
Déjà vu? Planning for the Covid-19 third wave and planning for the winter

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A ‘third wave’ of the pandemic has arrived now in many European countries. In early July 2021, the European Region was contributing 31% of cumulative COVID-19 confirmed cases worldwide. The Delta variant of SARS-COV2, is now widespread, particularly in the United Kingdom, Portugal and Holland. Relaxations in social and public health measures to control the pandemic have been accompanied by surges in cases. (1) Many of the concerns ASPHER expressed last year at this time with regard to a second wave, need repeating, if we are to limit the damage of a third wave. (2) There are particular aspects of the virus for which scientific knowledge is incomplete and we cannot yet appreciate the potential impact on human and animal health, and on social and environmental conditions. These problems include the uncontrolled spread of the virus, especially with the new delta variant; the expanding clinical manifestations of the viral infection, our inability to recognise and monitor and control it; our failure to recognise the multiple syndromes associated with persistent, or ‘long COVID’ and our complacency over delivering a fully protected vaccinated population. (3)

ASPHER believes countries must:

1. Address the uncontrolled spread of infections

At current levels of vaccine coverage, we are not achieving population ‘herd’ immunity. It is reckless to assume we can open up society and remain shielded from the worst effects of the virus. Allowing further uncontrolled spread of the virus creates opportunities for further variants of concern to emerge, at least one of which will be vaccine resistant. (4)

Priority must be given to expanding genetic sequencing to detect virus mutations. The international scientific community should come together to agree minimum standards for genomic surveillance and those countries with strong capability should be asked to support those countries which do not yet have that capacity. (3)

Continued social distancing measures and wearing of face masks is necessary irrespective of vaccination status. (5) Maintaining remote home working, when possible, reduces transmission and should continue to be used this summer. Improving the effectiveness of contact tracing and support for self-isolation is needed. (6)

Countries should critically review their policies with regard to mass gatherings, learning from the widespread experience of superspreading events from the first wave. (7) The potential fuelling of the spread of Delta following the European football championship and other major events, is not yet fully appreciated, but has been reported. (8)

EU institutions should agree a strong common European policy on border controls, harmonized and effectively implemented by each Member State. Border controls must be supported by the effective use of information technologies and by ensuring compliance with quarantines. (3)

2. Recognise the increasing range of clinical presentations

There is widespread under ascertainment of cases of COVID-19 infection (9) in addition to the high frequency of asymptomatic infection. (10) Testing for COVID-19 needs to be extended to a broader range of suspicious symptoms. The vigilance and sensitivity of surveillance systems needs to be thoroughly evaluated and improved (11). Public communications need to reflect this widening range of symptoms of COVID-19. The population needs to understand that they should be tested, even if their symptoms are mild. (4)

3. Recognise and address the widening range of syndromes and clinical consequences of 'long COVID', 'persistent COVID' and COVID related medical conditions

Health-care services must prepare to respond to COVID-19 associated medical conditions. (3, 12) Enhanced surveillance is needed for COVID-19 sequelae and COVID associated medical conditions. There should be an international agreement on categories of long COVID manifestations and an international system of surveillance implemented. (3)

4. Rethink Inadequate testing tools and strategies and improve public understanding of the limits of tests

The systematic replacement of PCR tests by rapid tests has increased the risk of false negatives making it difficult to control transmission. Although the sensitivity in the context of symptoms is slightly higher (72.0% 95% CI 63.7% to 79.0%) it still allows for high under-ascertainment. Tests on asymptomatic people in low prevalence settings will lose 33% to 50% of infection cases. Governments need to see testing as part of the toolbox for reducing transmission, but recognise its limitations and convey accurate information for the general public. (3,13)

