



SPECIAL REPORT

'Everybody is getting used to it ... if you get COVID it's the norm now'

Despite variants, Singapore's COVID strategy on track

When Singapore embarked upon its strategy of living with COVID-19, backed by one of the world's leading vaccine programs, the wealthy city-state saw a spike in its rate of infections, leading many to question whether the time was right.

But with the numbers now dropping as rapidly as they rose, there's cautious optimism that the widely watched plan has helped Singapore turn the corner in the pandemic, even with the discovery of the new worrisome omicron variant, and provide a better understanding of what is effective, and what isn't.

"I guess now COVID seems like it's just a normal flu to everybody," said Glacier Chong, taking a break from shopping on Singapore's popular Orchard Road to people-watch by a fountain and listen to the Christmas music being piped out of large speakers lining the street.

"Everybody is getting used to it; it seems like if you got COVID it's the norm now. COVID seems like a curable disease."

Part of that confidence comes from the numbers that Singapore has put up.

With 94% of its eligible population fully vaccinated and another 26% already with booster shots, even when the number of infected people started to rise, about 99% had no symptoms or only mild symptoms, meaning health care systems were under pressure but never overwhelmed. Deaths rose but remained low, and the majority were older people with underlying medical conditions, a disproportionate number of whom were unvaccinated.

Singapore was able to succeed in getting so many people vaccinated by ensuring there were few barriers to getting the shot, increasing difficulties for the unvaccinated — such as prohibiting them from dining in restaurants or going to malls — and a general confidence in the government and its approach, said Alex Cook, a specialist on infectious disease modelling and statistics at the National University of Singapore's Saw Swee Hock School of Public Health.

"Perhaps the main lesson to draw from Singapore is to make it easy to get

vaccinated, and hard not to be," he said.

Early in the pandemic, the major Southeast Asian business and trade hub kept the spread of coronavirus cases to the single or low double-digits for nearly a year by imposing a hard-line "circuit-breaker" lockdown.

With its vaccination rollout in full swing, an aggressive testing and tracking regimen, and strict health and safety guidelines, the nation of 5.5 million felt confident as it embarked in August upon what it called a "transition journey to a COVID-19 resilient nation."

It was part of a decision to start treating COVID-19 as an endemic disease, conceding that in the long-term reducing cases to zero would not be possible and that it was time to slowly allow people and businesses again to resume their normal lives.

In addition to a widely vaccinated population, Singapore calculated that its testing was comprehensive enough that it would be able to identify and isolate new outbreak clusters rapidly, and that its health care system had the capacity to deal with any more serious cases.

The highly transmissible delta variant threw the plan a curveball, and the government in September again tightened some lockdown measures, such as reducing the group sizes for social gatherings and for dining in restaurants.

By the end of October, Singapore hit a 7-day rolling average of nearly 700 cases per million people, by far its worst rate of the entire pandemic.

This week it was down to 258 per million; still well above the worst peak at the start of the outbreak in 2020 but in a clear downward trend. In absolute figures, it peaked at more than 5,300 daily infections and is now below 1,000.

Deaths peaked at a 7-day rolling average of 2.57 per million people on Nov. 10, and are now just above 1, according to Our World in Data.

By contrast, during its latest surge, neighboring Malaysia hit a peak in September of 12.71 deaths per million. It, too, has seen those numbers drastically fall and is now at about the same rate as Singapore, aided by a drive that now

has nearly 80% of people fully vaccinated.

If there was a mistake made, Cook said it was to start allowing home-based isolation at the end of August for mild or asymptomatic patients, instead of in hospitals or dedicated facilities, just as cases were starting to rapidly climb. The intention was to alleviate pressure on the health care system, but it instead led to the rapid spread of the virus in communities, he said.

"For future outbreaks of similarly dangerous viruses, countries should seriously consider the wisdom of allowing infected patients to recover at home, no matter how mild their symptoms," he said.

Restrictions have since been relaxed again, but Prime Minister Lee Hsien Loong on Sunday said with the appearance of the omicron variant, the easing may need to be rolled back, and said Singaporeans must be prepared for "more bumps along the way" as the virus evolves.

"We may well be forced to take a few steps back again, before we can take more steps forward," he said. "But despite all this, I am confident that, eventually, we will find our way to living with the virus and safely resume all the things we love to do."

For a start, Health Minister Ong Ye Kung announced Tuesday it would hold off on more reopening measures as it evaluates the omicron variant, and increase testing of travelers and front-line workers.

The country went ahead Monday, however, with the partial reopening of the Causeway Bridge, connecting Singapore to the Malaysian Peninsula, which had been shut for nearly two years.

With such precautions and its high rate of vaccinations, Singapore is still well positioned to cope with the emergence of new variants, which are to be expected, Cook said.

"As long as vaccination still provides strong protection against severe disease, I would not expect the emergence of the new variant to lead to a fundamental rethink of the strategy to live with COVID," he said. (AP)



James Robson, a biomedical engineering graduate student, holds a swab and specimen vial in the new COVID-19, on-campus testing lab, on July 23, 2020, at Boston University in Boston. The United States has improved its surveillance system for tracking new coronavirus variants such as omicron, boosting its capacity by tens of thousands of samples since early 2021. (AP)

Genomic surveillance is strong

US tracking of variants has improved

After a slow start, the United States has improved its surveillance system for tracking new coronavirus variants such as omicron, boosting its capacity by tens of thousands of samples per week since early this year.

