

We probably can't eliminate COVID in Australia forever. As we vaccinate, we should move to a more sustainable strategy

July 7 2021, by Maximilian de Courten and Rosemary V Calder



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[Nearly half](#) of Australia's population was in lockdown last week, as parts of New South Wales, Western Australia, the Northern Territory and

Queensland enacted strict coronavirus restrictions.

But this angst-driven reaction of locking down with low community transmission of COVID is not a viable long-term strategy. This is because the coronavirus is increasingly likely to become [endemic](#), meaning it will settle into the human population.

Vaccination markedly reduces your chance of getting severely ill and dying from COVID. Vaccination also reduces transmission to some extent. As vaccination rates start to climb, we need to start moving to a calmer, more planned and balanced strategy to help us all learn to live with the virus.

That needs a simultaneous focus on achieving high vaccination rates as fast as possible, while continuing with a consistent strategy of test, trace and isolate. Instead of daily announcements of new cases at press conferences, we should start reporting on vaccination rates and on severe outcomes like hospitalisations and deaths.

Last month Singapore announced [its long-term strategy](#) to prepare the country for life with COVID as a recurring, controllable disease. And last week, Prime Minister Scott Morrison announced a similar four-phase plan for Australia.

Significant shift in gear from Singapore.

'...instead of monitoring COVID-19 infection numbers every day, we will focus on the outcomes: how many fall very sick, how many in the intensive care unit...This is like how we now monitor influenza.' <https://t.co/zRbQXAz4ki>

— Latika M Bourke (@latikambourke) [June 24, 2021](#)

COVID is likely to become a regular part of life

There's a theory that viruses often become [more transmissible over time](#). SARS-CoV-2 [might be heading that way](#).

One of the newer variants of the virus, Delta, is estimated to be significantly more transmissible than the Alpha variant, which is more infectious than the original strain of the virus discovered in Wuhan.

Though [it's not guaranteed](#), the coronavirus [might also become less harmful to the population over time](#), as more people build up immunity.

Research in Nature found the majority of the 119 scientists it surveyed believed the coronavirus would become [endemic](#), meaning it settles into the population, becoming a part of our environment like the flu.

The coronavirus is here to stay—here's what that means:
<https://t.co/uGhxcg5fu8k> [pic.twitter.com/UQy8y7aHE7](https://t.co/UQy8y7aHE7)

— nature (@Nature) [February 18, 2021](#)

We can't continue an elimination strategy forever

When the pandemic was first taking hold, Australian health authorities aimed to "[flatten the curve](#)" by reducing new cases to a manageable level. In July 2020, the federal government's own Deputy Chief Medical Officer [declared](#) eliminating COVID-19 a "false hope".

But then Australia (and New Zealand) achieved success in not only suppressing the virus but reducing community spread to zero using lockdowns, social distancing measures and severe restrictions on incoming travellers. Elimination then became the new goal [for many](#)

[chief health officers](#) around Australia, and many public health experts declared it [the optimal strategy](#).

However, the high costs of the repeated elimination attempts over time are [evident in the economy](#), in people's livelihoods and businesses, and people's [broader health and well-being](#).

While we continue to debate whether the huge costs of lockdown are worth it, the costs of not having lockdowns in an unvaccinated population would be far higher. However, it's likely the benefits of lockdowns will greatly diminish once we have rising vaccination rates and treatments for COVID continue to become more successful.

Elimination also requires really tight control of our borders. Very limited numbers of travellers (mostly returning Australians) are allowed through our quarantine system. This creation of "[fortress Australia](#)" ignores thousands of Australian citizens stranded overseas and prohibits overseas travel for almost all residents.

Despite this, our system continues to leak the virus into the community and to spark snap lockdowns. Australia currently experiences about one to two outbreaks per month from hotel quarantine.

Australia needs a more mature COVID approach for the long-term

Three Singaporean ministers, [writing in The Straits Times](#), sum it up perfectly: "The bad news is that COVID-19 may never go away. The good news is that it is possible to live normally with it in our midst."

Moving away from an elimination approach to a long-term management strategy requires us to rapidly vaccinate most, if not all, of the

population, as vaccination significantly reduces severe outcomes from COVID.

We need vaccine development to keep pace with the emergence of variants of the virus, as these seem to reduce the efficacy of vaccines to some extent. This will require booster vaccinations and continued research and development of new vaccines.

Developing effective treatments for COVID is also crucial. As we find effective treatments, these will make COVID a "milder" disease, lowering the risk of hospitals and intensive care units becoming overwhelmed.

Although we don't yet have a gold-standard treatment, methods to treat the disease are [rapidly improving](#). Steroid treatment dexamethasone is one example, which cuts the risk of death by [one third for patients on ventilators](#). Antibody therapy is another.

The federal government's four-phase plan doesn't mention treatment at all. But we should accelerate support for ongoing research into COVID treatments.

We need to learn to live with yet another viral disease among us

Given COVID is likely to [become endemic](#), the national cabinet decision to commit to a four-phase plan is a welcome recognition that Australia needs to begin treating COVID-19 "like the flu" in a long term approach.

This [transition of Australia's approach](#) should be based less on anxiety-inducing reports of daily new cases and where they might have strolled near you.

Instead it should focus more on how many people are partially and fully vaccinated, as well as [how many people become very ill from the coronavirus](#) and other health outcome measures.

This will give a consistent set of messages aimed at encouraging much stronger vaccination take-up. This looks to be included in "phase 3" of the [federal government's](#) transition timeline and therefore we estimate this isn't likely to occur until well into next year.

We'd argue this phase should begin much earlier, in tandem with the move from phase 1 to 2 and paired with sustainable public health measures to reduce exposure to infection. Public health measures should focus on community awareness, knowledge and engagement and on restoring [community calm, economic livelihoods, health and well-being](#).

Masks, rapid and routine COVID testing, and tracing and isolation of contacts will be important when cluster infections occur.

What's more, there should be particular engagement and protective measures for [highly vulnerable people](#), such as the elderly, those who are disadvantaged, minority groups and people living with mental ill-health and with a disability.

We need to learn to live with yet another viral disease among us. Our health system should move rapidly to reduce fear, improve [vaccination rates](#), improve treatments and reduce complications as it does with other diseases we cannot eliminate or fully protect against.

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