

The COVID-19 Pandemic *Where are we going from here?*

Guidance from Dr. Mark Cunningham-Hill

As we exit the Omicron wave, restrictions are being lifted, life is seeming closer to normal, and there is optimism that we may have passed the worst of the pandemic. Unfortunately, the pandemic is not yet done with us and at best, now is the start of a transition to endemicity, meaning that the world is not in a constant state of a virus emergency. As we look to the future, it's important that organizations are prepared.



New Variants Will Emerge: SARS-CoV-2 will continue to mutate. Not all mutations have “advantages” over previous versions, but as we have seen over the last two years, periodically a collection of mutations does have advantages and a new variant becomes the dominant strain. The two critical factors are infectiousness and the ability to escape immunity from vaccination and prior infection. Future variants are likely to be as infectious or more so than Omicron and may also have a similar ability **or greater** to escape immunity. Contrary to popular belief, the virus won't necessarily become weaker - severity could be similar to or less than Omicron but it could also be similar or worse than Delta. The worst-case scenario would be a new variant that is highly infectious, with a high degree of severity and the ability to escape immunity.

Controlling COVID-19: Controlling COVID-19 depends on paying close attention to the virus, tracking case rates and indicators of severity - hospitalizations and hospital burden versus deaths, which is very much a lagging indicator. While controls such as vaccine mandates, masking and distancing can be gradually relaxed as risk decreases, they need to be brought back into play as risk increases again. As a rule of thumb, be cautious about removing controls and be sure over a period of a few weeks that risk has truly been reduced. And be quick to reinstate controls if there are increasing numbers of cases and/or early warning signs of a worrying new variant emerging anywhere globally. Remember that variants travel very quickly across multiple countries.



Metrics to Assess Community Risk: Organizations have typically used new case rates and case rate trends, test positivity, reproduction number (R_0/R_t), hospitalizations, etc. The CDC recently reviewed and revised its metrics for assessing community risk using three indicators: new cases over the previous week, new COVID-19 hospital admissions per 100,000 population (7-day total) and percent of staffed inpatient hospital beds occupied by COVID-19 patients (7-day average).

New Cases (per 100,000 population in the last 7 days)	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 hospital admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient hospital beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 hospital admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient hospital beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The CDC will be updating data for every county in the US and making available the risk level for each county on this site - <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>.

Many organizations may continue to use their existing COVID-19 tracking metrics but it's likely that states and cities will adjust their controls based on the new CDC framework. Organizations may wish to follow suit or they may want to take a more cautious approach and refrain from dropping controls until they are certain that risk levels are stable over a period of two to four weeks. This would be prudent.

Organizational Controls Based on Community Risk: Here is an example of how controls could be applied depending on risk levels:

Control	Low	Medium	High
Vaccines	Encourage/support/mandate COVID-19 vaccines and boosters	Encourage/support/mandate COVID-19 vaccines and boosters	Encourage/support/mandate COVID-19 vaccines and boosters
Ventilation	Maintain improved ventilation Over a prolonged low-risk period, air changes and fresh air introduction could be reduced	Maintain improved ventilation	Maintain improved ventilation
Masks	Masks optional	Masks encouraged Required for un- or partially vaccinated Use higher-grade masks (KN95, N95, KF94)	Masks required Use higher-grade masks (KN95, N95, KF94)
Physical Distancing	Not required	In high-risk situations	Required
Testing	Access to rapid tests for symptomatic employees No surveillance testing	Access to rapid tests for symptomatic and vulnerable employees. Surveillance testing 1-2x per week	Access to rapid tests for symptomatic and vulnerable employees. Surveillance testing 2-3x per week
Flexible Work	Return to work (new normal)	Return to work Flexible options for vulnerable employees/employees living with vulnerable individuals	Decrease workplace density using flexible work options. Flexible options for vulnerable employees/employees living with vulnerable individuals

Vulnerable Employees: For employees who are immunocompromised or at high risk for severe disease:

- Consider more flexible work options if feasible
- Provide access to rapid testing if needed either via home tests or other easy access
- Make sure vulnerable employees know they should talk with their healthcare providers about oral antivirals, monoclonal antibodies, and PrEP (preventative treatment with Evusheld)

Employees Who Are Unvaccinated or Only Partially Vaccinated (including those not boosted):

Consider having additional controls, example:

- Requiring mask wearing
- Requiring or providing ongoing surveillance testing