



This is a repository copy of *COVID-19 : difficult transitions*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/185099/>

Version: Accepted Version

---

**Article:**

Lee, A.C.K. [orcid.org/0000-0002-9795-3793](https://orcid.org/0000-0002-9795-3793) and Morling, J.R. (2022) COVID-19 : difficult transitions. *Public Health*, 206. pp. 31-32. ISSN 0033-3506

<https://doi.org/10.1016/j.puhe.2022.02.014>

---

© 2022 The Royal Society for Public Health. This is an author produced version of a paper subsequently published in *Public Health*. Uploaded in accordance with the publisher's self-archiving policy. Article available under the terms of the CC-BY-NC-ND licence (<https://creativecommons.org/licenses/by-nc-nd/4.0/>).

**Reuse**

This article is distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND) licence. This licence only allows you to download this work and share it with others as long as you credit the authors, but you can't change the article in any way or use it commercially. More information and the full terms of the licence here: <https://creativecommons.org/licenses/>

**Takedown**

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing [eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk) including the URL of the record and the reason for the withdrawal request.



[eprints@whiterose.ac.uk](mailto:eprints@whiterose.ac.uk)  
<https://eprints.whiterose.ac.uk/>

## **Editorial: COVID19 - Difficult transitions**

It has been an amazing achievement that within the past 2 years vaccines against COVID-19 have been both developed and rolled out globally en masse. To date, more than 10 billion doses of Covid-19 vaccine have been given to 61% of the world's population.<sup>1</sup> However, there is still a lot more work to be done as many still remain unvaccinated, particularly in low- and middle-income countries.

Encouragingly, vaccination has considerably reduced the risks of the very worst outcomes of infection such as severe disease requiring hospitalisation, mechanical ventilation and death.<sup>2</sup> Globally, COVID-19 case fatality rates have declined to less than 2% in many countries.<sup>3</sup> Whilst still more severe than seasonal influenza, in vaccinated individuals the COVID19 infection fatality rates in some countries are now approaching low levels similar to influenza. If the link between infection and severe outcomes has been broken by immunisation, this raises the question as to whether pandemic control measures can be removed.

At some point in time, many of the public health measures implemented in the past two years could be lifted, but the key question is the pace and timing for this transition from pandemic mode to the post-acute pandemic phase. This involves a trade-off between the social and economic benefits versus the infection risks for the population. If the measures are lifted prematurely, resurgent infections could follow. However, the longer restrictions are kept in place, the greater the economic damage caused. For example, the UK experienced a severe recession and 9.7% drop in its Gross Domestic Product in 2020 due to the pandemic.<sup>4</sup> There are also well recognised social impacts such as reductions in personal wellbeing and greater anxiety.<sup>5</sup> Growing public weariness with pandemic measures may also adversely affect adherence to them.

Public health policymakers may find it increasingly difficult to justify and advocate for continuance of restrictive public health measures, against competing voices from politicians, businesses, industry, education and other groups. The coming months could be a hazardous and challenging time for public health whose message may be cast as authoritarian, doom-mongering, out-of-touch and damaging to wider society. Public health practitioners may rapidly go from hero to public enemy.

How the profession communicates its narrative to the public and policymakers will therefore be key to navigating through these treacherous hazards. We cannot assume that public health evidence will be accepted at face value. Neither can it be examined purely in health terms as ultimately it will necessitate a balance of restrictions versus freedoms. We are likely to find our judgments and decisions called into question by critics armed with hindsight, which is always easier than foresight.

The evidence and justification for each and every public health measure will be challenged. On its own, the evidence of benefit for each measure is likely to be limited, patchy and difficult to extricate from the confounding situation where many measures had been implemented throughout the course of the pandemic. Such an approach adopted by critics ignores the fact that no single intervention would have been sufficient for a challenging situation where a multi-layered preventative approach was needed. Indeed, many public health measures had to be introduced on a precautionary basis, on the best evidence available at the time, however limited. That said, the relative protective value of non-pharmaceutical interventions in a highly vaccinated population may be less.

