

Should we give up on COVID-zero? Until most of us are vaccinated, we can't live with the virus

20 August 2021, by Hassan Vally



Credit: Pixabay/CC0 Public Domain

We're currently in the midst of one of the most challenging times during the pandemic in Australia, and we're all struggling.

Frustration with the situation is at an [all-time high](#) and questions are being raised about all aspects of our response.

One of the areas that has received a great deal of attention is the "COVID-zero" approach which has defined Australia's response to the pandemic. In particular, questions have been raised about the sustainability of this strategy.

Some of this commentary has been a bit hard to make sense of, and has conflated where we've been, where we are now, and where we are heading.

Some people think we can live more freely with the virus without losing control of transmission and causing escalating numbers of infections, ICU admissions and deaths. But this is not a choice we have until enough of us are vaccinated.

Don't forget COVID-zero has been an overwhelming success

In terms of where we've been, it's clear the COVID-zero approach has been an overwhelming success.

In adopting this strategy, we've been able to avoid the disease burden and deaths that other parts of the world have endured. Many parts of the country have been able to enjoy long periods living relatively normally, a luxury not many places have had.

Even our [economy](#) is in [far better shape](#) than most could have hoped for and certainly it's doing better than many others around the world.

All of this was achieved because we squashed transmission so effectively.

If an alternative strategy had been pursued, the results aren't something you'd need to imagine—you only have to look to the United Kingdom and the United States to see the stark and tragic reality of what would have happened.

Although it clearly has been a tough time for all of us, it could have been much worse.

A number of those questioning the COVID-zero approach seem to think there's a choice of living more freely and not having the virus spread uncontrollably and causing widespread illness and deaths.

But this isn't true based on our understanding of how COVID spreads, particularly with the Delta variant. This virus is just too infectious to be able to keep in check in the community.

Scientists think it's [around 50%](#) more contagious

than the Alpha variant, originating in the UK, which was more infectious than the original strain. This makes contact tracing so much harder.

There's no better evidence of how difficult it is to control the transmission of the virus than what we're seeing happening in NSW right now.

We're still in an unstable situation

The number of fully vaccinated people isn't even close to the levels required to attenuate transmission. Only [28% of people over 16](#) have been fully vaccinated.

The recent Doherty Institute modeling suggests lockdowns become much less likely once upwards of 70–80% of the eligible population is fully vaccinated.

Right now, we still have a very infectious virus circulating in a mostly non-immune population.

Metaphorically, we're in a tinder dry bush on a hot summer's day where one spark can lead to a raging bushfire.

While this unstable dynamic exists, living with the virus isn't an option.

The only option is to respond aggressively and eliminate the virus in order to enjoy some freedoms while we wait for the effect of vaccines to kick in. The alternative is to risk what we're seeing in NSW, which is incredibly concerning even with significant restrictions.

We keep seeing the benefits of going early and hard, and with the emergence of the Delta variant this seems to be more true than ever.

We'll get through this, if we stay the course

Getting high vaccination coverage will be the game changer.

When vaccination levels increase, the unstable situation we are currently in moves more towards an equilibrium. Then, the drivers for infection are more counterbalanced by immunity in the

population.

When we get vaccine coverage to high levels and the majority of the vulnerable population are immunized, we can start to have more confidence any community transmission can be contained and we can contemplate living with the virus. Then, you can start to safely increase your tolerance for cases circulating in the community.

Most importantly, this is the time when we all have to make the significant mental shift from treating COVID like a pandemic disease, to treating it just like another endemic infection such as influenza.

There may still be some spot fires to put out as we open up and take on more risk of exposure to COVID. But at this point, more targeted public health responses will be able to address outbreaks and the need for the brutal sledgehammer of lockdowns will be largely behind us.

I don't know anyone who likes lockdowns or thinks permanent zero COVID infections is realistic.

I do know plenty of people who think that hanging on a few more months until vaccination rates are higher enough is preferable to a strategy that would have killed 30,000 Australians.

— Alan Sunderland (@asunderland) [August 17, 2021](#)

So while talk of relaxing restrictions and living with the [virus](#) are premature, we should be reassured the time for this isn't too far away.

Getting vaccines into people is the priority and the faster we do this, the faster we move to the final phase of the pandemic in this country.

The pandemic has been a marathon, and we have collectively hit the wall. But if we push through and get vaccination coverage up past 70%, the end is in sight.

This article is republished from [The Conversation](#) under a Creative Commons license. Read the [original article](#).

Provided by The Conversation

APA citation: Should we give up on COVID-zero? Until most of us are vaccinated, we can't live with the virus (2021, August 20) retrieved 27 November 2021 from <https://medicalxpress.com/news/2021-08-covid-zero-vaccinated-virus.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.