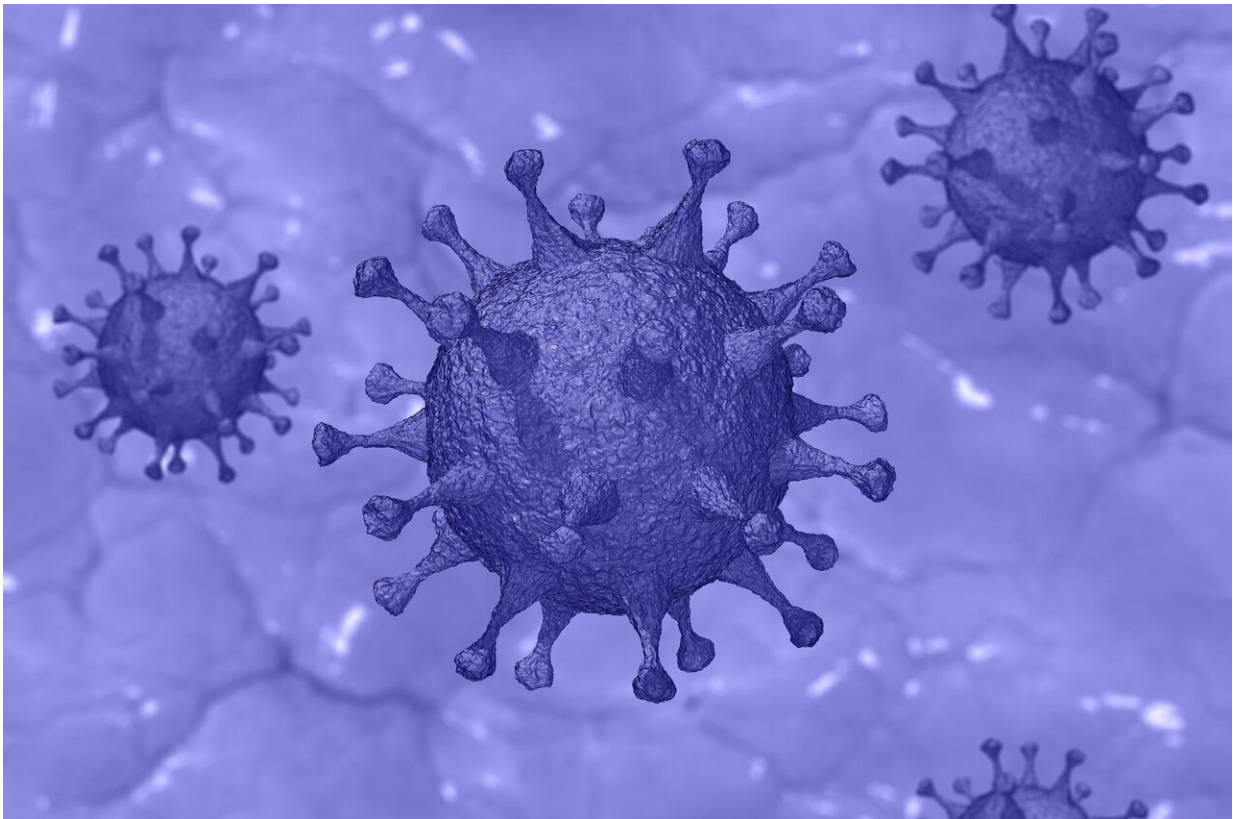


The COVID-19 emergency is over, but the need for awareness remains, experts say

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The official word on COVID-19, according to the World Health Organization and the U.S. government, is that it's no longer an emergency. But while that's a milestone, it's hardly an all-clear for

everyone to behave as if the pandemic never happened, experts say.

"It doesn't mean there's no risk for anyone," said Dr. Preeti Malani, an infectious disease physician at the University of Michigan in Ann Arbor. "But it does mean that we are at a very different point than we were when the emergency was declared more than three years ago."

The WHO first declared "a public [health](#) emergency of international concern" on Jan. 30, 2020, when just 213 people were known to have died from COVID-19, a number that has since grown to nearly 7 million deaths globally. The alert required nations to track and report cases. WHO ended that declaration May 5.

The following week, on May 11, a U.S. [public health emergency](#) that also had been in effect since January 2020 expired. Its end brought administrative changes in how the disease is monitored and in who pays for testing and vaccines. According to the U.S. Department of Health and Human Services, access to COVID-19 vaccines and important medications "will generally not be affected," although Medicare and Medicaid waivers that expanded [health insurance coverage](#) for millions are ending.

But as governing bodies move on, the coronavirus that causes COVID-19 has hardly gone away.

"The emergency phase is over, but COVID is not," Dr. Maria Van Kerkhove, the COVID-19 technical lead for WHO, said at a news conference about the declaration.

