Time for the endgame

'Covid live news: Omicron could mean "pandemic endgame" in Europe, WHO says.'[1] 'Now that science has defanged Covid, it's time to get on with our lives.'[2] 'Experts: End South Africa's national state of disaster.'[3] Three headlines in the space of a few days, and our figures are clearly showing that we have passed the peak of the Omicron wave across South Africa, while deaths also appear to have passed their current peak. Currently, the number of excess deaths associated with the Omicron wave are what we would expect in an annual flu season (Jonny Myers, personal communication, 21 January 2022).

We are now into the third year of this pandemic. We have learnt an enormous amount about the virus, including its unpredictability - and make no mistake, we are all aware that things could once again change for the worse. In South Africa, in the face of one of the most severe lockdowns globally, we have achieved 70% 'immunity' as the virus cut swathes through our population^[3] over the past 21 months – at a cost. Excess deaths show that we have lost close to 300 000 people, most of whom will have died of COVID.[4]

In early 2020, there were few treatments, limited testing and no vaccines.[2] That is no longer the case. The virus has evolved to become highly transmissible, yes, but as a result of the immunity built up by populations across the globe, either through vaccination or infection, for most people the illness is now mild. Omicron caused a massive increase in infections across Africa as it moved across the continent, but even without vaccination, the World Health Organization reported a decoupling of hospitalisation and cases (WHO African Regional Office, personal communication, 20 January 2022). In the UK, mandatory mask requirements have been dropped and people are being encouraged to go back to the office. Schools are fully open, with recommendations around ventilation.

Here in the Garden Route at least half of my friends and acquaintances have had Omicron in the form of a relatively mild disease myself and my husband included. People are essentially getting on with their lives, regardless of our government, who are concentrating more on their internecine squabbles than on the state of the country. We need to end the State of Disaster and dissolve the highly secretive National Coronavirus Command Council that has had such control over our lives for nearly two years. We need to get children back to school without all the senseless COVID protocols that are now being driven by powerful unions. We need to apply the lessons learnt from the various socioeconomic and public health responses to COVID to tackle the diseases of poverty - tuberculosis, new HIV cases, childhood pneumonia and diarrhoea. The focus should now be on vaccination

in the vulnerable, including booster doses. And on unemployment - one of the biggest drivers of poverty in our country.

We need to get back to parliamentary government and hold our politicians to account as poverty - the largest driver of disease - stalks the country and kills.



ugqirha@iafrica.com



- 1. Livingstone H. Covid live news: Omicron could mean 'pandemic endgame' in Europe, WHO says. Gaurdian, 24 January 2022. https://www.theguardian.com/world/live/2022/jan/24/covid-live-news omicron-could-mean-pandemic-endgame-in-europe-who-says (accessed 24 January 2022).
- $2. \ \ Sridhar\ D.\ Now\ that\ science\ has\ defanged\ Covid, it's\ time\ to\ get\ on\ with\ our\ lives.\ Guardian,\ 19\ January$ 2022. https://www.theguardian.com/commentisfree/2022/jan/19/science-covid-ineradicableprevention?CMP=Share_iOSApp_Other (accessed 24 January 2022).

 3. Venter F, Mendelson M, Nel J, Blumberg L, Brey Z, Madhi S. Experts: End South Africa's national
- state of disaster. Daily Maverick, 23 January 2022. https://www.daily 23-experts-end-south-africas-national-state-of-disaster/ (accessed 24 January 2022).
- 4. SAMRC. Report on weekly deaths in South Africa. https://www.samrc.ac.za/reports/report-weeklydeaths-south-africa (accessed 24 January 2022).

S Afr Med J 2022;112(2):65. https://doi.org/10.7196/SAMJ.2022.v112i2.16408