Physicians and other health experts have learned a great deal in the fight against COVID-19 over the last two years.

“We made advancements in how we test, how we treat and how we care for patients infected with the virus,” said AMA President Gerald E. Harmon, MD. Researchers developed three safe, highly effective and accessible vaccines for COVID-19 in a remarkably short period of time.

America, however, has fallen into a “battle fatigue” from its long fight with COVID-19, despite falling case numbers and deaths, noted Dr. Harmon. “We know we’re still long way from putting the pandemic behind us ... physically, psychologically and emotionally.”

Society is moving into a new phase of the pandemic, as states lift public health mitigation measures such as indoor masking.

“It is critical that these important decisions about public health be rooted in science and data and not driven by political pressures,” said the AMA president, who hosted a wide-ranging discussion, “Moving Beyond a Pandemic,” that is part of the AMA Thought Leadership Series.

Dr. Harmon discussed the path forward on vaccines schedules, long COVID and the inevitability of new COVID-19 variants with three physician experts: Georges C. Benjamin, MD, Céline R. Gounder, MD, ScM, Stephen Parodi, MD.
BA.2 won’t be the last variant

The Omicron subvariant BA.2 has led to rising cases in the United States and around the world. But there will be more, said Dr. Gounder, senior fellow and editor-at-large for public health at the Kaiser Family Foundation and Kaiser Health News, and clinical associate professor of medicine and infectious diseases at New York University Grossman School of Medicine.

“We need to acknowledge that reality and then prepare accordingly,” she said. That means investing in, and ramping up on, surveillance.

Some gaps exist, she added. Not all areas of the U.S. are doing an equally good job. Unless future surveillance efforts expand to include animal transmission, “we could be flying at least partially blind as to what there may be to come.”

Surveillance will eventually move to more population-based efforts, said Dr. Benjamin, executive director of the American Public Health Association. Samples sent in by predesignated labs and providers can give a sense of what’s happening.

“We can also do very sophisticated studies so that we don’t lose the variants that are out there,” said Dr. Benjamin, an AMA member.

What’s next for vaccines

As variants evolve, so will vaccines, said Dr. Parodi, executive vice president for external affairs, communications and brand with The Permanente Federation. Physicians need to set expectations about timelines and updates on vaccines for patients, he advised. Similar to influenza vaccines, it’s likely that COVID-19 vaccines will become an annual event.

“I can tell you, just in my personal practice the conversations are—it may be annual, at least for a time-limited period,” added Dr. Parodi, an associate executive director at The Permanente Medical Group, which is an AMA Health System Program member. He is also part of the AMA Integrated Physician Practices Section.

Patients should expect that recommendations will be different for adults than for children. Physicians need to explain these variations, “not just for adults but bringing that into our pediatric practices … knowing that we are in different series levels. The 6-month-olds to 5-year-olds are going to be in a different place than, say, people who are between 5 and 12.”
Read more of Dr. Parodi’s perspective on how we will know when COVID-19 has become endemic.

**Normalizing vaccines**

Dr. Benjamin stressed the importance of normalizing vaccines. In dealing with highly infectious and potentially lethal disease like COVID-19, “it’s absolutely essential that health care workers in the environment in which we practice, where people are so vulnerable, need to be vaccinated.”

**Long COVID**

One area that’s still a work in progress is long COVID, aka post-COVID conditions. Researchers have yet to get a handle on its pathophysiology, said Dr. Gounder.

“We have some hints. And so much of the treatment at this stage is largely about managing symptoms,” she said. More research should be devoted to therapeutics, and whether boosters might help further reduce the risk, she said.