
UNDERSTANDING ENDEMIC DISEASES: WILL COVID-19 ULTIMATELY BECOME ONE?

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WHAT ARE ENDEMIC DISEASES?

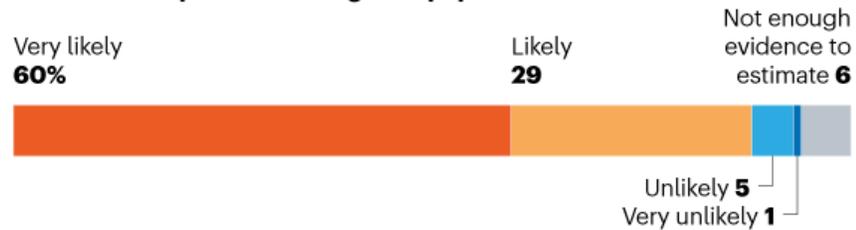
- Epidemic: An often sudden increase in the number of cases of a disease exceeding what is normally expected in that population in that area (not necessarily infectious disease, eg: diabetes/ obesity) [1]
- Pandemic: An epidemic that has spread over several countries or continents
- Endemic: A disease outbreak that is consistently present but limited to a particular region
 - Eg: Malaria (WHO African region reported 94% of all cases and deaths worldwide in 2019)
 - Towards malaria elimination: Eight E-2020 member countries reported zero indigenous cases of human malaria by end 2020: Algeria, Belize, Cabo Verde, China, El Salvador, the Islamic Republic of Iran, Malaysia and Paraguay [2]
 - Malaysia reported zero indigenous human malaria cases for 3 years, 2018-2020 [3]
 - Challenges with *P. knowlesi* parasite normally found in monkeys that infected about 2,600 people in 2020

WILL COVID-19 BECOME ENDEMIC?

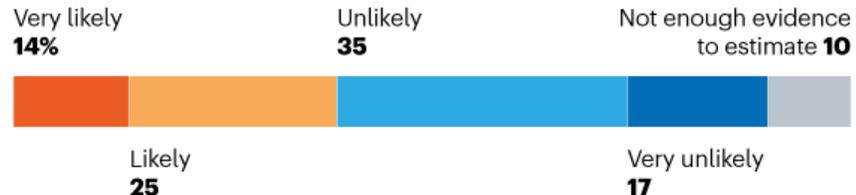
ENDEMIC FUTURE

In a *Nature* poll, 89% of scientists felt that SARS-CoV-2 was either very likely or likely to become an endemic virus.

How likely do you think it is that SARS-CoV-2 will become an endemic virus: that is, one that continues to circulate in pockets of the global population?



How likely do you think it is that SARS-CoV-2 can be eliminated from some regions?



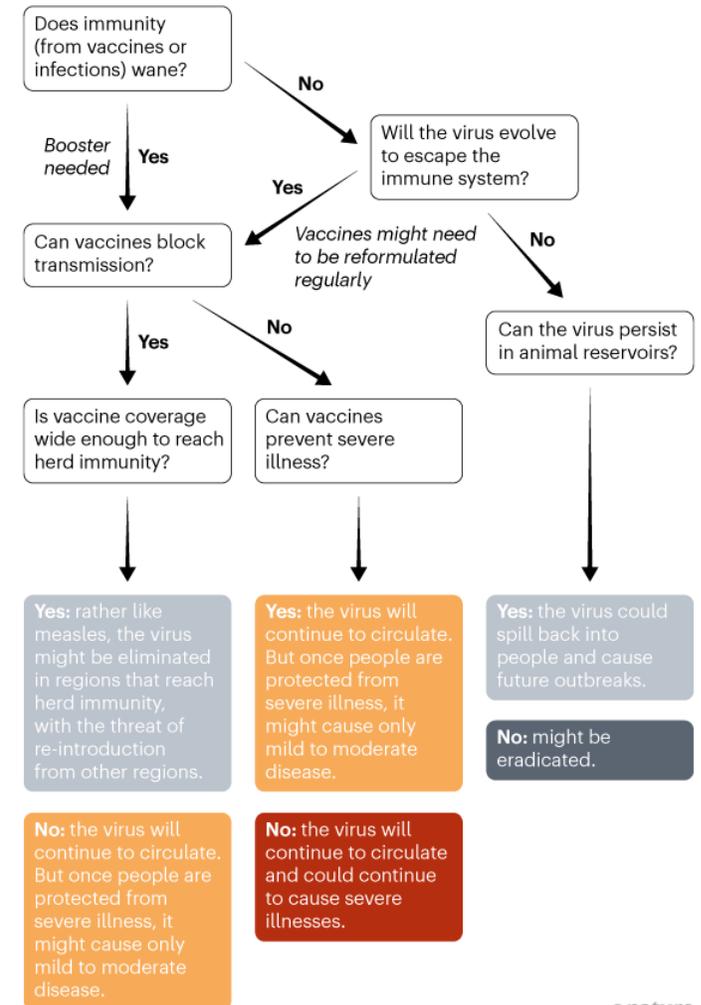
119 immunologists, infectious-disease researchers and virologists from 23 countries. Percentages do not add up to 100% because of rounding.

