

COVID doesn't need to run rampant: Six ways to keep cases low in the next year

October 25 2021, by Brendan Crabb, Nancy Baxter



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In the blink of an eye, we've gone from 18 months of zero tolerance for COVID to accepting huge case numbers as the norm for Australia's foreseeable future.

Our ambitions are now limited to simply keeping a lid on things to avoid our [health systems](#) being overwhelmed—not that we've defined what that limit is.

But how many lives, severe illnesses, and cases of long COVID are we willing to accept? The national and other roadmaps aren't explicit about this. NSW and Victoria have regularly seen [10–15 lives lost each day to COVID](#), so this could represent the baseline rather than the cap. The impact of long COVID simply isn't considered in the risk-benefit equation.

It's time to draw breath and consider a better alternative. High case numbers aren't our only path to freedom. It's not inevitable [all Australians will get COVID](#) in the near future.

We could keep numbers low now and move to a strategy of eliminating the virus, like we do for measles, mumps, rubella and whooping cough, just to name a few.

A strategy of local COVID elimination shouldn't be taboo when it's the norm for many other infectious diseases.

Why do high case numbers matter if we're all vaccinated?

COVID vaccines are truly brilliant, especially against severe disease. They provide the essential base to move away from harsh public health measures.

But like any medical intervention, they're not perfect, even against severe illness. You aren't bulletproof if you've had two doses. In fact, as Health Minister Greg Hunt announced last week, you'll probably need a

[third dose](#) soon.

What's more, releasing restrictions across the country is based on vaccination targets for those over 16 years. But reaching 70% and 80% targets leaves 30% or 20% of people unvaccinated and at risk in this group alone. Importantly this will include [pockets of communities](#) with much lower vaccination levels than others. Plus all children under 12 will be unvaccinated. Together, that's 5–10 million unvaccinated Australians.

Let's be clear, the virus is and will be in our community for some time.

This is sometimes inaccurately described as "endemic," as in, a settled and predictable infection. COVID isn't that yet, and we have no idea when it will be.

COVID will remain epidemic for some time, characterized by bursts in at-risk communities and pockets of under-vaccinated people, because of [waning immunity](#) or new variants. If not countered, this epidemic scenario will continue to disrupt our health and economy.

As Melbourne cautiously opens up today, what lies ahead? We need to remain vigilant around key prevention behaviors, esp. recognizing symptoms, testing, and short isolation for people who contract COVID-19, writes [@MStoove](#) [@profmiketoole](#). <https://t.co/kQBkQS1sBR>

— Burnet Institute (@BurnetInstitute) [October 21, 2021](#)

So we need a 'vaccines-plus' strategy

Keeping COVID numbers low presents a substantial challenge, especially in deeply fatigued NSW and Victoria.

But as OzSAGE, an Australian network of scientists providing advice on COVID, [has detailed](#), it can be achieved with a deliberate "vaccines-plus" strategy.

The "plus" includes a range of minimally disruptive measures to keep transmission down, such as improving ventilation and maintaining the use of masks in higher risk settings. Victoria's [schools' package](#) is the best current example of appropriate ambition in this space.

[International examples](#) tell us vaccines-plus works vastly better than vaccine-only.

Keeping numbers low also presents a positive-feedback loop as it enables a functioning test, trace, isolate and quarantine system that's crucial to keeping a lid on numbers.

Keeping numbers low now doesn't just delay the inevitable. In fact, a major motivation for holding the line is the future will be much better.

Six ways to strengthen our COVID defenses

In 12 months' time, the tools for interrupting transmission and managing COVID as a sporadic infectious disease will be substantially stronger than they are now.

A realistic vision for a year from now includes:

1. Vastly improved vaccination

Three shots will be routine and 80–90% of the whole population will be fully vaccinated in this way. Kids over five will also immunized, and we'll be on the way to approving vaccines for those under five.

This goal is [likely to be achieved in six months rather than 12](#).

We'll be able to identify people who need further boosters using "immunity tests," which provide a surrogate measure of people's immunity. These are being developed by the [Burnet and Doherty](#) Institutes.

Vaccines will prevent much more transmission than they do now.

2. Much less airborne transmission

[Clean air](#) will be provided in risky indoor settings in a regulated and accepted way. Indoor density limits, and improved, targeted mask-wearing will be normalized in settings like public transport and schools.

3. New treatments

Advances in therapy are likely to change the game completely. These could be simple pills or inhalers.

For example, Australia recently purchased [Merck's COVID pill](#) "molnupiravir," which the company said halved the risk of hospitalization and death. This is just a taster of what's to come.

4. Improved test, trace, isolate and quarantine

People who have COVID will easily and quickly know they're positive and stay home while infectious.

Our test, trace, isolate and quarantine systems will be functional and modernized, perhaps even using artificial intelligence.

Self-testing, at home and elsewhere, will be widespread.

5. Traffic light quarantine system

Borders will be open but risk-assessed. High-risk travelers will still have some form of quarantine. This is especially important to keep new variants at bay.

6. Reduced COVID in the region

It's really [not an option](#) for the developed world to let infections run free in low-income countries.

COVID doesn't need to run rampant

[Letting COVID run is a risky experiment](#) and most countries with greater experience of the impact of COVID infections have [rejected this approach](#).

An ambitious attitude to elimination can be achieved with a vaccines-plus strategy now and embracing innovations as they inevitably come.

The second-best pandemic outcome is for most Australians to be fully vaccinated before they encounter the virus for the first time. After 18 months of monumental effort, and to this country's enduring credit, this objective will be achieved.

But there's an even more important end goal for our health, free society, and economy—for most Australians to never encounter the virus at all, or if they do, to not be infected by it.

In 12 months' time, our defense against COVID will be stronger. We

need a vaccines-plus strategy to safely get us there.

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