

## COVID-19 — a global pandemic or endemic?

Henna Fatma

Madam, whether COVID-19 would ever have to be accepted as an endemic illness has been a matter of debate among epidemiologists and virologists since its early days. Last year the UK prime minister pioneered the suggestion to change our expectations around COVID-19 and label it endemic. Earlier this year the Spanish PM agrees. Many support the idea and tout Darwin's theory of survival of the fittest, now that economies have suffered too much due to restriction policies.

The WHO however holds a strongly opposing view, and has issued a dismal forecast about more than half of people in Europe and Central Asia becoming infected in the present swathe of the omicron variant. It maintains that the virus is too erratic currently, given its mutations and the great enormity to which it infects populations at a given time. For it to acquire an endemic status there should be a stable level of virus within a population marked by epidemic surges that are predictable. This is not foreseeable in the near future.

The last viral pandemic of such a great impact was the 1918 influenza,<sup>1</sup> causing more than 50 million deaths world-wide. Influenza became endemic by 1920, with seasonal rises. The vaccine for influenza was launched in 1945. However, flu pandemics plagued subsequent decades, the latest being the swine flu of 2009. There stills looms a danger of a future influenza pandemics with WHO claiming that it is not a question of "if", but "when". However this time we are equipped with several pandemic preparedness measures — an effective surveillance system (The Global Influenza Surveillance

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Department of Internal Medicine, Aga Khan University Hospital, Karachi, Pakistan.

**Correspondence:** Henna Fatma. Email: [henna.fatima@aku.edu](mailto:henna.fatima@aku.edu)

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and Response System)<sup>2</sup> yearly flu vaccine and post-exposure prophylaxis (oseltamivir).

COVID vaccines have reduced severity of infection,<sup>3</sup> therefore strict lockdown measures and prolonged self-isolation are no longer in vogue. All one can do it seems, is to accept that COVID is here to stay, get the vaccine — or get infected — and hope that either passive or active immunity will work.

However keep in mind that COVID — ARDS aside, post viral-sequale (lung fibrosis, encephalitis, and thrombotic complications) is a more concerning contributor to morbidity and mortality.

So if in reality the death toll is much higher than the estimated count of 5.5 million and is predicted to rise in coming months as more people get infected are we ready to allow the virus to decide who climbs the evolutionary ladder and who does not?

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