©nature

- May end up like a childhood virus (mild)
- Seasonal flu
- Measles-like virus (if vaccines block infection and transmission for life)
- Animal reservoirs
- Likely endemic, but pattern hard to predict – Angela Rasmussen, virologist from Georgetown University [4]
- Expect smaller and less deadly outbreaks, but Covid-19 may remain a constant threat – Dr David Heymann, professor infectious disease epidemiology at London School of Hygiene and Tropical Medicine [5]

CORONAVIRUS: HERE TO STAY?

SARS-CoV-2 has spread so far around the world that it is very unlikely to be eradicated. Here are some of the key factors that are likely to lead to it becoming endemic.



Gibraltar

116.0% fully vaccinated



<1% partially vaccinated

Malta

84.2%



5.0%

Iceland

74.3%



4.2%

Cayman Islands

72.0%



3.6%

Seychelles

69.7%



4.4%

United Arab Emirates

69.4%



8.5%

Isle of Man

68.0%



8.2%

San Marino

67.5%



0%

Nauru

66.9%



2.6%

Bermuda

65.5%



1.3%

Pitcairn

63.8%



36.2%

Jersey

63.3%



9.5%

Chile

63.1%



8.9%

Uruguay

62.5%



11.0%

Israel

61.6%



5.1%

Bahrain

61.6%



3.3%

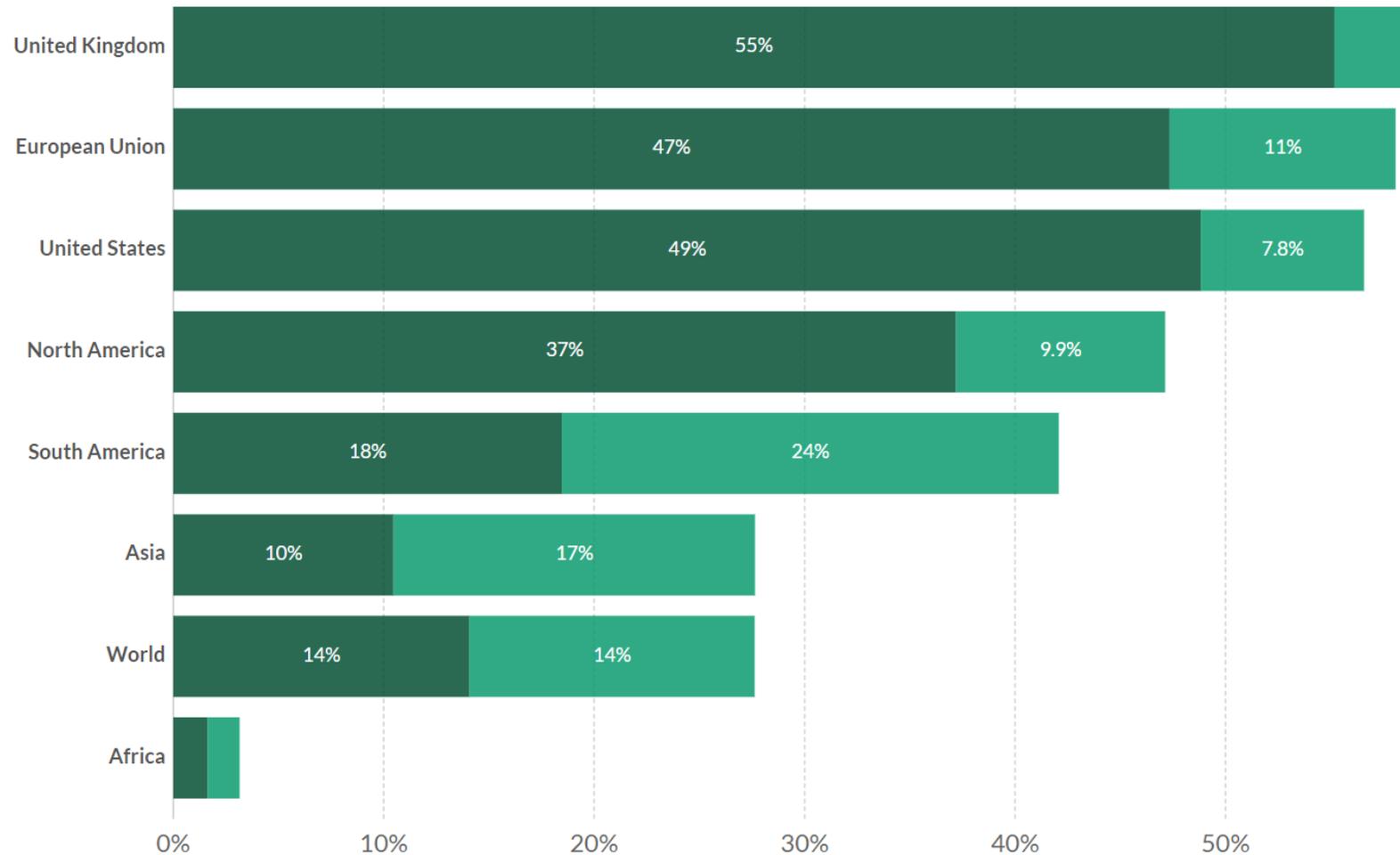
COUNTRIES WITH >60% FULLY VACCINATED POPULATIONS

CNN TRACKER, AS OF JULY 29, 2021 [6]

Share of people vaccinated against COVID-19, Jul 28, 2021

This data is only available for countries which report the breakdown of doses administered by first and second doses.

■ Share of people fully vaccinated against COVID-19 ■ Share of people only partly vaccinated against COVID-19



Source: Official data collated by Our World in Data

