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Editorial

How we can prevent a resurgence this year

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Signs of a resurgence in coronavirus disease 2019 (COVID-19) cases this autumn are being observed globally, with a notable increase in the Asia-Pacific region. The Republic of Korea, in particular, continues to report the highest number of patients worldwide, indicating a widespread prevalence of the disease. However, due to challenges in data collection, it is difficult to determine the exact statistics, so it cannot be conclusively stated that this increase is unique to the Republic of Korea. The World Health Organization (WHO) has stated that the currently reported cases may not accurately reflect the actual infection rates, given the global reduction in testing and reporting [1].

On June 1, the government reduced the alert level from "serious" (level 4) to "caution" (level 3) in the established alert system, which had been in place for 3 years and 4 months. Moreover, as of August 31, COVID-19 will be reclassified as a Class 4 infectious disease. This change will prompt a shift in testing protocols from mandatory to optional, with costs borne by the individual. This is akin to the approach taken with influenza, where only sentinel surveillance is conducted. The disease prevention system has now largely transitioned to a model based on recommendations and voluntary actions, with the exception of mandatory mask-wearing within medical facilities. These relaxed measures are a response to the reduced fatality rate of the disease, which has now reached the level of an endemic disease. To elaborate, according to the Korea Disease Control and Prevention Agency's press release on August 23, the fatality rate of COVID-19 in July was between 0.02% and 0.04%, a figure comparable to that of seasonal influenza (0.03% to 0.07% according to the WHO). Furthermore, the number of new confirmed cases, severe cases, and deaths have all shown a declining trend compared to the previous week, with the infection reproduction number (Rt) decreasing to 0.91. This marks the first time it has fallen below 1.0 in 8 weeks, since the third week of June. When compared to the 2 waves of the Omicron variant's prevalence in 2022, the recent fatality rate is lower: 0.10% during the predominance of the BA.1/2 variant and 0.07% during the predominance of the BA.5 variant [2].

Given the epidemiological characteristics of the severe acute respiratory syndrome coronavirus 2 virus, we anticipate an increase in cases this coming fall, making it challenging to predict how COVID-19 will progress. However, the potential for a resurgence due to the waning of humoral antibodies from vaccination is a cause for concern. It is essential to implement strategies that boost vaccination rates and prioritize protection for high-risk groups. Moreover, we need to make more proactive efforts to persuade the general population to increase their vaccination uptake rates. The goal of preventing hospitalizations and deaths among high-risk groups, such as those aged 65 and above and immunocompromised individuals, remains a significant focus. The push for nationwide free vaccination for individuals aged 12 and above

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in preparation for winter in October, despite COVID-19 being reclassified as a level 4 disease, is of great importance. Additionally, the introduction of the second-generation vaccine, which covers emerging sub-lineages like EG.5 and existing prevalent lineages like BA.4/5, is expected to be highly effective. However, a more nuanced approach is necessary, as the analysis of lower booster vaccination rate needs to address the association between vaccination and side effects. Prompt decisions regarding compensation for potential damages are also crucial. Furthermore, we need to review alternative solutions to reduce morbidity and mortality among chronic patients and high-risk groups, which were previously lacking. It is vital to develop comprehensive strategies that minimize collateral damage.

To ensure a coordinated and consistent response across various government departments for the protection of vulnerable high-risk groups and facilities, the COVID-19 crisis alert level will remain at the caution level (level 3). Additionally, specific measures designed to protect high-risk groups, including mandatory indoor mask-wearing and securing the hospital beds for critical patient care, should continue to be enforced.

The Republic of Korea's change in vaccination strategy this year does not significantly deviate from the essential immunization roadmap announced by the WHO's Strategic Advisory Group of Experts on Immunization in March, which includes the COVID-19 vaccination. However, the designation of the "elderly population" as individuals aged 65 and above seems to be derived from our own mortality data.

On May 11, the announcement was made to maintain a heightened alert status, even after the end of the public health emergency of international concern situation. This was in anticipation of a potential resurgence in the autumn. The decision was based on 7 temporary recommendations provided by the International Health Regulations (IHR). On August 5, 2023, "standing recommendations" were announced, which would be applicable from August 9, 2023, to April 30, 2025. These recommendations outline critical actions to assist States Parties in transitioning from an emergency response to COVID-19 to strengthened and integrated infectious disease prevention and control programs. The aim is to reduce the disease burden from COVID-19 and prepare for the possibility of a worsening situation due to new virus variants [3]. While each country is urged to comply with these recommendations, it is expected that more fundamental changes will be achieved through the revision of the IHR or the establishment of a pandemic prevention treaty.

We are now on the brink of an autumn resurgence. The articles featured in this issue present epidemiological research findings that scrutinize existing policies in anticipation of this resurgence. More specifically, these studies concentrate on cluster outbreaks, with a particular emphasis on schools and various other facilities. They also delve into epidemiological examinations of intra-family infections, as well as the management of adverse reactions to vaccination. These topics are both timely and pertinent.

Notes

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Conflicts of Interest
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