

#14; CHRISTMAS AND NEW YEAR WITH COVID-19

Positioning document of the COVID-19 Advisory Committee to the Spanish General Medical Council.

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ABSTRACT

At the peak of the sixth wave of the COVID-19 pandemic, we should keep in mind the seriousness of the current situation and not let the lower severity of cases in the vaccinated population lead us to trivialize and undervalue the harm that is occurring to health and well-being. Harm that can be avoided if we understand that vaccination by itself is not enough and that we must establish other public health measures.

The necessary responses are now facing feelings of frustration in society, and there is a worrying emergence of inappropriate and irrational conduct, which are causing demoralization among professionals, and hinders the initiative of political and institutional officials, frightened by the political and electoral cost of the decisions.

We must become aware of the deep unrest, discouragement, and exhaustion of doctors and other health professionals: avoiding moral breakdown among this group is a huge priority for the new year 2022, and to do this we must revitalize the implicit social contract with the professions, with increases in material and human resources, tackle the constantly-postponed reforms, and rectify mistreatment by reducing temporal contracts and improving the quality of employment in the national health system.

Pandemic political fatigue further complicates this framework: professional governing bodies, professional organizations, and scientific organizations can contribute to creating a common basis for understanding where political rivalry is lessened, and spaces are opened for the necessary co-government.

Meanwhile, advice for self-protection and protection of those closest to you can be provided to the general population.

The sixth wave is advancing hand-in-hand with the COVID-19 omicron variant; from the local medical associations, we want to send the following messages to the population and the political and institutional responsibilities:

1- We must be aware of the seriousness of the current situation...

A year ago, we suffered the effects of a serious and deadly pandemic; with vaccines, the morbidity and mortality have been reduced, but not the seriousness of the situation, as the increase in incidence is collapsing Primary Care and saturating the capacity to diagnose cases and trace contacts. Although the rates of hospitalization and admission to Intensive Care Units are low, when applied to a large number of patients, it ends up saturating the hospitals and forces a pause in care for non-Covid patients, causing indirect damages that can be very important.

Having diagnostic resources has always been fundamental in the fight against the pandemic. However, these tests must be an instrument at the service of clinical and public health reasoning, and not a measure that by itself reduces the incidence. Poor utilization will lead to saturation of the laboratories, create a shortage of reagents and kits, and shift the work of the laboratories to carry out COVID tests with little clinical significance. At the same time, other fundamental analytical investigations for non-COVID patients are delayed.

Immunization and protection measures in socio-sanitary residences are having a protective effect on this population with a greater vulnerability to COVID-19. It is essential to maintain this protection bubble in the face of the growing community transmission of the new variant.

Finally, the increased contagiousness of the new variant affects health care teams, causing cases and contacts that undercut the available human resources: even if these cases are not severe, the periods of isolation and quarantine decimate the services for many days.

2- ... And be critical of the dominant narrative regarding the end of the pandemic.

There has been a report regarding the end of the pandemic that is very harmful for the population to adopt the current situation: immunize and achieve the necessary percentage to achieve the desired "*herd immunity*" does not end the pandemic, although it does mitigate its effects on health. Despite the

scientific and professional sectors insisting that these vaccines do not have a sterilizing effect and that immunized persons can transmit the illness, the messages from the institutions and media outlets have led to hopes of returning to normality through vaccination.

There was also insistence from the professional and scientific sectors that a global immunization program was essential to avoid damage to global health and reduce viral mutations. The omicron variant has appeared, possibly facilitated by the flagrant abandonment of the commitment to solidarity with less developed countries, and the lack of vaccinations in these countries could affect the emergence of new variants in the future. In addition, with its greater transmissibility, it has revealed the limitation of this immunization strategy: “*vaccination alone is not enough*”,

3- Now we also need to face social disillusionment and irrational behaviors.

The appeal for authorities and media outlets to give good news has resulted in the belief that the light at the end of the tunnel was the much-desired exit. In addition, the scientific and professional world has some responsibility in creating false hopes.

There is an enormous collective disillusionment, which adds to the tiredness and emotional exhaustion; many feel cheated by a promise that is not being fulfilled; others experience or sense new periods of economic paralysis when the damage from the previous waves has still not recovered. In this situation, a growing hostility is generated, and political and institutional officials seek ways to evade the burden of responsibility and fear using measures that counteract or enrage the citizens-voters.

Irresponsible behaviors emerge in groups and individuals, who, when visibly failing to comply with protective norms, view these transgressions as a demonstration of protest and rebellion. The message that “*omicron kills much less*” has helped feed these inappropriate behaviors in the young population.