UNEQUAL
COVID-19
VACCINATION

OUR WORLD IN DATA, AS OF
JULY 28, 2021 [7]

UNCERTAINTIES

- Don't know to what extent immunity wanes over time, degree to which vaccines prevent transmission, proportion of vaccinated population needed for herd immunity – Gavi [8]
- Possible for virus elimination in some regions with regular booster doses to prevent new variants from emerging, if vaccine coverage is high and if fully vaccinated don't transmit much virus
- Further variants may emerge that can better overcome protection from vaccination, the longer a large proportion of global population remains unvaccinated, and if infections rates in all countries remain high

NEW CDC FINDING: VACCINATED CAN SPREAD VIRUS

Summary

What is already known about this topic?

Variants of SARS-CoV-2 continue to emerge. The B.1.617.2 (Delta) variant is highly transmissible.

What is added by this report?

In July 2021, following multiple large public events in a Barnstable County, Massachusetts, town, 469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3–17; 346 (74%) occurred in fully vaccinated persons. Testing identified the Delta variant in 90% of specimens from 133 patients. Cycle threshold values were similar among specimens from patients who were fully vaccinated and those who were not.

What are the implications for public health practice?

Jurisdictions might consider expanded prevention strategies, including universal masking in indoor public settings, particularly for large public gatherings that include travelers from many areas with differing levels of SARS-CoV-2 transmission.

