do we have a problem in the media ecosystem?
 - The media environment is structured in such a manner that fear and indignation fuel clicks and reading, among other things
 - It's all too easy for a rational point of view to be drowned out by speculative thinking and fear mongering via the media
 - e.g., Media being complicit with the narrative
 - Trevor Noah Says Omicron Might Not Be So Bad

“In the US media, he [Trevor Noah] was widely criticized as being sort of *fueling* anti-vax rhetoric and sentiment by saying that. And to me, the revealing part of that was that he's a comedian. We won't even let

him joke about it, because the media is so complicit with the narrative of “boosters forever.” They don't even allow a debate anymore” - VP

- **Infectious Disease [17:44]**

- These people who have gotten it into their head that we can avoid infectious disease forever:
 1. Is this true empirically?
 - a. This depends, but in reference to respiratory viruses, it is unlikely
 - i. There can actually be a downside to avoiding infection because of rebound epidemics
 2. Is this desirable from a utilitarian aspect?

- **Pandemic response [23:13]**

- It made sense to put some changes to society while a vaccine was being developed
 - However, VP points out that he struggles to understand disruptions to society once a highly effective vaccine has been developed
- Progressives in the course of the pandemic

“I do think progressivism in the course of the pandemic has failed spectacularly, because it's not really good in places of scientific uncertainty. It [progressivism] brings a sort of strong moralizing component to questions that are scientifically unsettled. And in fact, probably, if anything, stifled real debates and actually may have been a force of wrong.” - VP

- Where was the ball dropped? Where was the excess?
 - The fact is that for most young, healthy people, COVID-19 is a mild infection, and sometimes asymptomatic, which makes it much harder to control than a more severe disease

- In the pre-vaccine era, maybe some significant disruptions to society could be justified, but the benefits are only likely to outweigh the harms of major disruptions when they take place at the very peak of transmission
 - Politics
 - Dr. Jamrozik doesn't think progressivism per se, or conservatism per se, has to have a certain relationship with science
 - We were meant to have learned from the HIV/AIDS epidemic that stigmatizing individuals and robbing them of their human rights was not the way to control infectious diseases
 - One of the core values of progressivism was supposed to be fairness
 - i.e., Providing additional assistance to those who are worse off or trying to ensure kind of fair treatment across society
 - But we are currently in a situation where children and young, healthy people are not able to engage in society (e.g., school)
- **Child vaccinations [37:09]**
 - [NYC's New Vaccine Mandate for Kids Has Some Restaurateurs Up in Arms](#)






"In light of the omicron variant, NYC Mayor Bill de Blasio announced on Monday, that as of December 14, children between the ages of five and 11 must now show proof of at least one vaccine dose when dining inside at restaurants. As of December 27, anyone over the age of 12 must show proof of two doses of the vaccine to dine indoors. These measures come in tandem with a new citywide requirement that all employees working in the private sector must receive two doses by December 27." - Orlow

- **Long COVID [38:49]**

- Long COVID refers to at least three different sets of clinical phenomena which are often not separated in discussion:
 1. Severe disease
 - a. Symptoms: Fatigue, respiratory problems, brain fog, lung scarring
 2. Mild or moderate illness
 - a. Symptoms: Chronic cough, breathlessness, often sometimes fatigue
 3. Mild or asymptomatic illness
 - a. Symptoms: There is not such a tight relationship between the amount of tissue damage and dysfunction and the amount of symptoms that people have
- **Language [47:07]**
 - There are current uses of language that are being weaponized
 1. “Pandemic of the unvaccinated”
 - a. For a while it looked like the majority of people in hospital with COVID were unvaccinated people, because of the vaccines are pretty good at reducing individual risk of severe disease
 - i. But that doesn't make it a pandemic of the unvaccinated
 1. In fact, as more and more people are vaccinated, the fraction of infections they're going to be, it's going to be more among the vaccinated, and eventually, they're going to be most of the hospitalized people in places with very high vaccination rates
- **Bangladesh RCT [50:15]**
 - Evidence for Community Cloth Face Masking to Limit the Spread of SARS-CoV-2: A Critical Review
 - Liu I, Prasad V, Darrow JJ; Cato Institute Working Paper
- **College mandates [55:00]**
 - Before we mandate anything or compel someone to do something, we need have a strong notion of what the potential outcomes of our actions are

- While some people might have an interest in there being kind of annual vaccinations, the marginal benefits of doing so are going down all the time
 - There is also a claim that by vaccinating young, healthy people, we can protect others → but Dr. Jamrozik states that he doesn't think there's a lot of evidence for that
- **Vaccine passports [1:00:00]**
 - Evaluating the number of unvaccinated people needed to exclude to prevent SARS-CoV-2 transmissions
 - Prosser et al.; medRxiv




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Important paper 🙌🙌 that quantifies how many unvax'd people a vaccine passport/ mandate must exclude to prevent 1 transmission of disease 1000

Easy to make a moral argument, but important to do the math and weigh that against the unintended conseq.



medrxiv.org

Evaluating the number of unvaccinated people needed to ex...
Background Vaccine mandates and vaccine passports (VMVP) for SARS-CoV-2 are thought to be a path out of the...

11:18 AM · Dec 15, 2021 · Twitter Web App

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- **Testing [1:03:03]**

- VP points out 4 things that it takes for testing to be useful:
 1. The test must be accurate
 2. The test needs to be fast
 3. A positive test must result in a change in behavior
 4. The test needs to be consistent
 - Dr. Jamrozik also points out that the test needs to prevent harm
- **Flu vaccination [1:08:33]**
 - There's lots of immunity to multiple strains of influenza in the community, which is why vaccine efficacy may be low
 - In regard to vaccine mandates in the healthcare settings, people's intuitions may not be very accurate or scientific in a lot of cases
 1. One intuition that people have is that we don't want doctors or healthcare workers infecting their patients
 - a. But if you actually look at the data that we've had from COVID, most of the spread of respiratory viruses appears to be staff to staff and patient to patient
 2. We need to be focused on the number needed to treat
 - a. The NNT can be very high in regard to influenza
- **Other people mentioned:**
 - Sarah Catherine Gilbert
- **Other literature mentioned:**
 - Great Barrington Declaration
 - A fiasco in the making? As the coronavirus pandemic takes hold, we are making decisions without reliable data
 - John P.A. Ioannidis

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