

COVID-19 public health emergency ends: Where do we go from here?

OSF HealthCare Newsroom

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After more than three years of shut-downs, mask mandates and physical distancing, COVID-19 is no longer a public health emergency.

The U.S. COVID-19 public health emergency declaration was first issued by the Secretary of Health and Human Services on January 31, 2020. It officially expires May 11, 2023. The World Health Organization also recently declared an end to the international public health emergency, although it still classifies COVID-19 as a pandemic.

The end of the state of emergency means the U.S. government is scaling back its approach to COVID-19, which means prevention, care and treatment are about to become more expensive. In addition, some telehealth options that were made available during the public health emergency are going away, so check with your provider about your options.

The COVID-19 response plan changed drastically over the past three years. For three-quarters of the first year of the pandemic, no vaccine was readily available.

“During the time that no COVID-19 vaccine was available, the whole population was at risk of contracting COVID,” says Douglas Kasper, MD, section head of infectious disease at the University of Illinois College of Medicine Peoria and an infectious disease specialist for OSF HealthCare. “There was no banked natural immunity. People had not had infection yet. We saw much different outcomes in that period. People of all ages became ill, people of all ages were in the hospital, and it was much more difficult to predict who would become sick.”

Dr. Kasper says the rollout of vaccines helped protect people against the virus.

“People were also able to achieve natural immunity which works in concert with the vaccine. We’ve seemed to provide long-lasting protection,” Dr. Kasper says.

But COVID-19 vaccines weren’t the only answer to the medical community’s Pandemic response. Dr. Kasper says medical providers have refined their approach to offering therapeutics to people with COVID.

“We know which people are at-risk of becoming quite ill, and when they become ill we know how to treat them. We’ve seen much better responses,” Dr. Kasper says. “Now we’ve had consistently low COVID hospitalizations for around six months.”

But where do we go from here? COVID-19 cases haven’t magically disappeared, and people are still getting sick with the virus. Dr. Kasper says this new era of COVID response must become much more individual.

“Your ability to receive a booster is going to be based on your age, the prior shots you’ve received, and your chronic medical conditions,” Dr. Kasper says. “These broad constructs of requiring vaccine for travel or employment have been removed because it’s no longer seen as a broad group, it’s seen as an individual decision.”

Dr. Kasper says these past three years will help health care providers communicate emergency response more efficiently. He hopes the communication systems that are now in place help avoid any delay in testing, access to care, therapeutics and vaccines.

“Worldwide surveillance and information sharing is something that’s developed very quickly in COVID. Some has been through social media, some has been through rapid development with public health departments and national groups,” Dr. Kasper says.

While the COVID-19 public health emergency declaration is ending, many resources like COVID tests and vaccines are still available. Dr. Kasper recommends speaking with your health care provider on which options are the best for you.