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# No easy way out

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## EDITORIAL

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### **While the general population is attempting to find a way back to their normal daily life, we must begin the discussion on how to live with SARS-CoV-2 as an endemic virus.**

The COVID-19 pandemic and the countermeasures adopted have been very costly in terms of suffering, death, the economy and jobs. The direct disease burden is a consequence of the number of individuals infected and the severity of their illness. Disease control measures have helped keep infection levels low in Norway, and ensured that those with severe symptoms have received good medical care [\(1\)](#).

As a result of vaccination, fewer people are now infected, particularly those in high-risk groups. Moreover, those who are infected after vaccination have a milder clinical course. Vaccination may soon replace many of the social distancing measures. In point of fact, the immunity rate in the population is just as crucial for the virus's ability to spread as frequency of contact in the population, the virus's infectivity and the duration of the infectious period.

During the last 3–4 months, the pandemic has split the country in two [\(2\)](#). In the central part of south-eastern Norway, the arc from Halden going northwards to Oslo and Nedre Romerike and then curving south to Drammen has accounted for at least two-thirds of all cases of infection, illness and hospitalisation [\(2\)](#). In an attempt to reverse the trend and protect hospitals against patient overload, wide-ranging social distancing measures have been required for several months.

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For the most part, the remainder of Norway's municipalities have had few or only sporadic cases, but some have experienced outbreaks with dozens or hundreds of cases. These outbreaks have been contained in the course of a few weeks using testing, contact tracing and quarantine as the main instruments.

The way out of the pandemic depends on this development continuing. Firstly, many more people must receive a vaccination that provides good and long-lasting protection against the virus and further transmission. This is the key. Secondly, we must hope that the virus does not evolve into new variants that are even more infectious, circumvent earlier immunity, or lead to more severe illness. Thirdly, hard-pressed municipalities must soldier on for another few months with vaccination, testing and contact tracing in addition to operating nursing homes, emergency departments, mother and child clinics and many other health services as normal. Finally, the population must avoid close contact with others for another few weeks, especially indoors. This will be challenging, particularly for young people who want to enjoy springtime together with their peers and who perhaps no longer see the need to protect the generation of vaccinated grandparents.

Norway will shortly enter a period of transition from a pandemic to a generalised endemic situation. This transitional period, which will probably last for the entire summer, will be challenging for many people. Local authorities and the government must get used to lifting travel bans and allowing normal contact again. The health authorities must refrain from recommending such bans without a proper assessment of the disadvantages. The population must become accustomed to living without social distancing measures, even when there is a small risk of infection. We can only hope that the pandemic will diminish to such an extent in the summer that unvaccinated individuals can enjoy the same freedom as those who are vaccinated, i.e. the way out of the pandemic is open to all.

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During this period, we must begin to discuss the national goal for the years ahead in respect of SARS-CoV-2. Should the goal be to eliminate the virus in Norway completely, to prevent all outbreaks, to prevent all hospitalisations, to prevent all deaths – or something else? And what measures are acceptable in achieving the goal (3)?

We hope that vaccinating the majority of the adult population will mean that COVID-19 will become a mild illness since it will only affect adults with some immunity and children, who very seldom become severely ill from COVID-19. The higher the immunity rate, the poorer the transmission of the virus. The question will therefore arise as to whether children should be vaccinated to

increase the proportion of immune individuals in the population. The benefit of this must be balanced against very common side effects of vaccination, such as a few days with a painful arm, feeling unwell, fever, headache and muscle and joint pain. The alternative is to allow the virus to circulate among children, but also among vaccinated adults so as to boost their immunity.

If immunity is weakened naturally after vaccination or infection, or new variants that evade earlier immunity emerge, revaccination with an updated vaccine may be necessary. In any case, it is immunity that will change SARS-CoV-2 from a feared pandemic virus to just another endemic coronavirus with little disease burden and risk (4, 5).

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