



# The Galle Medical Journal

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## Editorial

### The COVID-19 pandemic: Looking into the future

The pandemic of corona virus disease 2019 (COVID-19) has drastically transformed the lives and almost all aspects of livelihoods of the global population in unprecedented proportions. We have moved away from the containment phase, which is generally of value in the initial stages of an epidemic. Although social distancing and vaccination are generally considered as a panacea for this scourge, it is very likely that we will have to live with it for some time to come. Telenti *et al.*, giving their perspective on the future trajectory of the pandemic in *Nature*, discuss about uncertainties about the type of long-term association that SARS-Co-V2 virus will establish with the human population.<sup>i</sup> With a possibility of COVID-19 becoming an endemic disease with probable seasonal peaks, they detail many mechanisms that may cause endemicity; susceptible individuals and waning immunity after infection or vaccination, viral changes through antigenic drift that diminish protection and re-entries from zoonotic reservoirs. Into the second year of the pandemic, we are facing the threat of antigenic drifts caused by mutations as in the case of the current Delta variant of the virus which is highly infectious. Another major problem into the future is the danger of “long Covid” with variable multisystem involvement (sometimes with progression) in some patients.

The pandemic has highlighted many unfortunate aspects related to social inequity at different levels; globally, between countries and within countries. In the care of the infected, the lack of facilities and infrastructure to cope up with the demands is a major problem throughout the world, requiring the application of principles of distributive justice. At an institutional

level, a rational redistribution of manpower and resources are required to cater for Covid patients, although there is a reluctance to give up resources by some for the benefit of the suffering. This sudden change in the paradigm calls for empathy, benevolence and magnanimity from all levels of health workers, based on equitable principles.

By mid-August 2021, 58% of the population of high-income countries had received at least the first dose of a Covid vaccine while in low income countries as a whole it stood at a dismal 1.3%. This shows gross inequity from a global perspective reflecting disparities in economic, political and other factors. This wide disparity caused the World Health Organization (WHO) to call for a moratorium on a third (booster) dose of the vaccine being planned in high-income countries. It is broadly held that focusing on boosters when more than half the world lacks vaccine doses will only keep the pandemic burning longer.<sup>ii</sup>

However, from a vaccination coverage perspective, Sri Lanka has fared extremely well with its robust health system. By the end of August 2021, 37.2% of the Sri Lankan population have received both doses of the vaccine and 56.9% have received the first dose.<sup>iii</sup> (Assuming a projected total Sri Lankan population of 21,919,000).

With a trend of global travel and wide international interactions, it is abundantly clear that the majority of human inhabitants of our planet ideally should have immunity against the virus. From a global context, the broad immunization of a mere country will not be of much value unless other countries too achieve such a coverage. This calls for a globally planned focused universal vaccination strategy transcending geographical and political boundaries. The vaccination process needs to be well structured, purposeful and organised with minimal interference.

We now live in a world ravaged by a hitherto unknown virus that has changed our lives, health and livelihood in an unimaginable way. This new world order caused by a tiny corona virus calls for equity at all levels transcending boundaries.

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**Eisha I Waidyaratne**

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