The *covid-deniers* and *anti-vax* are the most conspicuous groups emerging with this trend. In addition to the risk to their own health, their behavior facilitates an increase in the probability of transmission of COVID-19. Although they contribute to extending this sixth wave, it is not possible to state that it is the cause, nor is it correct to blame them for it. However, its main deleterious effect is rooted in the erosion of collective morality, and also in the disillusionment of health professionals. Another adverse effect is to weaken

¹ SESPAS: Posicionamiento de SESPAS en el contexto actual de la Pandemia por SARS-COV-2 [Positioning of SESPAS in the context of the current SARS-COV-2 Pandemic]. 20 December 2021 Available at: <https://sespas.es/2021/12/20/posicionamiento-sespas-ante-la-sexta-ola-de-la-pandemia-por-sars-cov-2/>

scientific reasoning, favoring pseudoscientific beliefs that damage health and goodwill.

In this sense, the contribution of some (few) doctors in sowing doubts and mistrust is particularly serious, and even more serious when they veer from the recommendations for treatments based on scientific foundations.

Measures that focus on punishing undesirable behaviors with mandatory vaccination or COVID passport must be analyzed in their context; if they are treated as a social punishment, they can be ineffective and trigger adverse effects and costs.

- In Spain, vaccination coverage is progressing positively and rapidly (about 90% of the target population with the complete schedule administered); compared with other countries in our surroundings, the strategy shows an evident success. Therefore, obligatory vaccination would add very little differential in effectiveness, and has a clear cost of managing and enforcing compliance.
- The same occurs with the COVID passport to access places of public social participation: in some countries, it can be an incentive for part of the reluctant population to access vaccination, but this fraction in Spain is much smaller; in addition, given that the immunized can transmit the virus, the 90% that pass this filter would maintain the possibility of being infected in closed places and mass events; it could even produce a false sense of security that would reduce the use of masks or the maintenance of distance from security.

The excessive emphasis of this strategy could bring the advantage of portraying that something is being done. However, if its effectiveness is marginal, and its management and implementation costs are high, it might be better to value other measures (limitation of allowances in interiors, the temporal closure of specific nightlife activities or large gatherings). When the debate regarding pandemic control focuses on whether or not to use the passport, time and energy may be wasted on strategies with low yields.

4- Unrest and breakdown of morale among healthcare workers, a fundamental problem in 2022.

It needs to be mentioned, and society must be made aware: in health centers and services, an enormous lack of morale and fatigue is building; contributing to its development are the irresponsible social behaviors that produce disillusionment and frustration. Moreover, the practice of governments who look to the other side is an even stronger force at work, which has led to weakened health institutions, lacking in resources and reforms.

In this Christmas phase of the pandemic, the fatigue of doctors and other health workers is added to even more despair: when rest is most needed, when the recovery of non-covid patients' care schedules began again, the sixth wave arrived overloading services and scheduled services were once again suspended, accumulating care load for the first quarter of the new year.

In this “*chronicle of an anticipated wave*” the high transmissibility and morbidity (even if pauci-symptomatic) collapsed Primary Care, the resources for controlling outbreaks, and public health; the pressure started to move to the urgent care services (which act as a safety valve for the system), to hospitalization, to ICU, and which finally translates to death; sick individuals with COVID started to take over care services for pathologies and to close other agendas.

Doctors urgently call for a review of the implicit social contract to deactivate this disillusionment and breakdown of morale. We believe that the political power and the institutions must respond to this need for dialog and compromise. In the case of Primary Care and public health, it is clear: it is about implementing the improvements that the Parliamentary Commission for Social and Economic Reconstruction approved in July 2021.²

And add other measures: if we have to prepare for a long-lasting COVID-endemic-pandemic state, we have to reinforce emergency services, as well as the possibility of increasing the number of advanced and critical care beds, as well as the logistical reserve of areas of hospitalization that can be activated with the peaks of incidence.

In addition to the reinforcement of infrastructure and wards, we need this implicit social contract to end the mistreatment occurring in hiring professionals. Reducing temporary contracts and improving the quality of medical and health employment is necessary to retain the professionals we train, and to align their motivation with the mission of the national health system.

Political discourse must insist on the gratitude for the over-and-above effort of healthcare workers since the beginning of the year, which increased in this sixth wave. It is sad to observe when, from the political sector, irritation and frustration are channeled looking for blame, even pointing at their own healthcare workers, without taking responsibility for the important role that they have played in the lack of control of the situation.