Transitioning out of the acute phase of the pandemic is especially tricky to manage as there are multiple views and interests at play. Each and every individual will have different risk appetites and tolerances, and there is no one-size-fits-all public health policy that will satisfy everyone. Vaccinated young persons for whom the disease in a likelihoods will be mild may question the need and

proportionality of the imposition of restrictions on them that limit their work, social and educational opportunities. Some older individuals who have suffered from the social isolation created by lockdowns and shielding may choose to prioritise and maximise their quality of life over quantity.

There will also be competing non-COVID-19 healthcare needs and demands, arising from healthcare activity that have been displaced and delayed by the response required of the pandemic. This includes elective healthcare, screening and prevention, as well as chronic disease management activities. Pandemic responses are expensive and draw on the same limited pool of health and care workers. There is an opportunity cost to maintaining the pandemic response infrastructure. In the UK, for example the cost of the testing and tracing infrastructure was around £37 billion, accounting for a quarter of the total health budget.<sup>6</sup>

But whilst those countries with high vaccination coverage rates (who are mostly high income countries) now contemplate transitioning to life beyond COVID-19, it is important to recognize that the pandemic has not ceased globally. Many countries remain in the grip of high levels of infections. Global vaccine inequity persists. Endemic disease may still cause high levels of ill health and mortality, that we know from bitter experience will disproportionately affect the poor, and especially vulnerable groups including the elderly, those with comorbidities, as well as marginalised groups such as the homeless, migrants, and ethnic minority groups. Whilst winding down some of the pandemic response apparatus may be politically, socially and economically desirable, we have to ensure that there are measures in place to protect these vulnerable population groups.

Finally, there remains the very real possibility of new and emerging variants that may evade vaccine immunity and, unlike the Omicron variant, cause more severe disease and death. As Dr Tedros Ghebreyesus, the WHO Director-General, warns, “it is dangerous to assume that Omicron will be the last variant or that we are in the endgame. On the contrary, globally the conditions are ideal for more variants to emerge”.<sup>7</sup> Neither will vaccinations alone prevent infections and contain outbreaks.<sup>8</sup> So whilst countries may be de-escalating their pandemic response, they need to continue to be vigilant, and retain their ability to mobilise and re-escalate to tackle any emergent threat.<sup>9</sup> It would be unwise to expect a return to a pre-pandemic world with no measures.

Dr A C K Lee, the University of Sheffield

Dr J R Morling, the University of Nottingham

## REFERENCES

1. Our World in Data. *Coronavirus (COVID-19) Vaccinations* (Website). N.d. Available at: <https://ourworldindata.org/covid-vaccinations> (accessed 3/2/22)
2. UK Health Security Agency. *COVID-19 vaccine surveillance report – Week 5*. 3 February 2022. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1052353/Vaccine\\_surveillance\\_report\\_-\\_week\\_5.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1052353/Vaccine_surveillance_report_-_week_5.pdf) (accessed 3/2/22)
3. Our World in Data. *Mortality Risk of COVID-19* (Website). N.d. Available at: <https://ourworldindata.org/mortality-risk-covid> (accessed 3/2/22)
4. Harari D, Keep M, Brien P. *Coronavirus: Economic Impact* (Research Briefing). House of Commons Library. 17 December 2021. Available at: (accessed 3/2/22)
5. Office for National Statistics. *Coronavirus and the social impacts on Great Britain: 21 January 2022*. (Website) 21 January 2022. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandthesocialimpactsongreatbritain/21january2022> (accessed 3/2/22)

6. The King's Fund. *The NHS budget and how it has changed* (Website). 3 February 2022. Available online at: <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget> (accessed 3/2/22)

7. World Health Organization. *WHO Director-General's opening remarks at the 150th session of the Executive Board — 24 January 2022* (Website). 24 January 2022. Available online at: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-150th-session-of-the-executive-board-24-january-2022> (accessed 3/2/22)

8. Moore S, Hill EM, Tildesley MJ, Dyson L, Keeling MJ. Vaccination and non-pharmaceutical interventions for COVID-19: a mathematical modelling study. *The Lancet Infectious Diseases*. 2021 Jun 1;21(6):793-802.

9. El Bcheraoui C, Müller SA, Vaughan EC, Jansen Amm Cook Rm Hanefeld J. De-escalation strategies for non-pharmaceutical interventions following infectious disease outbreaks: a rapid review and a proposed dynamic de-escalation framework. *Globalization and Health*. 2021 Dec; 17(1):1-11.