NEW CDC FINDING: VACCINATED CAN SPREAD VIRUS

Next steps for CDC

- Communications
 - Acknowledge the war has changed
 - Improve public's understanding of breakthrough infections
 - Improve communications around individual risk among vaccinated
 - Risk of severe disease or death reduced **10-fold or greater** in vaccinated
 - Risk of infection reduced **3-fold** in vaccinated
- Prevention
 - Consider vaccine mandates for HCP to protect vulnerable populations
 - Universal masking for source control and prevention
 - Reconsider other community mitigation strategies

NEW CDC FINDING: VACCINATED CAN SPREAD VIRUS

“I think the central issue is that vaccinated people are probably involved to a substantial extent in the transmission of delta,” Jeffrey Shaman, a Columbia University epidemiologist, wrote in an email after reviewing the CDC slides. “In some sense, vaccination is now about personal protection — protecting oneself against severe disease. Herd immunity is not relevant as we are seeing plenty of evidence of repeat and breakthrough infections.”

The Washington Post, July 29, 2021 [11]

EXERCISE

What's the difference between "epidemic" and "endemic"?

Is Covid-19 likely to become endemic or not?

UK: SLOWER INCREASE IN HOSPITALIZATION, DEATH

Infections increased

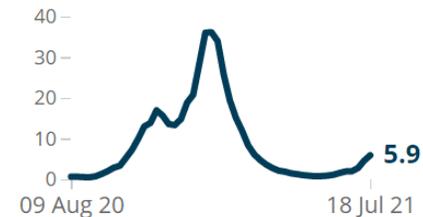
Percentage testing positive for COVID-19, England



Office for National Statistics

Hospital admissions increased

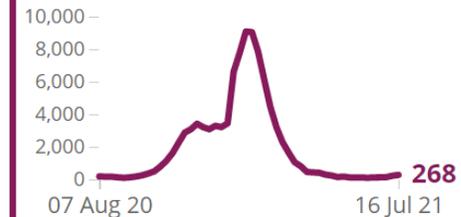
Hospital admissions involving COVID-19 per 100,000 people, England



Public Health England

Deaths increased

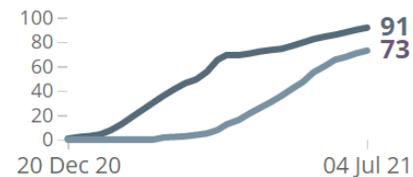
Deaths registered by week involving COVID-19, UK



Office for National Statistics

Over 2 in 3 adults are fully vaccinated

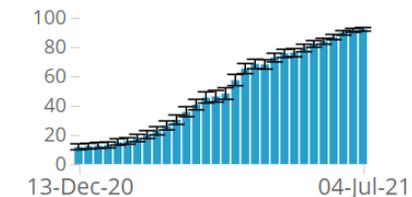
Percentage of people who have received one and two doses of a COVID-19 vaccine, England



Office for National Statistics

Around 9 in 10 adults had antibodies

Percentage testing positive for antibodies to COVID-19, England



Office for National Statistics

Happiness remained stable

Overall, how happy did you feel yesterday?



Office for National Statistics

■ UK OFFICE FOR NATIONAL STATISTICS [1 2]

SINGAPORE'S
APPROACH
TOWARDS
LIVING
NORMALLY
WITH COVID-19:
TEST, TRACE,
VACCINATE

Home recovery for infected who have been vaccinated
[13]

Regular testing with fast and easy tests. If positive, confirm with PCR and self-isolate

Stop monitoring Covid-19 case numbers. Focus on hospitalization, ICU, ventilator rates (like influenza)

Resume large gatherings, major events, no disruption to businesses

Travel without quarantine, mutual recognition of vaccine certs

MANAGEMENT OF ENDEMIC VS EPIDEMIC DISEASE

Public Response

Epidemic

- Public, visible
- Multisectoral response
- Seemingly without resource constraints
- Substantial public investment in vaccines/ treatments
- Combine efforts of national and global public health institutions
- “Public health paradox” – if successful, eventual impact of epidemic disease may have been less than opportunity cost of resources allocated to it from other health areas

