

IPCRG practice driven answers on COVID-19 and respiratory questions



What does the evidence suggest will happen with COVID-19 as we move out of the pandemic?

What the research says

It is unlikely that the SARS-CoV-2 virus be will eradicated from the global population and it appears increasingly likely that that virus will become endemic and we will need to learn to live with COVID-19 disease. However, there is no evidence available to confidently predict the trajectory and impact of COVID-19 illness as we move out of the pandemic phase. As SARS-CoV-2 is related to other coronaviruses including endemic coronaviruses that cause the common cold and the SARS and MERS coronaviruses that cause severe respiratory illnesses (Kissler et al 2020), efforts are ongoing to use past experience with these viruses to predict the evolution of SARS-Cov-2. Predictive models suggest that the most likely scenario is one similar to influenza with winter seasonal surges (Murray and Plot 2021; Townsend et al 2022) – although this too is uncertain as COVID-19 'waves' have occurred during summer months.

The transmissibility of SARS-CoV-2 means that containment strategies which have largely successfully controlled SARS/MERS outbreaks will not be successful for SARS-CoV-2 (Kissler et al 2020). On the other hand, the severity of illness associated with the virus means that, as for influenza, ongoing vaccination programmes in some form will be needed (Kissler et al 2020; Stoddard et al 2021).

Further uncertainty arises from the potential

for the emergence of new variants and the impact and duration of herd immunity/vaccinations.

Current public health measures are aimed towards ending the public health emergency imposed by the SARS-CoV-2 virus by reducing viral spread (social distancing and protective measures) and protecting individuals through vaccination, especially the most vulnerable, from severe COVID-19 illness. How long this approach will need to continue is as yet unclear and may change if new variants emerge, particularly if they are more virulent and cause more severe disease in a wider range of individuals than current variants (Kissler et al 2020; Sandmann et al 2021).

What this means for your clinical practice

- Continue to follow precautions, including wearing of masks, social distancing and sanitisation, as per National guidelines of your country
- Continue to advise patients to get the required booster vaccinations given the evidence that vaccine effectiveness wanes over time, as per the guidelines for your respective countries
- Remember to keep offering vaccination to all unvaccinated people and to young children as they reach the recommended age for vaccination
- See also our response to the question: [What is known about immunity beyond 6 months following COVID-19 vaccination \(2 doses\) and first booster dose, and does the evidence suggest that any specific groups would benefit from an additional booster dose?](#)

Useful links and supporting references

Kissler SM, et al. Projecting the transmission dynamics of SARS-CoV-2 through the postpandemic period. *Science* 2020;10.1126/science.abb5793. Available at: <https://pubmed.ncbi.nlm.nih.gov/32291278/>. Accessed March 2022.

Murray CJL, Plot P. The potential future of the COVID-19 pandemic. Will SARS-CoV-2 become a recurrent seasonal infection? *JAMA* 2021;325:1249–50. Available at: <https://pubmed.ncbi.nlm.nih.gov/33656519/>. Accessed March 2022.

Sandmann FG, et al. The potential health and economic value of SARS-CoV-2 vaccination alongside physical distancing in the UK: a transmission model-based future scenario analysis and economic evaluation. *Lancet Infect Dis* 2021;21:962–74. Available at: <https://pubmed.ncbi.nlm.nih.gov/33743846/>. Accessed March 2022.

Stoddard M, et al. Beyond the new normal: assessing the feasibility of vaccine-based elimination of SARS-CoV-2. Preprint (not yet peer reviewed). Available at: <https://www.medrxiv.org/content/10.1101/2021.01.27.20240309v1>. Accessed March 2022.

Townsend JP, et al. Projecting the seasonality of endemic COVID-19. Preprint (not yet peer reviewed). Available at: <https://www.medrxiv.org/content/10.1101/2022.01.26.22269905v1>. Accessed March 2022.

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