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News analysis

# Living with Covid-19: The new normal

Experts say that even with vaccine, life will not return to pre-Covid-19 normal for years



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The Olympic Games as we know it will not happen next year. How helpful vaccines may be is still in question, and another lockdown like Singapore's circuit breaker period would reflect a failure in public health response.

So, people have to learn to live with the fact that Covid-19 will constantly be in their midst and act accordingly – and responsibly – say experts. Even after vaccines are on the market, life will not return to pre-Covid-19 normal for many years to come, if at all – and certainly not next year as some are hoping will happen.

There will be travel, but not to the extent of pre-pandemic days. Even as more people return to the workplace, many will continue working from home, at least part of the time.

Covid-19 is here to stay and has, and will continue to change the way we live. It has spread to too many countries for the novel coronavirus to be contained the way Swine (severe acute respiratory syndrome) which comes from the same viral family) was in 2003.

Not only that, but, as Dr Asok Kump who chairs the Academy of Medicine's Chapter of Infectious Disease Physicians said, since no one even knows which wildlife SARS-CoV-2 – the virus that causes Covid-19 – came from, it would not be possible to control the infection at its source.

It might well eradicate one day. The smallpox has been, but smallpox had been around for about 3,000 years before that happened.

Said Associate Professor Lee J Yang, an infectious diseases expert at the National University of Singapore (NUS) Saw Swee Hoek School of Public Health: "The likelihood of (Sars-CoV-2) disappearing as likely as other common human respiratory viruses, which is not at all."

Professor Leo Yee Sin, head of the National Centre for Infectious Diseases, said this new coronavirus "forces humans to rethink and re-design our social interaction fabric." Society, she said, has to redesign how we connect in as safe a way as possible, and to put in place countermeasures that fail.

Even if many people are expecting them to, and certainly, they will not be in play for some time.

Said Professor Dale Fisher, a senior infectious diseases specialist at the National University Hospital (NUH): "The perfect vaccine has no major side effects, is 100 per cent effective, is taken up by the whole population, is long-lasting, single dose and does not need a cold chain. Even better if it is not an injection."

While there are many vaccines being developed, expecting the perfect vaccine is like still believing in fairy tales.

Not only is it unlikely that any would give 100 per cent protection, Dr Kump said, from available data of vaccine effectiveness, it appears that they may "need to be tweaked regularly or may need boosting."

Prof Hsu expects that at the very least, the vaccines "will be like the influenza vaccine, meaning repeated vaccinations required every one to three years and with just over 50 per cent protection. But nonetheless still helpful."

Professor Doi Eng Eong, deputy director of the emerging infectious diseases programme at Duke-NUS Medical School, said a vaccine that is 50 per cent effective "would be a great place to start."

He said the proportion of the population that needs to be vaccinated will depend on how effective it is, and whether vaccination prevents disease or infection.

The best is, of course, one that prevents infection, since that would break the chain of transmission and allow for herd immunity.

A vaccine that only prevents disease would help reduce illness and deaths, but does not stop those who are infected from transmitting the disease to others, including people who have not received the vaccine. This is especially since it is now known that infected people with no symptoms can also infect others.



Adhere to safety measures, such as mask wearing, at least for the next couple of years, would be prudent, say experts. Such practices help curb but not stop the spread of Covid-19, but some other diseases as well. ST PHOTO: JASON GUAN

**ADHERE TO SAFETY MEASURES**  
Follow the rules and don't make up your own.



**PROFESSOR DALE FISHER**, a senior infectious diseases specialist at the National University Hospital.

**MEASURES THAT MAY CONTINUE**  
Professor Leo Yee Sin, dean of the NUS Saw Swee Hoek School of Public Health, said that some degree of safety measures, at least for the next couple of years, would be prudent.

But living with Covid-19 does not mean moving into lockdown mode every time the number of infections goes up, such as what happened in the Australian state of Victoria.

Prof Fisher said: "Lockdown is a very blunt measure and really represents a failure of the public health response." He added that measures such as selectively limiting high-risk activities, community buy-in on safety measures like mask wearing, distancing and hand hygiene, should be adequate.

make it less severe in those vaccinated, said: "The outcomes of the vaccine story could range from it being very useful to not at all useful."