5. Continue to implement mass vaccination and consistent equitable coverage of their population

Countries must improve vaccination coverage rapidly, ensuring double vaccination where mRNA vaccines have been used, and adding an mRNA dose where Astra Zeneca or Johnson and Johnson doses have been given. (14) Governments must make strong efforts to address vaccine hesitancy. (15) Governments should remove all barriers to vaccine uptake including co-payments. Continued vigilance in surveillance of vaccine efficacy is needed. There is evidence of declining efficacy in Israel- (16) which may be evidence of declining efficacy against the Delta variant, or a decline in serological protection for individuals vaccinated early in the programme. (Green M personal communication) Countries must ensure that vaccines are distributed equitably in their communities (17) and that extra efforts are taken to cover minorities, vulnerable groups and communities with higher infection rates. (18)

Governments should also commit to investment in the global COVAX initiative ensuring they contribute actively, rather than donate their leftovers. We suggest they contribute to global vaccine supply at least an equivalent proportion to that calculated for their financial contribution to the World Health Organisation. (19)

6. Address the *recoiled spring* of unmet health needs

Countries still need to address the recoiling spring of unrecognised, untreated or uncontrolled disease and existing long-term conditions and conditions requiring surgical treatment over the pandemic period. As an example, accident and emergency services in the United Kingdom are experiencing this spring effect in 2021, with record levels of attendances for non-COVID related conditions. Health services must take advantage where there is a decrease in COVID-19 cases requiring hospitalisation to use capacity to address the backlog in regular care. Governments must resist relaxations which risk an increase in COVID-19 occupancy and prevent any recovery in routine and emergency care. (2, 20)

7. Plan for winter

Europe is entering into a third wave, but we must not only consider COVID-19. Countries must plan for a major flu outbreak this year. Flu was greatly suppressed during 2020 through the highest levels of flu vaccination being achieved by many countries, plus social measures and masking having an impact on transmission of any respiratory viruses. Flu and pneumococcal vaccine programmes, and vitamin D supplementation need to be implemented strongly again, in northern hemisphere countries ahead of the winter of 2021. (2, 21, 22)

Countries' health systems should prepare for a cold winter, (2) but also for extreme and unpredictable weather events, like those happening with flash floods in Europe and with the extreme heat dome over the North Western Pacific region. (23) Countries should prepare relevant plans applying their local knowledge of their weather conditions, and test emergency plans for more extreme scenarios.

8. Limit the social harms of poor economic performance for the most vulnerable members of our society

Efforts to stimulate economies by reducing societal COVID-19 restrictions will fail if the virus is not controlled or suppressed to very low levels. (24) The need for exposed individuals to self-isolate is already impacting on industrial performance, for example in the UK. (25) Countries must protect the health and the social welfare of all their citizens (26) Countries which have been most successful in suppressing the virus have maintained better economic performance despite the pandemic and global recession. (27) Countries must protect their children's future, keeping schools open as the central priority ahead of reopening hospitality and tourist industries, for example. (28, 29) Countries will not be able to reopen their health services to deal with the backlog of non-COVID care, if they are confronted with exponential rises now being experienced in more than 20 countries around the world.

9. Appreciate their global responsibility to all other nations of the world

We will not be free of the pandemic until we are all free of it (19) It has become a cliché, but it is true. It is grossly irresponsible for countries to abandon all public health and social protection measures. It is an action, not confined to the borders of a single country: it will have a wide-ranging impact across the globe and weaken the ability of other countries to control and suppress the virus. (30) The prospect of *perpetual COVID* will be allowed to take root. (31)

10. Earn the trust of your citizens, govern by informed consent and support citizens

Communication strategies must change from the message of protecting the health system capacity and the lives of older individuals, to protecting young individual's health over the long term due to the risk of long COVID-19 sequelae. (3) Some of the new SARS-COV2 variants will have an impact on the effectiveness of vaccines and put in jeopardy the huge vaccination efforts that have been made. This will have consequences for public trust and vaccine confidence. It will also require the development of other vaccines with inevitable delays and if we are to contribute positively to a global effort to control and suppress the virus.

Communication of the medium-term risks is essential to have acceptable levels of support in preventive efforts that must be understood by citizens. Our governments and public health experts must earn the trust of the public we serve, and consent to the measures which must be implemented.

Our messages must be clear, consistent and unequivocal. We can be optimistic, but we cannot be complacent in our efforts towards the end of this pandemic.

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