

The Term "COVID Endemic" Might Just Be Wishful Thinking

We're All Tired of Living in the COVID Pandemic, But It May Be Too Soon To Start Declaring the End

NEW YORK, NEW YORK, UNITED STATES, August 24, 2022 /EINPresswire.com/ -- For full disclosure, I am the CEO of a



bioscience organization that creates diagnostics medical devices. Although COVID is the first of those tests, it is not the diagnostic test that will be our Legacy. It's a test that is currently vital for early identification and quarantine to save lives, which the pandemic has already taken far too many of.



In addition to continued prevention, we must dramatically raise the bar on public health outcomes"

John Cataldi, CEO of Clear

Health Pass Holdings LLC

As a former researcher, I felt a need to speak up against the ideology that COVID is over or that somehow the COVID Pandemic is now entering the endemic phase. I can state with absolute certainty that COVID IS NOT OVER.

Let me explain. Throughout the pandemic, an entirely new lexicon of terms has been both created and distorted. In

the age of information, words are singularly the most powerful force available, especially in a state of emergency. We can choose to use this force constructively and based on reality or destructively by providing an utterly false narrative.

I respect others' opinions if those opinions are based on facts. The narrative that the COVID Pandemic is now entering into an "Endemic Phase," or "end-phase" as reported by several journalists and politicians, may give you peace of mind, but potentially at your peril. In epidemiology, the endemic does not signal the end of the pandemic; it actually is earmarked as the stage of a virus's life cycle in which the virus will now always be present at a baseline level within the population, but it's ALWAYS present. Furthermore, in an endemic, unlike a pandemic or epidemic, the virus's behavior is more predictable in its mutating behavior. This would mean that for this to be the "end", COVID would, in essence, be less dangerous, and more predictable. A virus that truly enters its endemic phase allows researchers the time they need to research, assess, study and develop drugs to get ahead of the virus's infectious nature.

As of August 11, 2022, has reported 3 Variants of Concern (Omicron variants BA.2, BA.4, and BA.5) two additional variants of interest (Omicron BA.2 + L452X and BA.2.75). These datasets are derived from the European Centre for Disease Control (ECDC) weekly as new evidence on variants detected through epidemic intelligence, rules-based genomic variant screening, or other scientific sources. The prevalence of new COVID variants and sub-variants does not denote an endemic virus, quite the opposite.

Now, let's look at the facts according to the CDC:

- 1. Cases from July to Aug 2022 are down to ONLY 93,006,719 "Reported Cases"
- 2. Morality numbers from July to Aug 2022 are ONLY 398 Deaths Daily
- 3. Hospitalizations are also down to ONLY 5,845 new Admissions Daily

However, reviewing the CDC's data on COVID concerning Community

Transmission in the US by County, 3001 or 91.14% of Counties show HIGH

TRANSMISSION RATES, which is only a Change of -.059%. This is good news if you live in or would like to move to one of the 54 counties like Garfield County, Montana (population 1,050 based



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upon a 2010 Census) or Jones County, South Dakota (population 873 based upon a 2010 Census). The problem is that both counties are below the population mark of 100,000. These and the 52 others comprise only 1.68% of counties that have low transmission rates, but these trends helped justify relaxed US Federal and State mandates on Masks, distancing, and public policy.

Finally, we must consider extenuating circumstances. COVID infections are usually lowest in the Summer and Autumn periods when school is not yet in session and people tend to spend more time outside. In the winter months, and especially at the beginning of the school year, close

quarters will once again increase the spread of the virus. If COVID mandates and funding is not in place, many researchers believe that the lack of protocols will dramatically increase the spread of the virus and infection numbers will increase. This also comes at a time when rapid tests are resulting in more and more false negatives, causing further spread. And most unfortunately, mortality rates will see a significant climb when, not if, new variants emerge.

Sadly, the prospect of Herd immunity that once seemed like the best solution may be no longer possible; the virus keeps mutating and likely has animal hosts. These new variants have dramatically increased their ability to evade both immunity and detection. In addition to continued prevention, we must dramatically raise the bar on public health outcomes. As we find ways to live with this virus, we need to continue to learn more not only about the virus itself, but also about deaths, morbidity, and long-haulers syndrome, which has become all too familiar for large numbers of people, even in those who were vaccinated.

So as guidelines relax and things seem to return to normal, you can still live intentionally in ways to protect yourself and your family, and we at <u>Clear Health Pass</u>[®] will continue to work hard on clearing the path for a better tomorrow.

About

Clear Health Pass ® - Clearing the way for a healthy tomorrow

Clear Health Pass Holdings LLC is a minority/veteran-operated organization in partnership as tribal representative of federally recognized Native American Tribes. Clear Health Pass ® was founded with one mission: To save lives today and every day. We do this by providing a bioscience trifecta: at-home diagnostic testing, telehealth/treatment, and bioinformatics. Subject to FDA Regulations and Compliance.

Clear Health Pass's offering is under Rule 506(c) of Regulation D and is regarded as a "safe harbor" for the private offering exemption of Section 4(a)(2) of the Securities Act. To be eligible to receive qualified investment status, you must be an accredited investor as defined by Section 2(15)(ii) of the Securities Act of 1933.

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