The problem in Victoria was the large number of people who refused to follow the rules. About a third of those who had been close to someone with Covid-19, and who were later found to be infected, ignored the stay-at-home rule, thus spreading the disease to many others.

To deal with such irresponsible people, Australia had to raise the penalty for those who breached quarantine and other safety rules, and bring in the army to ensure that rules were followed.

Prof Fio said: "If countries are able to find that sweet spot between some restrictions and a manageable degree of community transmission that is never allowed to get out of hand, lockdowns can be avoided completely."

"I am cautiously optimistic that the circuit breaker will be the last we see of a multi-sector lockdown in Singapore."

times more frequently than offices or shops.

For most modern aircraft types, the air supplied to the passenger cabin is either 100 per cent fresh or a mixture of fresh and re-circulated air that is filtered through Hepa (high efficiency particulate air) filters of the same efficacy (99.97 per cent efficiency) in removing viruses as those used in surgical operating rooms," it states.

Prof Ooi said all that may be true, but: "The problem on airplanes is not the air quality but the proximity to the next passenger. If that person is unwell, knowingly or unknowingly, it would be very difficult to avoid being infected."

Airlines configure their planes for profit, which is understandable, but that air-side parking lot of people close together. "Perhaps it is time we also consider how aircraft should be configured to reduce the risk of infection," he said.

Over the long term, he expects "we can travel as we did again."

Prof Teo is another who believes mass market tourism will return, once a vaccine is available and widely distributed. Until then, he said, "incoming mass market tourism from some of the worst-hit countries may not be allowed to resume as the risk to the rest of the community and the broader economy is simply too great."

Dr Kump said "testing pre- and post-travel should be part of any international strategy" but admits that it will be difficult to harmonise methods of testing. He added that many foreigners arrive here testing positive when they were tested negative prior to travel. Singapore has close to 1,000 imported cases.

Prof Fisher, on the other hand, does not support airport testing. He prefers operating borders to places with similar standards and outcomes in Singapore. He said it would be quite safe to not swap visitors from places like China, Taiwan, New Zealand, most of Australia and Thailand and the risk is tiny.

"Once in Singapore that individual needs to apply the local behaviors such as no large groups, mask wearing, etc. and that should become minimal. If any, avoid in the unlikely situation where they do become a case," he said.

Prof Fisher said "the main impediment to travel is the border restrictions and potentially health insurance cover."

**THE FUTURE**  
Prof Ooi expects Covid-19 to "spike periodically, even in Singapore, and especially after international travel restrictions ease."

"However, I think it is possible for the extent of virus transmission to remain limited, despite more imported cases, if we all practise good hygiene, practise mask wearing, and manage physical distancing, wherever possible."

Prof Fisher says that the virus will become endemic "with a propensity for clusters and sporadic cases even after there is considerable immunity in the population."

But he adds: "We need to live with the virus on the basis that if and when we have a vaccine it will help and allow some easing of restrictions."

**TRAVEL**  
While the experts all expect some travel to resume, given its importance in the global economy, they were divided on how safe it may be.

The International Air Transport Association claims on its website that there is lower risk of getting Covid-19 in an airplane cabin than at a shopping centre, as aircraft cabins have air changed many

athletes from across the world, and huge spectators crowds, is not going to happen next year. It had been postponed from this year to allow the world to get over the pandemic.

Said Dr Kump: "It's hard to imagine that the Olympics can take place next year with mass events and large number of spectators, the norm of viral spectacles is likely to prevail until 2022."

While not exactly a breach, there are also other people talking in MBF trains, even though there are signs asking them not to talk while commencing as that increases the risk of virus spread, especially during peak hours in an overcrowded area.

Changes to leisure activities may be more drastic, experts predict.

Prof Hsu said: "It may take a long while before we would feel safe at large mass events like concerts, football matches and mega-church services again."

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athletes from across the world, and huge spectators crowds, is not going to happen next year. It had been postponed from this year to allow the world to get over the pandemic.

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