

COVID-19 is no longer an official emergency: Is that the right call?

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The COVID-19 emergency is over. After three years, the World Health Organization (WHO) has said that the virus ["no longer constitutes a public health emergency of international concern."](#) Many countries have

decided the same.

In April, the United States lifted its own national emergency and has decided to let a public health emergency declaration expire this week—meaning no more free tests, vaccines, or medications for many people. Hospitalizations are way down nationwide from peak levels and, here in Massachusetts, every county has held a steady low case count for months. In a major moment, some hospitals this month even reported zero inpatients with the disease. So, we're done, right? Back to a carefree—and mask-free—life?

Maybe not. The WHO didn't downgrade COVID-19's classification as a pandemic. And the United States alone is still tracking about 80,000 new weekly cases and more than 1,000 weekly deaths—numbers that Boston University research suggests may actually be undercounted. Surges in cases and deaths continue to spring up worldwide, most recently in India.

To make sense of the ending declarations, their potential impact, and what it means for where we're at in the pandemic, The Brink spoke with Ellie Murray, a BU School of Public Health assistant professor of epidemiology and a faculty affiliate at the University's Center for Emerging Infectious Diseases Policy & Research.

The Brink: The public health emergency declaration meant easier access to COVID tests, vaccines, and treatments. What are the main impacts of it ending?

Murray: There's also a lot of other response activities that are bundled under this, like the pause on redeterminations to make sure people still qualify for Medicaid—there's definitely a lot of people that are going to lose their healthcare access because of that. We have had things like eviction freezes and those will be ending, as well. So, a whole set of

programs that were designed to help people weather the disruption of the pandemic, as well as the particular public health tools—like tests, vaccines, and treatment—are all going to be much harder to access now.

Who's going to be most affected by this? Is there going to be an unequal impact?

There's absolutely going to be an unequal and inequitable impact. The people who will be most affected by it are going to be those who were already most affected by COVID. Our response to COVID really did not focus on ensuring that people at most risk of exposure, at most risk of severe outcomes, had the most support. With the exception of vaccines being rolled out to various different vulnerability groups, everything else was pretty one-size-fits-all, and as a result, people in essential occupations, people with medical vulnerabilities, were really left to suffer the highest burden of COVID—and those are exactly the people who needed the protections the most. With these things going away, they're going to be the most vulnerable still.

Massachusetts is also ending mask requirements in healthcare settings and most hospitals have said they'll follow suit.

This seems a really strange decision from a public health perspective. We put the masks on to protect from the respiratory disease, and we did that because we saw that they were useful. Now that the emergency is ending, we should be transitioning into masks being a standard part of healthcare, because of the levels of respiratory viruses that we're seeing. And the people who are most likely to have the severe outcomes from COVID are those people who are already facing other health problems, which is who is in our hospitals. And our healthcare workers are at a really high risk of exposure because they're around people who are sick

all the time.

The removal of masks in healthcare settings is mind-boggling. It's kind of in the same vein as if people were like, "Yeah, well, HIV is not new anymore, so people handling blood or contaminated material don't need to wear gloves in a healthcare setting." I don't think anybody would be comfortable with that.

Even if masking had stayed in hospitals, is this the right time for the public health emergency declaration to expire or should it have been renewed, or perhaps replaced by something else?

It is pretty clear from how the government is dealing with COVID that they don't see it as an emergency anymore. But when we think about other kinds of emergencies—for example, during Hurricane Katrina—there's an emergency response that happens right away, and then that transitions to a recovery plan that, long term, provides support: gets people housed, compensates people who lost things, rebuilds the community. Where's the COVID recovery plan? If we're ending the emergency, then we should be moving into the recovery phase, and that should mean coming up with a long-term plan, and providing support and compensation.

