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[00:00:27] **Speaker 1** In COVID 19 News, Wisconsin topped 2000 positive cases over one day this week, a number not seen since early June, according to the Wisconsin Department of Health Services. The state's official positivity rate sits at over 13%, but that's certainly an undercount with at home test results not appearing in these numbers. Where are we headed with the enduring pandemic at this point? We ask national expert Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota. He joins us from Minneapolis. And thanks very much for being here.

[00:01:03] **Speaker 2** Thank you.

[00:01:04] **Speaker 1** So what are the estimates for? How big of an undercount it is in positive cases currently posted on the public dashboard?

[00:01:13] **Speaker 2** We just really don't know. I will have to say, using that old rural Wisconsin approach to understanding life where you put your finger and put it up in the air, and then that's how you determine which way the wind's coming from. That's pretty much what we're doing right now in terms of looking at COVID cases. We have a major undercount occurring because people are not getting tested using the kinds of testing systems like the PCR testing system that would give you results that get reported. As you noted, many people who are using at home testing those results, first of all, are somewhat challenging that we know a lot of people right now are testing negative when in fact they are positive. In addition, they're not getting reported. So I would say at this time it's clear that there are many, many more cases occurring in the community. I personally know of more people in my own life right now that are infected than I've seen at any time in the entire pandemic. So the one thing that we are using right now as a measure indirectly of what's happening is hospitalizations and deaths. And unfortunately, both of those are creeping up quickly throughout the country.

[00:02:18] **Speaker 1** Our state lab says that the par five variant is now the dominant one. What do we know about this variant?

[00:02:26] **Speaker 2** Well, as we've been talking about on this very show, for the better part of the last two years, is that this virus continues to throw 210 mile an hour curveballs at US Bay five, which is a sub variant of all. Al-Muqrin is now one that can evade the immune protection not only of the vaccines, but in addition, even those who had a one, the earlier some variant of all Macron in December and January are now getting infected with a five. And so this is one of the issues we have with the COVID situation is, in fact, that the immune evasion of these newer variants is really a problem for us in terms of just understanding just how many new infections will occur, what will happen. We just don't know at this point.

[00:03:13] **Speaker 1** So quoting from an Atlantic article in I just read More variants mean more infections. More infections mean more variants. How does this cycle look moving forward, say, into the fall?

[00:03:27] **Speaker 2** Well, it's clear that, you know, you can't get to the point eventually of where, you know, all you have to do is look at somebody across a football field and you get infected. That's not going to happen. But each time that a variant emerges and takes over, it's because they have a better fitness, meaning they're they're more infectious, they're more able to evade immune protection. And so we're going to likely continue to see not only with Al Macron, you know, what will be after be a five. Will we ever be a seven? We're now looking to be a 2.75, which may actually have some additional properties beyond Bay five to make it the dominant variant. But we also have to be concerned about what we call Pi or sigma is we know we named these variants after Greek letters. What's next? We don't know. And so I think we have to expect at this point the unexpected. When we talked on this show a year ago, who could have imagined or Macron, who could have imagined how it would be so highly infectious and spread through our communities? Well, now, fast forward. What will it be like next winter? What will it be like next fall? We don't know. All I can tell you as well, the U.S. has done with the pandemic. If you look across the board, the citizens are done with it. But the virus isn't done with us yet. And that's what we're trying to reconcile.

[00:04:38] **Speaker 1** Yeah, because it seems that folks have pretty much quit wearing masks. Should we be?

[00:04:46] **Speaker 2** Well, I'll tell you right now, I still wear mine if I'm in a public setting where I may be exposed to someone else's air. And we are seeing many, many cases right now occurring from being in public settings where people are not wearing any kind of respiratory protection. Even those who think, if I just take it off for 45 minutes seated in a restaurant, I'm okay. That's not true. We have many cases occurring there. What the challenge is right now is if these are milder illnesses, as a number of them are, people say, well, as the price of life I pay to live in a world of COVID, I want to live my life. We all understand that. I want to do that. But if you're someone who is at. Risk for serious illness, hospitalizations or death. You're older. You have underlying immune compromised conditions. You are overweight. All the factors that might predispose you to severe illness. Right now, your best bet is to, one, be as vaccinated as you can be. If you can get four doses by age, get it or three doses. But in addition to protect yourself in the public setting, you want to go out in the public, have that N95 respirator on, and that can go a long ways in protecting you and allowing you to still go to movies while in you go to concerts, things like that. If you if you have that protection and that's what you need to do.

[00:06:03] **Speaker 1** Should we hold out hope for a variant specific booster reportedly coming this fall?

[00:06:10] **Speaker 2** You know, I am not a big fan of the of some variant boosters in the fact that this think of the following we just got done talking about how Bay five basically is now infecting people who had a one. So they're right. There is an example of a sub variant that is not successfully protecting you if that were a vaccine. Now, if you look at what's going to happen going forward in the next 4 to 5 weeks to several months, something is going to replace May a five. So even if you have a sub variant vaccine, there's no necessary indication that that will protect you more. And so I think if we chased this virus by just trying to catch up with the sub variant development and then make new vaccines will always be a day late and a dollar short. Still, the most important thing you can do is just get the regular vaccine we have right now knowing that it won't necessarily protect you from getting infected. But it can go a long ways in protecting you against serious illness, hospitalizations or deaths.

[00:07:10] **Speaker 1** All right, Dr. Michael Osterholm, thanks very much for your information.

[00:07:14] **Speaker 2** Thank you.

[00:07:21] **Speaker 1** I really did want to tuck in there, Doctor Doom, but I decided not to.

[00:07:27] **Speaker 2** Thank you. Thank you. You know, it's just the truth. I mean, look back at everything I've ever said to you. Go back and just do a fact check and you'll see.

[00:07:34] **Speaker 1** I know. I know. You're all your man.

[00:07:37] **Speaker 2** If you. If you call me Doctor Doom, that optical you reported to him. Okay.

[00:07:42] **Speaker 1** I'm just curious.

[00:07:43] **Speaker 2** You report it, you report it. What?

[00:07:45] **Speaker 1** I'm just teeing up the doom. Yeah, no.

[00:07:48] **Speaker 2** Yeah, yeah, yeah. No. Are you? Yeah. You've been. You've been right on, too. I mean, your coverage has been great. You've really handled it well, thanks to you.

[00:07:54] **Speaker 1** Good. So thank you very much. Nice to see you.

[00:07:57] **Speaker 2** Have a good weekend. See you later.

[00:07:58] **Speaker 1** Okay, bye.