Waltzing with SARS-CoV-2 for Asia?

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The severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) and the resultant coronavirus disease 2019 (COVID-19) pandemic has been with us since 2020 and caused millions of deaths. Pharmacological and mechanical ventilatory support were largely ineffective in containing the viral spread.[1] The virus continued to cause outbreaks across the world, with many cases being asymptomatic or mild. Unfortunately, the emergence of variants, vaccine hesitancy, and various political issues hindered the efficacy of >10 novel vaccines on a global scale.[2] With a higher basic reproduction number than some other common respiratory viruses, the spread was likened to soldiers hidden in the Trojan horse.[3,4] Many countries and cities worldwide, including the United Kingdom, Denmark, Chile, South Africa, and Thailand tried to transition to a post-pandemic 'new normal' by living alongside SARS-CoV-2.[5] They all faced the similar situation of high case numbers, hospitalisation rates, and death rates, even as the numbers of those who had received vaccinations increased.

Many countries and cities in Asia took a more conservative approach in dealing with the pandemic. Malaysia largely avoided the first wave of the virus in 2020 after the early imposition of restrictions and closing of its borders.[6] Partly due to the Delta variant, Malaysia faced its worst COVID-19 wave, prompting authorities to impose a tough nationwide lockdown. However, as case numbers fell and the vaccine rollout increased in scope, authorities began lifting curbs and businesses were allowed to reopen. The government also eased domestic and international travel restrictions in October 2021 for those who were fully vaccinated, allowing travellers to apply to enter Malaysia for home quarantine on return.

Across the strait, by October 2021, Singapore's COVID-19 death toll had risen to 153 which coincided with the highest number of deaths reported in a single day.[7] Despite this, Singapore planned to adopt the Western approach of living with the virus once vaccination rates had reached a high enough level, as it was practically impossible to eradicate the virus despite the high economic and psychosocial burdens of 'zero–COVID-19' strategies.

Hong Kong maintained great control during the early phases of the pandemic with fewer imported cases, though this required significant government expenditure. However, the requirement for travellers entering the city to isolate, which was a successful strategy for minimising new local cases, can also have deleterious effects of the mental health of those undergoing isolation. The psychological consequences of prolonged isolation of inbound travellers can be unmeasurable. At the time of writing, vaccination rates in Hong Kong had reached reasonably high levels as the population desperately tried to prevent a fifth wave of the pandemic. It was at that time, however, debatable whether Hong Kong should have considered a similar approach of living with COVID-19.

When comparing the COVID-19 pandemic with past influenza pandemics, the only difference in management is that there are specific antiviral drugs for influenza but limited treatments with proven efficacy for severe COVID-19.[8] Quarantine or lockdown are not used in influenza outbreaks as they do not work. We also compared SARS-CoV-2 and the four common respiratory viruses of childhood and found that SARS-CoV-2 is probably the least severe in terms of morbidity, especially among children (online supplementary Table).[8-19] Again, quarantine or lockdown are not used in outbreaks of these respiratory viruses as they do not work. With Christmas and New Year 2022 drawing near, the million-dollar question was when will Hong Kong be ready to embrace and accept the already very low mortality and morbidity of COVID-19 despite high transmission and potential upsurge of cases, even with mutant strains. Despite concerns regarding the transmissibility of the Omicron variant, most countries avoided national lockdowns for the 2022 Christmas and New Year period.

Eradiation of SARS-CoV-2 seems impossible for the foreseeable future and it is inevitable that the virus will become endemic. The media plays a vital role in the successful implementation of this strategy of accepting the virus, as the public needs to be well-informed regarding the ongoing global situation and relevant policies.[2] While we have to live with COVID-19, due consideration should be given in relation to the various epidemiological factors, such as seasonality, vaccination coverage, non-

pharmacologic interventions, healthcare system capacity, and treatment options.[20]

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All authors contributed to the concept or design, acquisition of data, analysis or interpretation of data, drafting of the commentary, and critical revision of the commentary for important intellectual content. All authors had full access to the data, contributed to the study, approved the final version for publication, and take responsibility for its accuracy and integrity.

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