

What's Our Strategy to Get Through This COVID-19 Pandemic?

The American Society of Nephrology's (ASN's) COVID-19 Response Team has spent the past seven months gathering best-evidence practice, collaborating with governmental and non-governmental organizations to mitigate the spread of COVID-19 among patients with kidney diseases, and understanding how the virus affects the kidneys in people who previously did not have kidney diseases or kidney failure. The ASN COVID-19 Response Team has shared knowledge and hands-on experience of clinicians and patients during this pandemic, communicating with kidney care clinicians to stop the spread of COVID-19 and support their needs through this pandemic.

ASN supports guidance from the Centers for Disease Control and Prevention (CDC) to minimize infection and protect vulnerable patients with kidney diseases by encouraging social distancing, wearing of face masks, and using frequent hand hygiene. Where appropriate, ASN also supports tracking and tracing infectious contacts to minimize infection spread. **ASN strongly opposes proposals to shift this strategy to allow more natural spread of infection to increase survivor immunity and attempt to achieve "herd immunity."**

Public health officials from CDC and its international counterparts have advocated social distancing, face mask use, and hand hygiene to minimize the spread of SARS CoV-2. Despite the best science employing these measures, more than 8 million Americans have had confirmed SARS CoV-2 infections and more than 220,000 have died to date. And yet, antibody testing suggests that only about 10% of the US population has immunity. Even in endemic "hotspots" like the Northeastern United States, about 75% of the population lacks antibodies to SARS CoV-2, indicating they are susceptible to infection.

A weary population anxious to return to normal activity often discounts CDC advice and ignores social distancing, face masks, and hand hygiene. Local COVID-19 outbreaks around the country have been traced to "super-spreader" events, where best public health advice had gone unheeded. And while some have called new therapies under study "cures," treatments such as the antiviral drug Remdesivir, manufactured "antibody cocktails" directed at SARS CoV-2, and high dose steroids are not cures. These therapies are under active investigation to determine if they can ameliorate the severe complications of viral infection in significant numbers of patients.

A reasonable question might be: if the measures to avoid infections have not been effective, maybe a different approach might be more successful? One such proposal recently offered, the Great Barrington Declaration, is to stop widespread efforts to avoid infection and instead allow the natural spread of infection leading to the subsequent development of immunity. Coupled with allowing COVID-19 to spread naturally through the population, the authors suggest shielding those most vulnerable to infectious complications only: the elderly, those with risk factors for poor outcomes such as diabetes mellitus, hypertension, cardiovascular disease, and kidney diseases. If young people and healthy adults can weather infection with few complications, while protecting

those most vulnerable to complications, perhaps the United States can increase the percentage of our population with antibodies and immunity to this virus to 50% or 60%, high enough for such “herd immunity” to stop infection spread and end this pandemic.

The problem with this hypothesis is that **there is no realistic way to permit infection only to those who will not suffer complications**. Patients of every age and in all levels of health have suffered serious and unpredictable complications and death from this virus. Unfettered infection spread will predictably multiply complications and deaths from COVID-19 toward levels last seen in the US 100 years ago, when influenza similarly ripped across the country killing many millions of Americans.

This is a focused concern for the kidney community for several reasons. COVID-19 attacks the kidneys of patients with normal kidney function, and also those with kidney diseases. By some estimates, one-third of patients entering hospitals with COVID-19 suffer kidney damage, and 30% to 50% of those sick enough to require treatment in the intensive care unit may have kidney failure requiring dialysis treatment. Kidney failure caused by COVID-19 may cause permanent damage to the kidneys, which means these Americans will require lifelong coverage under the Medicare End-Stage Renal Disease Program.

Additionally, the 500,000 US patients who currently require ongoing dialysis treatments have a high mortality if they acquire COVID-19. In some studies, as many as 33% of patients receiving dialysis hospitalized with COVID-19 do not survive the hospitalization.

Advocates of the Great Barrington Declaration argue their approach offers the best chance to end this pandemic promptly and allow us to return to normal life. Yet **the price we would pay—likely hundreds of thousands of additional deaths, hospitals and health care resources around the country stretched far beyond their capacities, debility among survivors, including kidney failure and need for lifelong expensive dialysis—would plunge our country into an unimaginable crisis**. Moreover, any benefits to emerge from such a crisis may be short-lived: the length of time such herd immunity may be protective is unknown. There are lessons to be learned from other countries, such as Sweden, that adopted an approach similar to the Great Barrington Declaration. Mortality rates in Sweden have been several fold higher compared to other Nordic countries that maintained ongoing COVID-19-containment measures: social distancing, face masks, and hand hygiene.

Representing more than 21,000 nephrologists, scientists, and other kidney health professionals, ASN strongly:

- **Opposes a path to end this pandemic whose price in death, debility, and kidney failure will make the horror of these past seven months look like the mild beginning of a worldwide disaster.**
- **Agrees with The Infectious Disease Society of America that the Great Barrington approach to end the pandemic is inappropriate, irresponsible, and ill-informed.**

- **Affirms that all Americans must take the advice of the best public health officials and infectious disease experts in the world and continue efforts to prevent exposure, minimize spread of this disease, and continue working diligently to develop and widely distribute an effective SARS Co-V 2 vaccine along with sustained compliance with social distancing, face mask use and hand hygiene.**