² CONCLUSIONES PARA LA RECONSTRUCCIÓN SOCIAL Y ECONÓMICA [CONCLUSIONS FOR SOCIAL AND ECONOMIC RECONSTRUCTION]. Texto aprobado en el Congreso de los Diputados, del dictamen de la Comisión para la Reconstrucción Social y Económica [Text approved in the Council of Representatives, for the ruling of the Commission for Social and Economic Reconstruction]. 29 July 2020.
https://www.congreso.es/docu/comisiones/reconstruccion/153_1_Aprobacion_Pleno.pdf

5- Combating “*Pandemic political fatigue*” and relying on an adequate legal framework.

COVID-19 has become a “hot potato” that only generates political costs, which does not lead to a positive image or potential electoral benefits. That is why the tendency to endorse the citizen's irritation and frustration of the political opponent prevails. *Co-governing*, which is necessary and essential for the fight against the pandemic, is becoming more difficult every day in this political and institutional climate.

It is important to remember that the Ministry of Health has the constitutional competence to establish the basic legislation in this matter and to coordinate the health service; that is, it has an obligation to guarantee the coherence of the actions of the different Public Health Administrations for the achievement of a common result.

The impasse in health policies often leads to the transfer of responsibility to the population (so that it can protect itself) and to blame those who do not vaccinate or those who partake in risky behaviors. In addition, it generates confrontation between those that “comply” and those that “do not comply,” a social tension that ends up dividing society at a time when we should be united in order to give a consensual response to shared risks. But the effects of this strategy of moral “*empowerment*” are very low, and it cannot replace the action of the health authorities through active policies to reduce transmission.

It is not easy to combat this political fatigue in the face of the pandemic, which alters the rationality of the actions that we have to put in place, particularly those that are less popular and more unfriendly to the population, or those that generate economic or employment costs. But there is no alternative; governing professional bodies and scientific and professional organizations can provide good support to generate a new narrative that eliminates the disillusionment and favors a new consensus for common action and the co-government.

The learning curve of these last two years regarding the application of the legal framework for measures to restrict movement and other individual rights, indicates that an update of the normative framework is needed, especially after the Constitutional Court has declared unconstitutional those precepts of the state of alarm that allowed the “suspension” of the right to freedom of circulation and that allowed for six months that the autonomous communities could adopt measures limiting fundamental rights to fight the pandemic. A simple legal framework would be needed that regulates a new situation of “health alarm” for the entire national territory and that introduces certain measures of legal security in this matter. Without this, the use of the organic law 3/1986 supposes that the decisions adopted by the health authorities are not effective until the corresponding authorization or judicial ratification of the measures takes place.

The creation of a common scheme of COVID control measures in the new “traffic light” system is required (Indicators for risk assessment and

COVID-19 Transmission Alert Levels, November 2021)³; the key to co-government is to create common response norms that allow the differentiation of actions in function of the local characteristics of the evolution of the pandemic. Within this shared framework, each autonomous strategy, in a climate of intense political rivalry, becomes a reason for confrontation and tension, which weakens the receptivity of the population and the feasibility of its implementation.

6- Messages from the medical profession to the political and institutional world.

First, we should be able to combine a self-critical conscience with recognition of the achievements of Spain in the management of the pandemic; some are in terms of the structural qualities of our national health system, others with the competence and commitment of professionals. There has also been a commendable organizational response, albeit late and insufficient, from the health authorities. The excellent development of the vaccination campaign, and the ability to respond to care provision following the pandemic's first challenge can be one of the positive examples of overcoming the enormous effort to fight that caused the COVID to the SNS.

But positive data, which can encourage motivation to improve collaborative work, cannot feed self-complacency as we have very important and very immediate challenges. Therefore, from the medical professional sector, we formulate two messages to the political and institutional world:

The **first message** would be a call to political and institutional responsibility: your action is necessary and cannot be substituted; in addition, active policies can prevent much harm; the reconstruction of the health system must be implemented now, with a combination of increasing resources and implementing reforms.

The **second message** consists of avoiding actions that do not offer guarantees of obtaining results, although they provide an appearance of control and an image of doing something.

Two examples: Demanding a "COVID passport" when vaccination rates reach very high figures, and the dominant variant is transmitted among immunized patients, as mentioned above. A measure has been recently implemented requiring the use of masks outdoors, which has very small effectiveness, versus other alternatives to limit the transmission in closed spaces. It should be evaluated whether this measure could indirectly encourage its use in interiors, terraces, and crowds.