Viruses mutate constantly. To find and track new versions of the coronavirus, scientists analyze the genetic makeup of a portion of samples that test positive.

They're looking at the chemical letters of the virus's genetic code to find new worrisome mutants, such as omicron, and to follow the spread of known variants, such as delta.

It's a global effort, but until recently the U.S. was contributing very little. With uncoordinated and scattershot testing, the U.S. was sequencing fewer than 1% of positive specimens earlier this year. Now, it is running those tests on 5% to 10% of samples. That's more in line with what other nations have sequenced and shared with global disease trackers over the course of the pandemic.

"Genomic surveillance is strong," said Kelly Wroblewski, director of infectious diseases at the Association of Public Health Laboratories.

Contributing to the effort are nearly 70 state and local public health labs, which are sequencing 15,000 to 20,000 specimens each week. Other labs, including those run by the Centers for Disease Control and Prevention and its contractors, bring the total to 40,000 to 80,000 weekly.

Nine months ago, about 12,000 samples each week were being analyzed in this way.

"We're in a much, much better place than a year ago or even six or nine months ago," said Kenny Beckman of the University of Minnesota, who credits federal dollars distributed to public and private labs. He directs the university's genomics laboratory, which now sequences about 1,000 samples a week from states including Minnesota, Arkansas and South Dakota. A year ago, the lab did no sequencing.

Relying on \$1.7 billion in President Joe Biden's coronavirus relief bill, the U.S. has been setting up a national network to better track coronavirus mutations.

Still, about two dozen countries are sequencing a larger proportion of positive samples than the U.S., said Dr. William Moss of the Johns Hopkins Bloomberg School of Public Health. Omicron's emergence could "stimulate the United States to do this better."

"I think we still have a long way to go," Moss said.

Some states are sequencing only about 1% of samples while others are in the range of 20%, noted Dr. Phil Febbo, chief medical officer for Illumina, a San Diego-based company that develops genomic sequencing technologies.

"We could be more systematic about it and more consistent so we ensure

White House works with Pfizer, Moderna, J&J on contingency plans

Current vaccines provide some protection

US health experts believe that the current vaccines provided "at least some protection" against Omicron variant and that "boosters strengthen that protection significantly."

White House Covid-19 response coordinator Jeff Zients affirmed, "In the event that additional measures are needed, we will be prepared."

"We're working with Pfizer, Moderna, and J and J to develop contingency plans for modifications to vaccines or boosters if they're needed," he said in a press briefing on the new strain of coronavirus.

Zients also confirmed that the US Food and Drug Administration believes that "the high-volume PCR and rapid antigen tests widely used in the US will be effective in detecting the variant."

"More than 100 million adults are now eligible for a booster shot, but have not yet gotten one -- Our message is simple: If you were fully vaccinated before June, go get a booster shot today."

"Getting boosted will give you the highest level of protection from Covid and this new variant. If you're unvaccinated or if your children are unvaccinated, the best thing you can do is get yourself

and your kids their shots," Zients pointed out.

The administration's progress on vaccinations "puts us in a much stronger position to face Omicron," he added.

On his part, Dr. Anthony Stephen Fauci, the director of the National Institute of Allergy and Infectious Diseases and the Chief Medical Advisor to the President, said the confirmed cases as of yesterday was 205 in 18 countries and just this morning, that's gone up to 226 in 20 countries.

"I think you're going to expect to see those numbers change rapidly. Importantly it has not yet been detected in the United States," Dr. Fauci said.

"You're not going to absolutely, no way, you're going to prevent it (Omicron coronavirus variant) from ultimately coming to this country," he told MSNBC.

"But what you can do is you could lessen the bolus of people who might actually be infected from coming in. That might buy you a couple of weeks of being able to prepare better, if and when you do have a situation which is much more when than if," he added.

Meanwhile, the US Food and Drug Administration is working "as quickly as possible" to find out more about the Omicron coronavirus variant, according to Dr. Janet Woodcock, the agency's acting commissioner.

Woodcock also encouraged Americans to get vaccine and booster shots as soon as possible.

"We are closely monitoring the situation and are committed to communicating with the public as we learn more," she noted.

"We anticipate having more information from the ongoing evaluation regarding if and how well the current vaccines work against this variant in the next few weeks."

"If a modification to the current vaccines is needed, the FDA and companies will work together to develop and test such a modification quickly."

"Getting vaccinated or receiving a booster with one of the currently available vaccines is the best thing that you can do right now (in addition to standard precautions like wearing a mask) to help protect yourself, your family and friends," she added. (KUNA)

there are no genomic surveillance deserts where we could miss the emergence of a variant," Febbo said.

Aiding the surveillance effort, standard PCR tests that use nasal swabs sent to laboratories can detect a sign that someone probably has the omicron variant. If a PCR test is positive for only two of the three target genes - a so-called S-dropout test result - it's a marker for omicron even before the extra step of

genetic sequencing to prove it.

"It's fortuitous," said Trevor Bedford, a biologist and genetics expert at Fred Hutchinson Cancer Research Center. "If you need to do sequencing to identify the variant you're always going to be lagged a bit and it's going to be more expensive. If you just rely on this S-dropout as identification then it's easier."

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editor's choice

