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EDITORIAL COMMENT Open Access

From Pandemic to Endemic COVID-19; Rethinking Omicron and What Policy Moving Forward

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In this issue of our journal, we draw upon from our previous editorial comment, *COVID-19 Pandemic: Where Does it Stand in the Pantheon of Deadly Infectious Diseases?* Our current editorial builds on the rationale of what spikes in infection for a mild form of COVID-19 would be an important catalyst to move from pandemic to endemic COVID-19 and in consolidating COVID-19 as a more brutal infectious disease of the century [1].

Because of Omicron, we are at a tipping point where we are likely to have a paradigm shift from pandemic to endemic COVID-19. Omicron springboard us into a hyperdrive tsunami of COVID-19 cases. And for the first time during the pandemic, the world reported more than 1 million confirmed cases per day. This may simply mean that we are going to have our fifth regular circulating coronavirus that doesn't cause severe disease, but infects everybody pretty much every year, regardless. Given this background, what is the best science we have gathered so far and going forward, how will Omicron affect policy shifts of COVID-19 mitigations strategies?

Let's first start by laying a premise for understanding. Omicron has in the early stages, been found to be really contagious. And in South Africa, we're seeing it take over Delta, even though, what was noticed is that the hospitals did not get overwhelmed. It actually seemed that the cases (because everyone was being tested), was decoupled from the number of people getting hospitalized. Decoupling, simply meaning that hospitalizations are not increasing at the rate of cases. This phenomenon is due to immunity and, possibly, less severe Omicron. We are VERY lucky this is happening now, especially that people are already exposed multiple times to other forms of coronavirus and a few are vaccinated. However, the question remains; What is the health and societal impact of a reduction in hospitalizations among a virus that is probably as contagious as measles. It's clear that hospitalizations continue to be largely driven by unvaccinated cases.

The emerging science as earlier explained is that we have a less deadly, more contagious variant of Omicron. On the one hand, we have a highly immune population in certain areas with high vaccination rates. In areas with low vaccination rates, we may have some natural immunity. In general, because of this, Omicron may cause less severe disease. However, it is still important that people decide to be vaccinated because in the end, since there is a higher chance now of reinfection with Omicron. Getting vaccinated will make a massive difference in future infections.

As a usual custom is, the one we have created since the start of the pandemic, with the announcement of Omicron variant, **the politicians in different settings**

responded with its usual blunt tools of stupidity, such as travel bans. The UK banned some countries like South Africa and other Southern African countries for being 'good at science'. The most of countries instituted stringent measures. Sadly, given its contagious nature, Omicron was already everywhere evading such blunt tools as well.

The preliminary studies seem to suggest that that the Omicron replicates at a very high rate in the upper respiratory. It is important to take time to understand the twofold ramifications of this, the ramifications of this are that; first by replicating so quickly in the upper airway, would entail that Omicron will spread easier, because you easily breath, cough or sneeze it out. Secondly, is that it evades, temporarily, immunity from both natural infection and vaccines. This means that it's better at infecting people who already have immunity compared to previous variants. So, what does this mean? By attaching to mucosal surfaces and replicating quickly, one will end up dodging the ability of antibodies and T-cells and memory immune response to quickly enough staunch all that replication. This would also mean that if you if you have prior immunity from either vaccine or previous exposures to COVID-19, you will definitely not get a lot of Omicron replicating in the lower lungs. This is what causes Omicron the ability to evade vaccine and natural immunity and cause reinfection. This would also be an Omicron maybe a silver lining to endemic COVID-19. Additionally, Omicron is better at infecting people with immunity from vaccination or prior infection. But the vaccines (especially with a booster) still reduce the risk of infection with Omicron, and dramatically reduce the risk of hospitalization and death. Vaccination is still the best way to build immune memory SAFELY.

So, what does that mean? That means we have a highly immune population through vaccine and some natural immunity among populations, but it is not causing severe disease, unless for those that have multiple comorbidities, immunocompromised, advanced age, and as such. So, our mitigation measures; using an ordinary face mask, hygiene comedy of using temperature gun, social distance and lockdown. All of these measures, given Omicron and its contagiousness, are not going to work. Omicron has been reported to have a Ro of even higher than 10. So, can measures such as ordinary masks work? No! with Omicron, masks don't significant differently work in preventing infection, more especially that people don't use N95 masks. **What needs to be done is vaccinate yourself and get a booster, because the booster will raise your neutralizing antibody levels to Omicron resistant levels.**

What does this mean with the progression of the COVID-19 pandemic? well, this means that we are at the cross roads of crossing from pandemic to endemic COVID-19. Omicron could be the first step towards pandemic becoming endemic. An endemic stage signifies a large population developing immunity to the disease, either through vaccination or natural immunity acquired from previous infections. This means that the spread of the disease eventually becomes slow at some stage. Additionally, an endemic disease will need to have Ro (reproductive number) stably at one.

Omicron would actually be 'vaccination' against the Delta variant, but do not go out and intentionally try to get Omicron. That's not a wise move. Because of the immune evasion of Omicron, already described in this editorial, if you are unvaccinated, you can't count on Omicron being "mild". Do the best you can with the tools you have to mitigate your own risk. It also means that we should get the mitigation we have formulated on COVID-19 out of the way, because it's no longer relevant.

REFERENCES

1. Chiluba BC,. COVID-19 Pandemic: Where Does It Stand in the Pantheon of Deadly Infectious Diseases. *JPRM 2021*,3(1):1-3. doi: 10.21617/jprm2021.311