‘COVID-DO-IT-ALL’

We need Integrated Protection Systems and Strategies Against Omicron and other COVID-19 variants

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Abstract

Vigorous measures to combat the COVID-19 pandemic winter resurgence in Europe 2021/22 are needed at international, regional and local levels, using all the evidence-based tools available to Health Authorities. In November, the Regional Director of the European office of World Health Organization warned Europe risked around 500,000 extra deaths from COVID, when the main concern was the delta variant. (1) On the 26th of November, a new COVID-19 Variant of concern (VOC) was named by WHO ‘Omicron’ and highlighted as being of “high to very high risk”. (2) On December 14th 2021, WHO Director General Dr Tedros Adnanom Ghebreyesus said ‘vaccines alone will not get any country out of this crisis. Countries can – and must – prevent the spread of Omicron with measures that work today. It’s not vaccines instead of masks. It’s not vaccines instead of distancing. It’s not vaccines instead of ventilation or hand hygiene. Do it all. Do it consistently. Do it well.’ (3) ASPHER joins the call: with COVID, we must ***do-it-all***.

We need to use an interlocking set of pandemic mitigation tools, functioning as a comprehensive, integrated system, rather than using each one on its own. Too often during the pandemic, there have been advocates for single interventions; currently many governments are seeing booster vaccination as the major priority, neglecting other measures which all need to be implemented at the same time. An integrated system of pandemic prevention and control consists of a core set of previously tested measures to which other complementary interventions can be added in anticipation and response to changes in the pandemic situation's severity. These encompass non-pharmaceutical and pharmaceutical/clinical interventions and traditional personal and social public health measures (4). Also, each new case and setting should be added to a knowledge management system to learn about the pandemic and its adequate response. Furthermore, pandemic surveillance systems need to be optimized in each country and designed for secure sharing between different national public health agencies. Surveillance systems need to be consistent across countries, to enable accurate comparisons as we set out in the companion paper (5). Systems need to be reliable, trusted, up to date, harmonised and user-friendly. User friendliness means availability in multiple languages, interactivity, and adapted to health and digital literacy levels and age groups.

Specific infection control strategies must also be supported by progressive social policies and legal and fiscal measures to protect people's income, employment, education, housing security and access to other necessary health and social care during the pandemic. This approach will provide a platform for better health, with populations more resilient to the worst effects of the pandemic. It would also limit worsening health inequalities.

Introduction

In the COVID-19 pandemic, the winter of 2021/22 is highlighting that population level reactions are different from those during the winter of 2020/21. In the European region, there are protests with a vocal minority of politicians, scientists and the public questioning, contradicting and undermining public health and other successful virus control measures (6,7); low levels of trust and high pandemic fatigue (8,9); concerns about the failure of social and financial support systems and political leadership, as seen in previous pandemics (e.g., plague, smallpox, etc.); other forms of active or passive resistance, to the point that strong COVID-19 negative movements (virus negationists, anti-vaxxers, conspiracy theorists, among others) arose in some countries. Concurrently, the sharp increase in the infections is repeated as populations start altering their behaviours as a means of facing the winter weather. This process results in fourth and fifth COVID-19 waves appearing in some countries, depending on how waves are evaluated there (9-13). This tendency will continue if politicians and health authorities do not adopt, introduce, or update public health measures to mitigate pandemic risks (e.g. indoor settings, gatherings, among others).

In response to the COVID-19 incidence increase, several countries have reintroduced standard outbreak control measures (14), such as: closure or reduced hours of operation for high-risk settings; limited access to high-risk settings according to the individual's risk of illness; limits on the size of high-risk social gatherings; increased frequency of testing at workplaces and in educational settings. However, the main emphasis has been on extending and accelerating vaccination programmes in an attempt to maximize coverage of the target populations, alongside the administration of booster doses to minimize the impact of waning immunity (15). These efforts may prove insufficient to avoid the exhaustion of hospital capacity (16), particularly of intensive care resources (17), without an ongoing adverse impact on prevention, treatment and rehabilitation for other health conditions.

It is not yet known if the new Omicron variant (18,19) will produce additional severe morbidity and mortality risk. However, there could be a greater increase in the number of deaths because it spreads far more easily than the Delta variant that has fueled recent surges. Late or incomplete interventions could further damage economies, with the main victims being those with the fewest resources who are also most at risk from COVID-19. In short, there will once again be a social, economic, and health worsening in the European Region (20).

ASPHER has been active since the beginning of the pandemic, reviewing and presenting evidence on technical, societal, and international policy responses, and supporting the European and National Health Authorities, providing their associated schools with scientifically substantiated documentation. Among these publications have been the review of masks (21-23) and other NPM (Non-Pharmaceutical Measures) such as tests (24), tracking (25), vaccination (26), protection of vulnerable groups (27), safe schools (28), and advocating for social protection and vaccine equity among others (29).

