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Editorial

COVID-19: How far is the end?

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No pandemic in the history of medical sciences has shown such urgency as the existing and ever-evolving Covid 19. This draconian demon just needed less than four months (from Nov. 17, 2019, the detection of the first case of Covid 19 to March 11, 2020, the declaration of the pandemic by WHO) to glare at the face of humanity.¹ Since then, despite all efforts, the pandemic has just refused to abate.

The tussle between the virus and vaccine is still on.² Application of all our acumen has yet to see the victory day. To date, this smart virus has managed to evade all mandates. The number of mutations and the swiftness in accomplishing it has thrown a real challenge.

Humanity has witnessed the furry of its different variants of concerns (VOCs) and interests (VOIs). The favourable adaptive mutations in the genomic sequence of the virus are the key to maintaining the pandemic. To date the reported five VOCs, namely Alpha(B.1.1.7), Beta(B.1.351), Gamma (P.1), Delta(B.1.617.2), and Omicron (B.1.1.529) have shown their colour.³⁻⁵ All our effort in vaccine manufacturing, drug development, and other therapeutic interventions are getting blunted with each successful mutation of the virus.

Even stringent public health measures are finding it hard to tame the evading devil. Strong legislative health measures have their inherent flaws as demonstrated by the maintenance of a strong government stringency index by China which was based on nine indicators including school

and workplace closures, travel bans, etc which is popularly known as the 'Zero COVID Policy' in China.

Capping civil liberty for long and militarized restrictions have always failed. Isolation of the mass populace creates focal venerable pockets that succumb to a new invasion. This is the main reason for the recent outbreak of the BF-7 variant (a subvariant of OMICRON) in China and its subsequent spread to other nations. The strong immune evasion demonstrated by the recent OMICRON sub-variants, namely BA.4.6, BA.4.7, BA.5.9, and BF.7 against the triple vaccinated population by the COVID-19 mRNA vaccine is indeed alarming.⁶⁻⁸

A look back in time reminds us how the great Spanish Flu a close cousin of the recent SARS CoV 2; had behaved. So far, both pandemics have demonstrated many similarities. The subacute first wave followed by an acute second and more fevel subsequent waves is becoming the trademarks for both. If the similarities persist then we will be seeing some more short waves caused by a few more subvariants over the coming few years before the score is settled.⁹

By saying that we can't afford leniency. Genom sequencing, a close look at the mutating viral behaviour followed by vaccine and drug development to tackle the viral nuisance should be our top priority. Public health measures in the face of pharmaceutical uncertainty have been a great saviour. So, tracking and tracing, case isolation at the family and local level, social distancing and face masking coupled with hand hygiene measures should be strongly incorporated into the daily routine of the general

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public and be the new normal. Social acceptance of sensible public health behaviour should be the mandate to work on.

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