The [Centers for Disease Control and Prevention reported](#) that for the week ending May 13, 281 people in the U.S. died from COVID-19, and 9,204 people were admitted to hospitals for treatment. That's down from a peak of nearly 26,000 weekly deaths in mid-January 2021 and 151,000

hospital admissions a year later.

Dr. Safi U. Khan, a cardiology fellow at Houston Methodist DeBakey Heart and Vascular Center, said the end of the emergency declarations is a time for "celebrating our achievements without forgetting the need to stay alert and prepared for threats."

Some groups of people remain more susceptible to a severe case of COVID-19 that could lead to hospitalization or death. The CDC says those at risk include [older adults](#) and people with certain underlying health conditions, such as heart disease, diabetes, obesity and chronic kidney disease, as well as being a current or former smoker.

CDC data show the risk for hospitalization and death from COVID-19 is disproportionately higher among people who are American Indian, Alaska Native, Black or Hispanic. People who live in the most socially vulnerable communities—a measure of factors that include lower socioeconomic status, limited English proficiency, crowded or substandard housing and poor access to transportation—also may be more likely to die when hospitalized for COVID-19, according to a 2022 study in [Circulation: Cardiovascular Quality and Outcomes](#).

For otherwise healthy people, Khan said, dealing with COVID-19 in day-to-day life still requires weighing risks. "Ultimately, it's a balance between normalcy and safety," he said.

When it comes to keeping safe, "vaccination is at the top of the list," he said.

The [CDC recommends](#) that everyone 6 months and older be vaccinated against COVID-19. Most people need only one updated, or bivalent, mRNA vaccine dose, but some may need additional doses based on their age, vaccination history and immune status. People 65 and older or who

are immunocompromised can receive an additional dose of the updated vaccine.

While 81% of the U.S. population has had at least one vaccine dose, only 17% has received an updated booster dose, the CDC says.

"Please go get vaccinated if you haven't," Malani said.

Beyond vaccination, wearing masks in crowded indoor spaces and practicing proper hand hygiene remain good habits, Khan said. So does keeping an eye on local COVID-19 trends.

The tools for that have been changing, Malani said. Although the CDC is not abandoning surveillance, the end of the emergency does alter how it gathers data and will slow its reporting.

But the value of some details, such as the ratio of positive tests, has decreased over time anyway, Malani said. "I can remember looking at those data feeds every day, trying to figure out what was happening. And you know, I don't look at them anymore."

She does keep an eye on federal data about [hospital admissions](#), which could signal a rise in new variants or subvariants—as could monitoring levels of the virus in sewage. "Many communities are still doing [wastewater surveillance](#), and an increase in cases will show up there before you see it in the health care setting," Malani said.

But to her, the end of the emergency declarations is an official acknowledgement that people are moving forward. For three years, she fielded a constant stream of calls from friends and colleagues asking what they should do. "I don't get those kinds of calls anymore," Malani said.

Given the number of people who have immunity from vaccination or earlier exposure to COVID-19, people don't have to be as rigorously careful as they were early in the pandemic, she said. But they still need to be cautious. So what Malani tells her family is: Move forward but be smart.

To her, that means keeping a mask handy in case you find yourself inside in a crowded space where people are coughing. But it also means being willing to go out to enjoyable activities even if other people are not wearing masks, because [social isolation](#) is itself a health concern, and levels of older people reporting isolation have not fallen to what they were pre-pandemic.

Malani also encourages people to use extra caution so that COVID-19 doesn't ruin big gatherings. Nobody is likely to avoid the disease forever, but "I certainly don't want it to disrupt something important to me, such as a special family event, a graduation or a wedding. So I do think a little more carefully about exposure and shared spaces during those times."

The symptoms of COVID-19 can be mild. But for people at increased risk for severe illness, treatment with antivirals should start within days of the onset of symptoms, Malani said, so travelers should have a plan on where to find health care if needed.

"The risk of COVID remains," she said. "But it is manageable, and the risk can be mitigated. Even if you can't eliminate risk completely, you can often decrease it to the point where the things that are important for individuals to be doing are possible, which wasn't the case three years ago."

Malani said the pandemic had shown the need to be thoughtful of other people when you have symptoms. Khan, too, emphasized the need to remember how everyone's health remains interconnected.

"The COVID-19 pandemic has driven home a few key lessons," he said. "One big one is the crucial role of preventive health care, like staying current with vaccinations and regular doctor's visits. Second, the pandemic has also underscored the value of a healthy lifestyle." Eating a healthy diet, exercising regularly and getting enough sleep all help keep your immune system in good shape, he noted.

"But perhaps most importantly, it shined a light on the significance of public health measures," he said. "Things like social distancing, mask-wearing and getting vaccinated aren't just about keeping ourselves safe. They're also about reducing risk for everyone around us."

Provided by American Heart Association

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