Single measures don't work: 'DO-IT-ALL'

We support Dr Tedros' call to "Do it all, do it consistently, do it well".(3) Public health tools used in the COVID-19 pandemic have demonstrated an ability to mitigate the spread of the SARS-CoV-2 virus. (30) However, as expected, no independent measure was sufficient to eliminate or even definitively control the pandemic. The appearance of progressively more contagious and/or aggressive variants has made COVID-19 containment more difficult (31,32). With the new Omicron variant threat coinciding with winter and still not being fully understood, but potentially having a superior transmission capacity to the previous variants (16,33), the question is posed more acutely during December 2021 than earlier in the pandemic (34).

During the pandemic, Member States of the WHO Europe region has generally been receptive to the advances made by science and technology. However,

they have been slower to invest in basic measures designed to protect population health or communicate the pandemic's estimated length and phases. At the same time, communication and engagement with the population did not always follow best practices in risk communication given the speed of COVID-19 spread. There has been, in many cases, an over-reliance on politicians' personal style (35,36), some of whom have subsequently lost the electorate's trust, particularly where deals for PPE, testing and other contracts have been secured (37). This may have generated a perception of "one/few best ways" of dealing with the pandemic. Doubts and negative perceptions of the health measures' ineffectiveness were accentuated and sometimes portrayed as restrictions on civil liberty rather than liberty from large-scale deaths and collapse of health systems. Selective solutions presented with great pomp failed or were an incomplete responses to facing the pandemic waves, a high-risk situation previously highlighted by ASPHER (38,39).

COVID-DO-IT-ALL: An Integrated Protection System Against Covid-19 Variants

To attain a sustained decline in the COVID-19 incidence of the current wave and prevention future ones, it is critical that protective measures are no longer presented as isolated solutions. The approach to implementing protective measures should be addressed in a comprehensive and integrated way. The emergence of a new preventive or therapeutic measure does not replace any of the already existing ones until the pandemic has been declared over by the WHO and, globally, the criteria for declaring an absence of ongoing community transmission have been met.

Such a system should be presented in simple and easily understandable language. Also, where necessary, it should be adapted to groups with local cultures and languages to promote understanding within a renewed commitment to Health in All Policies. (40)

The COVID-DO-IT-ALL system must be read as an integrated whole, as has been the case for many years in road safety or hygiene and safety at work systems, to break the perception of isolated, case-by-case or state-of-the-art measures that will resolve everything. It is also essential to apply such health measures to minimize disillusionment or mistrust, being plannable and proactive rather than reactive.

Communication with politicians and the general population, namely with vulnerable groups, needs to explain how preventive measures must be deployed to achieve the highest efficacy and efficiency, using well-designed text, infographics and brief statements. National and local mass media messages must be complemented by local engagement with community members and leaders by the most adequate public health advisers and professionals. This engagement should emphasize that adopting one public

health measure or vaccination alone is not enough to prevent infection. The resulting programme should enable communities to know how and when to use each one of the health measures. This approach would require a co-construction and design of services to help communities protect themselves in the context of COVID-19 so that, for example, local testing and support services are practical and culturally adapted to different health and digital literacy levels.

Communication, information and training about the COVID-DO-IT-ALL system should be done without generating anxiety or fear, increasing local control and protecting mental wellbeing. Local community networks and trusted voluntary organizations such as the Red Cross/Red Crescent are essential for a joint response to the COVID-19 pandemic.

It should be noted that the adoption of the COVID-DO-IT-ALL system does not impede the application of different levels or intensities of NPM, as already happens with the most common 15 NPM, of which the Health Authorities only use a few at a time. At the same time, the integrated system, as the name indicates, requires the integration of several components in simultaneous use of a basic or core block (e.g., vaccination + masks + hand hygiene + physical distancing) and financial support for quarantine and self-isolation to which, as needed, other measures are added in line with plans agreed by incident management teams.

There is a need for a renewed synthesis across the full range of public health measures that have been compiled to clarify and produce a coherent rationale for escalation and de-escalation (41-42) that is more transparent and clearer to Governments, professionals and the public, which would support addressing issues of acceptance, uptake and adherence (43).

A COVID-DO-IT-ALL strategy must also employ progressive social policies and legal and fiscal measures to protect people's income, employment, education, housing security and access to other necessary health and social care during the pandemic. This approach will provide a platform for better health, with populations more resilient to the worst effects of the pandemic. It would also limit worsening health inequalities. (27,29)

Getting ahead of the Omicron Curve? The pace at which interventions are implemented and increased in number and scale should not be parallel with the epidemic curves, as has happened in various countries of the WHO European region. Instead, preventive measures must be implemented in anticipation of the moments of rapid growth to take advantage of the slower growth in the initial pandemic wave before an exponential phenomenon. While the timing of the appearance of new VOCs cannot be predicted, seasonal changes can. With timely preparation for these through continuous and adjustable implementation of the COVID-DO-IT-ALL system, it should be possible to stop the ad-hoc need for emergency measures with major socioeconomic impacts such as lockdowns.

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