Despite the urgency and exceptionality, some solutions create new problems and distortions: for example, the screening function in Health Centers should

³Ministry of Health: Indicators for the evaluation of risk and alert levels for COVID-19 transmission, November 2021 Available at: https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Indicadores_de_riesgo_COVID.pdf

not be developed by administrative personnel; triage is a care provision process and must be developed by health care workers and organized by the clinical team of the health center.

In contrast, many measures have been successfully tried; for example, the renewed promotion of telework (which has declined during this year), which could be led by the public administrations, limiting in this way the chain of infection and reducing the use of public transport.

As a **third message**: communication to the population is another great challenge; we know that it is not easy because of the uniqueness of a pandemic that will last more than two years, changing everyone's health, well-being, and everyday life. But, this will involve strengthening pedagogy, and working on the creation of political and institutional consensus to align messages and arguments, and working together to mitigate misinformation, sensationalism and interesting news that emerge each day. Greater care would be required from communication media when seeking information and appropriate experts who guarantee scientific and professional solvency with which messages are prepared and disseminated to the population.

We believe that health professional organizations can be of assistance in both co-government and communication, and we want to offer our contribution. But there are not many day-to-day channels to carry out this joint work, which is why it would be necessary to build or improve them.

Our hand is extended, and from the Spanish General Medical Council, we are ready to share efforts to advance in this direction.

7- Messages from the Local Medical Associations to the population: for self-protection when faced with changing and contradictory responses from governments and institutions.

The population will have to compensate for the weakness of the actions of institutions and health authorities. It is not enough, but it is necessary; and, in addition, because much can be done to protect oneself, and in doing so, protect others.

The following summary of common advice can be a good tool for protection: ⁴

⁴Peiró V. Positivos y contactos estrechos: ¿qué hacer cuando no sabemos qué hacer? [What to do when we don't know what to do?] The Conversation; 19 December 2021. Available at:

https://theconversation.com/positivos-y-contactos-estrechos-que-hacer-cuando-no-sabemos-que-hacer-174048?utm_source=twitter&utm_medium=bylinetwitterbutton

a) If you have symptoms compatible with COVID-19: forget that you have had COVID-19 or are vaccinated. Act as if you were positive and isolate. If possible, contact your medical center (normally, they will give you a date and time for a PCR test). If not possible, the antigen tests for sale in pharmacies (performed according to the manufacturer's instructions) are very reliable for symptomatic people. **Be aware that difficulty breathing is the most worrisome symptom** and requires urgent medical consultation for its assessment

b) If you are positive on a pharmacy antigen test: Isolate. Use a FFP2 mask. Contact your medical center. They will probably give you an appointment to perform a PCR and provide instructions according to your symptoms. Isolation must last a minimum of 10 days from the beginning of symptoms (or the test date for asymptomatic patients). Although, while symptoms persist, isolation should continue. Those you live with have probably become infected. They are contacts, more than close contacts, very close contacts. Also, those who recently shared the air you breathe (especially in recent days). Notify them, even if they are vaccinated or have already had covid-19. The possibility of infection is higher if the encounter took place in closed, poorly ventilated spaces, without masks, with close proximity, and was prolonged. **Prepare a list of phone numbers for your contacts to help contact tracers.**

c) If you are a close contact: Even if you were infected, diagnostic procedures, including PCR, will not give positive results until 3-5 days after contact with the infected person. If you are not vaccinated, you should isolate and try to contact the health services for a PCR (usually, they will give you an appointment for around the 5th day after close contact with the infected person). If you are vaccinated, you should do exactly the same thing as if you were not. Currently, the Ministry of Health does not oblige the isolation of vaccinated close contacts (although some autonomous communities do) and only recommends **reducing meetings and avoiding contact with older and vulnerable people**. This recommendation may be revised in view of the transmission capacity of asymptomatic vaccinated persons, which will also require review of sick leave criteria.

d) If you do not have symptoms and you are not a close contact or positive: you should reduce the risk of being a case or close contact of a case. In festive times, like this Christmas, we must reduce our gatherings and meetings. If you can avoid contact or meetings of any kind, avoid them. If you can't, better outdoors. If it cannot be outdoors, better in well-ventilated places, with social distancing and wearing masks where possible. Whether you are vaccinated or not. Whether you require a covid-19 passport to enter or not. Both if you have taken an antigen test and if you have not. And when you can, and more so if you are older than 60 years, go for your third dose. **Do not postpone it. Now is not the moment.**