



HAL
open science

Immune evasion means we need a new COVID-19 social contract

Laetitia Atlani-Duault, Bruno Lina, Franck Chauvin, Jean-Francois Delfraissy, Denis Malvy

► **To cite this version:**

Laetitia Atlani-Duault, Bruno Lina, Franck Chauvin, Jean-Francois Delfraissy, Denis Malvy. Immune evasion means we need a new COVID-19 social contract. *The Lancet Public Health*, 2021, 6 (4), pp.e199-e200. 10.1016/s2468-2667(21)00036-0. hal-03191898

HAL Id: hal-03191898

<https://hal.science/hal-03191898>

Submitted on 7 Apr 2021

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.



Distributed under a Creative Commons Attribution - NonCommercial - NoDerivatives 4.0 International License

Immune evasion means we need a new COVID-19 social contract

The collective benefits of herd immunity have become similar to a mantra in mass vaccination strategies, repeated by governments and researchers. However, the prominence of herd immunity being touted as a solution to the pandemic might be about to change with the emergence of immune evasion, a virological game changer that is as important as the arrival of SARS-CoV-2 variants. Dealing with immune evasion will require a re-evaluation of public health strategies, and the creation of a new, evidence-based social contract.

Studies suggest that the emergence and spread of SARS-CoV-2 variants is correlated with the absence of robust immune protection after first exposure to previous (wild-type) viruses, or even to a vaccine.^{1,2} This evolution, associated with the emergence of immune escape mutants, has not only been observed with SARS-CoV-2, but also with other viruses.³ Such evolution might be assisted by the waning of the immune response and notably the antibody response. The rapid arrival of SARS-CoV-2 variants such as the variants first identified in South Africa and Brazil suggests a so-called natural immune evasion.² Also, the dynamics of natural or vaccinal collective immunity in the regions where these variants emerged might have placed substantial pressure on the viral ecosystem, facilitating the emergence of a variant with enhanced transmissibility.

If substantial immune evasion occurs, current vaccines are likely to still offer some benefit to individuals. At the population level, however, they could induce viral selection and escape, making the prospect of achieving herd immunity increasingly remote.

This virological game changer has numerous consequences, not only for vaccines and treatment, but also for prevention and control strategies. The fervently awaited end of this global

health crisis might be continually postponed, as new variants emerge and immune evasion reduces vaccination effectiveness in the short and medium term.

Hence, it is time to abandon fear-based approaches based on seemingly haphazard stop-start generalised confinement as the main response to the pandemic; approaches which expect citizens to wait patiently until intensive care units are re-enforced, full vaccination is achieved, and herd immunity is reached.

Populations have so far been relatively complacent, but their doubts and distrust are visible in protest movements in several countries. The impact of general confinement on entire economies has been devastating, with worse still to come in levels of unemployment and national debt.^{4,5} Social and health (including mental health) consequences are also colossal, in particular for the younger generations, despite them being at low risk in terms of morbidity and mortality from SARS-CoV-2 infection.

To best ensure the success of mass vaccination—whatever its hoped-for impact on transmission—and to slow the emergence of new variants, while avoiding general confinement, governments need to integrate and apply available measures in a way that is much more targeted to different generational groups. Different age groups are not affected similarly by the virus; from March to June, 2020, 96% of additional deaths related to COVID-19 in Europe occurred in patients aged older than 70 years.^{6,7}

Crucially, the new approach should be based on a social contract that is clear and transparent, rooted in available data, and applied with precision to its range of generational targets. Under this social contract, younger generations could accept the constraint of prevention measures (eg, masks, physical distancing) on the condition that the older and more vulnerable groups adopt not only these measures, but also more specific steps

(eg, voluntary self-isolation according to vulnerability criteria) to reduce their risk of infection. Measures to encourage adherence of vulnerable groups to specific measures must be promoted consistently and enforced fairly. Implementation of such an approach must be done sensitively and in conjunction with the deployment of vaccination across the various population targets, including all generations of society.

Using stop-start general confinement as the main response to the COVID-19 pandemic is no longer feasible. Though attractive to many scientists, and a default measure for political leaders fearing legal liability for slow or indecisive national responses, its use must be revisited, only to be used as a last resort.

We scientists working against COVID-19 must have the courage to address those in power, who bear ultimate responsibility for the policies chosen and their consequences. If this responsibility is shirked or delayed, the inevitable day of reckoning might be terrible.

We are members of the French COVID-19 Scientific Council.

Copyright © 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

**Laetitia Atlani-Duault, Bruno Lina, Franck Chauvin, Jean-François Delfraissy, Denis Malvy*
laetitia.atlani-duault@u-paris.fr

Université de Paris, IRD, CEPED, Paris, France (LA-D); Collaborating Centre for Research on Health and Humanitarian Policies and Practices and Institut COVID19 Ad Memoriam, Université de Paris, Paris, France (LA-D); CNR des Virus des Infections Respiratoires, Institut des Agents Infectieux, Hôpital de la Croix Rousse, HCL and Centre International de Recherche en Infectiologie (CIRI), Virpath Team, Inserm U1111, CNRS UMR5308, École Normale Supérieure de Lyon, UCBL, Université de Lyon, Lyon, France (BL); French High Council of Public Health, Paris, France (FC); Institut PRESAGE, Jean Monnet University, Saint-Etienne University Hospital, Saint Etienne, France (FC); National Ethical Consultative Committee for Life Sciences and Health, Paris, France (J-FD); Inserm 1219, University of Bordeaux, Bordeaux, France (DM)

- 1 Callaway E. Fast-spreading COVID variant can elude immune responses. *Nature* 2021; **589**: 500–01.



Published Online
February 18, 2021
[https://doi.org/10.1016/S2468-2667\(21\)00036-0](https://doi.org/10.1016/S2468-2667(21)00036-0)

- 2 Hie B, Zhong ED, Berger B, Bryson B. Learning the language of viral evolution and escape. *Science* 2021; **371**: 284–88.
- 3 Sabino EC, Buss LF, Carvalho MPS, et al. Resurgence of COVID-19 in Manaus, Brazil, despite high seroprevalence. *Lancet* 2021; **397**: 452–55.
- 4 Organisation for Economic Cooperation and Development (OECD). OECD economic outlook, Volume 2020 Issue 2. Paris: OECD Publishing, 2020.
- 5 International Monetary Fund. World economic outlook: a long and difficult ascent. Washington, DC: International Monetary Fund, 2020.
- 6 Yanez ND, Weiss NS, Romand JA, Treggiari MM. COVID-19 mortality risk for older men and women. *BMC Public Health* 2020; **20**: 1742.
- 7 Eurostat. Weekly deaths statistics - March to June 2020. Oct 19, 2020. <https://ec.europa.eu/eurostat/documents/2995521/11438257/3-19102020-BP-EN.pdf> (accessed Feb 16, 2021).