COVID is going to be around for a while. Whether our response is an emergency one or long-term one, doesn't super matter, but there needs to be a response. And, instead, what we're seeing is that people are sick of COVID, are sick of doing COVID precautions. And that's just an invitation for disaster, because a lot of people think that something has fundamentally changed about the virus to make it safer now, and that's just not how viruses work. If you've had a vaccination recently, the likelihood of getting hospitalized or dying is much lower. And, yes, the

different variants do have different profiles in terms of what proportion of people end up hospitalized, but it's not directional. It's not like it's always going to be getting milder, and if we take away all the precautions and we let COVID have as many hosts as it wants, it can become more severe again. And we're getting rid of testing, we're getting rid of tracking. I'm not very happy about it.

The federal government ended the COVID national emergency last month, the WHO has said COVID is no longer a global emergency. Those moves feel really symbolic. I can imagine a lot of people saying this means the pandemic is over.

For a lot of people, the message they've been getting from officials for more than a year is that the pandemic is over. A lot of people think it was over a long time ago, and that's part of why it's not really over. What does it mean for there to be a pandemic? In a pandemic situation, you don't necessarily have a good sense of what the next month's infections will look like. And anywhere, worldwide, at any time, you could have a surge. I think we're really in that space still.

Last year, we spoke with you about pandemic versus endemic. Where are we on that journey?

The [transition point](#) really is just, can we say, with reasonable reliability, what we should expect tomorrow, next week, next month, this time next year? And we're getting there a little bit more. Last year did match what we expected to see in terms of when the different surges happened, but the relative size of the surges was a little bit unexpected. We also are still seeing disruptions in other respiratory viruses from COVID. So, the RSV season seems to be shifted in a way that means that everything is

happening all at once, which is not typical. Until we get all of those things balanced out, we're not going to be in the endemic phase. Endemic is a way of describing equilibrium, stability, and that's just not where we are.

Did we, as a nation, as a planet, learn the lessons from COVID in terms of living with a pandemic and preparing for future ones? It sounds like perhaps we didn't.

If you read newspapers from 1918, when we had the last really big global pandemic, the arguments and the discussions could all be written today. The same types of complaints about [face masks](#), the same types of arguments of, "Sure, it's happening over there to that town, but it's not coming here for us, we're fine. And then, oops, actually, we're in the middle of a surge." And this same kind of almost national amnesia about the pandemic—a lack of memorializing, a lack of coming together and saying, "This happened to us, and we should be acknowledging that." We did not learn the lessons from 1918; we repeated all of the same mistakes. Unless we have a better national conversation about it, to really make everyone aware of what just happened, what worked, what didn't work, we're just going to be in exactly the same place the next time a pandemic comes around.

With all these declarations ending, are you sticking with the precautions that you've been taking for the past couple of years—wearing masks, avoiding restaurants?

Yeah, I'm sticking with it. I mask when I'm in public indoor spaces. In terms of indoor dining, I'm generally avoiding it. The only exception

would be if it's a place where it's relatively empty. And I have this little portable CO₂ monitor, which can tell me if the ventilation is good, so sometimes you can find somewhere where the ventilation is very good, then I might eat indoors.

What else would you want people to know about the emergency ending or where we're at in the pandemic?

It's not 2020. We have learned some things, and we have some tools, but ending the emergency means we're basically giving up even on those tools. What we should be doing is setting up our system so that we can passively control COVID in the background, and individual people don't have to worry about what they should, or should not, do. Public buildings, for example, should have mask-required times in order to be accessible to everyone who needs to use those services—libraries, government offices.

As we transition into a nonemergency phase, we're going to have to start reckoning with a lot of that, because there's potentially a lot of Americans with Disabilities Act violations around not doing anything. We know that COVID affects certain vulnerable people the most, and we already, as a society, have decided that it's not appropriate for this group to be subject to unusual harms. And yet we're doing it. It's not that we need to lock down forever, or mask everywhere forever, but we need to come up with a plan to protect people and allow them to have full participation in society, because right now, that's not happening.

Provided by Boston University

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