Endemic

- Responsibility shifts to the individual
- Individuals encouraged to pay to manage own risk/ seek care
- Global to national response
- Investment becomes institutionalized in health sector (other social factors may be ignored) [eg: TB in South Africa, where combined health and social intervention being pioneered only in 2017]
- Financing may stabilize/ diminish
- Response resource increasingly based on known risks and benefits – “investment cases” for specific diseases
- Interest groups formed
- Compete for attention and resources with other endemic diseases

MANAGEMENT OF ENDEMIC VS EPIDEMIC DISEASE

Private Response

Epidemic

- Individual behavior with substantial social and economic costs and consequences (avoid work, skip school, minimize travel)
- Individual ability to act constrained by economic and social circumstances
- Stigma

Endemic

- Belief that individuals can make informed choices, despite socioeconomic constraints
- Public funding for treatment may still be available, but no universal access, leading to private care (eg: TB/HIV)
- Interest groups struggle to get political commitment to end disease

MANAGEMENT OF ENDEMIC VS EPIDEMIC DISEASE

Determinants of Risk

Epidemic

- High risk due to lack of effective treatment
- Typically higher mortality and morbidity
- As epidemics proceed, infection increasingly associated with socially defined groups (higher at risk, small proportion of the population)
- Eg: HIV: individuals who frequently change sex partners more likely to be infected, transmit at higher rate
- When HIV becomes more endemic, individuals with same behavior still at high risk, but majority transmission may come from people with fewer sexual partner change

Endemic

- Reduced risk when effective prevention and treatment emerge => reduced political interest => diseases become entrenched in certain population groups => harder to control, eliminate, eradicate disease
- Public funding needed may have to increase as effective treatment emerges
- Increased costs to households from chronic, rather than acute illness
- Reinforce cycles between risk and poverty
- Inequalities in risk become entrenched over time
- Disease continues to be endemic in specific population groups despite available interventions to reduce transmission (eg: condoms) and effective treatments

RACE/ ETHNICITY FACTORS FOR COVID-19 IN UNITED STATES

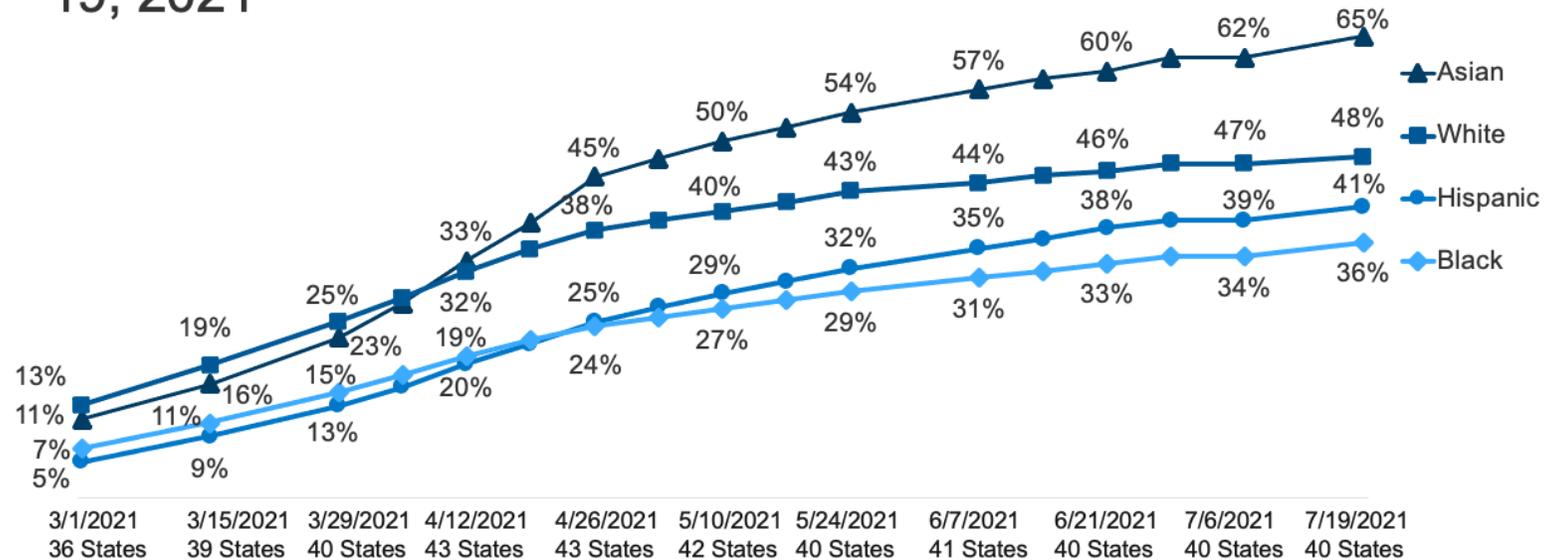
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.7x	0.7x	1.1x	1.9x
Hospitalization ²	3.4x	1.0x	2.8x	2.8x
Death ³	2.4x	1.0x	2.0x	2.3x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., frontline, essential, and critical infrastructure workers.

