

Though the COVID-19 pandemic seems to be lessening, it has, by no stretch of imagination, stopped. It is very much with us and seems to baffle the vaccines that are available. New variants seem to evolve endlessly. We are informed that various pharmaceutical companies are working on vaccines that will deal with the current variants. But by the time those are commercially available, other variants will likely have evolved. Thus, we are in an endless game of “catch up”, a game that we will lose. Simultaneously, H1N1 is also making itself felt. So then the dilemma appears how we distinguish between the viruses. Getting tested is the logical answer. But the best answer to H1N1 is to get vaccinated with the quadrivalent flu vaccine. The protection offered by this time-tested and validated vaccine is approximately one year. Then should flu-like symptoms occur, it will likely be caused by COVID variants. The treatment for H1N1 infections is oseltamivir and is very effective. Should an anti-COVID-19 viral tablet like oseltamivir be developed, it will be a game changer and cure people until a truly effective and safe vaccine, which has gone through rigorous testing, is developed. Simultaneously monkeypox, a zoonotic virus in the genus *Orthopoxvirus* has appeared on the horizon along with the discovery of a resurgence of the dreaded poliovirus.

All have as their portal of entry the aerodigestive tract. Thus, ENT surgeons are at great risk and must be aware of the various pathogens that enter and infect the human body via the respiratory tract. Till then, social distancing, the wearing of masks appropriately, washing of hands frequently should be carried out.

As it is well known, *prevention is better than cure*. This is an extremely appropriate saying for the times that we are all living in now.

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