RACE/ ETHNICITY FACTORS FOR COVID- 19 IN UNITED STATES

Figure 4

Percent of Total Population that Has Received at Least One COVID-19 Vaccine Dose by Race/Ethnicity, March 1 to July 19, 2021



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.

SOURCE: Vaccination data based on KFF analysis of publicly available data on state websites; total population data used to calculate rates based on KFF analysis of 2019 American Community Survey data.



Kaiser Family Foundation [16]

MALAYSIA'S COVID-19 EXPERIENCE

- No race/ ethnicity data on Covid-19 cases/ hospitalization/ mortality/ vaccination
- Most lockdowns targeted at low-income communities



DISPARITY IN VACCINE SUPPLY

Covid-19 Vaccine Delivery and Administration by State in Malaysia

Vaccine deliveries scheduled up to July 31, 2021; vaccine doses administered as of July 27, 2021

States	Total Doses To Be Delivered (as of July 31, 2021)	Total Doses Administered (as of July 27, 2021)	Total Doses Delivered Per 100 People (Total Population)	Total Doses Administered Per 100 People (Total Population)
Labuan	236,110	115,124	237	116
Sarawak	3,645,746	2,875,760	129	102
Klang Valley (KL, Selangor, Putrajaya)	9,086,903	6,943,642	108	82
N. Sembilan	1,024,268	766,865	91	68
Perlis	218,560	174,443	86	68
Penang	1,255,401	947,880	71	53
Melaka	623,366	456,490	67	49
Terengganu	795,790	488,974	63	39
Perak	1,437,079	1,093,092	57	44
Pahang	948,201	658,943	56	39
Johor	2,056,422	1,371,524	54	36
Kedah	1,113,638	788,139	51	36
Kelantan	914,800	627,257	48	33
Sabah	1,856,480	1,085,214	47	28
Total	25,212,764	18,393,347	77	56

Source: Data from the Special Committee on Ensuring Access to Covid-19 Vaccine Supply (JKJAV) | Graphic by CodeBlue

Note: The vaccine delivery figures exclude 418,860 doses scheduled for delivery to the Malaysian Armed Forces up to July 31, 2021.

CodeBlue [17]



Dr. Lucky Tran ✓

@luckytran

Experts should be careful to not conflate saying that Covid will likely be endemic, with saying that "we need to learn to live with the virus."

The latter is not a scientific message, it's a political one that suggests we should give up on all public health measures.

4:25 AM · Jul 15, 2021 · Twitter for iPhone



Even though the science tells us that COVID will likely be endemic, the science also tells us that in order to prevent the most deaths and suffering from acute and chronic illness, we need to use all the public health tools we have available to us.

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Doing everything we can to prevent as much suffering as possible is NOT "learning to live with the virus."

It's "taking long-term actions to prevent harm from the virus."

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We should not be giving up and "living with the virus."

We should be acting smarter so that we can all live while preventing the virus from causing more mass death and suffering.

DISCUSSION

WHAT WOULD IT BE LIKE MANAGING COVID-19 SHOULD IT BECOME ENDEMIC? WHAT ARE THE CHALLENGES?

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