

Editorial

Lessons from COVID 19

Simon Attard Montalto

For the past nine months, the world has been taken over by the COVID 19 pandemic with almost all of the repercussions being negative, both to the individual, society, health services, economies and life in general. But have there been any lessons to be learnt from this worldwide crisis and, more importantly, have these been addressed?

COVID AND THE WORLD STAGE

How did this pandemic arise in the first place, and can a similar event be avoided in the future? All evidence points to the transmission of a β coronavirus from animals, probably pangolins or bats,¹ to humans essentially due to close contact and poor hygiene practices in 'live' markets and illegal trade in wildlife. Clearly a massive rethink and overhaul of these practices (and how mankind relates to wild animals in general) is a must, starting with the question whether they should be permitted in the first place.² Almost without exception, once mankind interferes with nature, disaster follows – unusually, on this occasion, it is not just nature that has lost out!

Although the WHO mobilised relatively quickly, declaring a Public Health Emergency on 30.1.20 and, later, a Global Pandemic,³ could their response have been improved? Once it was known that a new virus with credentials to create a pandemic had crossed over to man, could a better, internationally-coordinated effort with immediate early warning and drastic lockdown measures have helped to contain the infection 'locally' and limit the infection to epidemic rather than pandemic proportions? Could the disaster that afflicted the north of Italy, for example, have been averted? In this regard, an effective pan-global early-warning and more effective alarm system needs to be established that, amongst others, would ensure that there is no place for withholding or delaying dissemination of data.

Cover Picture:

'drawing of Dawn, a sculpture by Michelangelo for the Cappella Medici'

Pencil

By Alexander Manché

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PANDEMIC MANAGEMENT

At country level, the management of a health crisis on this scale must be led by the Health Authorities, with early and aggressive measures that will, inevitably, impact society, daily life and the economy. Ultimately, this pandemic has shown very clearly that a 'gentle' approach, for example by allowing for natural herd immunity to develop and similar measures,⁴ do not work. Indeed, countries that embraced this option, even with the best of intentions, invariably fared worse in terms of absolute numbers of COVID 19 infections and mortality.⁵ This bitter lesson was highlighted further by those countries led by self-acclaimed 'champions' who belittled the pandemic and adopted a 'gung-ho' attitude, that promptly condemned their countries to the worst statistics on the entire planet.⁵ Politicians are simply not trained to manage a pandemic and should (humbly) seek and take the advice of those who are.

THE LESSONS FROM MALTA

The Malta experience, uniquely, provides two clear lessons: firstly, how to manage a pandemic well and, subsequently, how to unmanage the very same pandemic! Malta's approach was hailed as the 'best model' in pandemic management,⁶ with a strict policy of track, trace and isolate cases. This was only made possible as Malta's well-informed Health Authority was ably supported by the Ministry and Division of Health, efficiently and effectively mobilised front-liners including the police, and a frightened but compliant population. This formula worked, bringing the local pandemic under tight control within a two-month period. Although a second wave was expected (and was probably inevitable), particularly after the relaxation of lockdown

measures, this was ensured by 'over-eager' winding down, over-optimistic sound bites ensuring a false sense of security, compounded by downright irresponsible actions allowing and even encouraging 'uncontrolled' mass events. Although the economic argument was (and remains) valid, the problem posed by the health issue was (and remains) greater and should have swayed the decision makers. The fear of a second tsunami after opening the national airport did not materialise, since this was (and remains) reasonably well 'controlled'. Similarly, although the influx of COVID 19-positive migrants has increased absolute case numbers, this has had no impact on the subsequent dispersal of the virus as all these individuals have been corralled immediately on arrival. Unquestionably, it has been mass gatherings ranging from family parties to day-long events that have ensured that the virus has been released into the general population.⁷ This, in turn, has ensured that the R factor remains steadily above 1 and the second wave is now considerably greater both in absolute numbers and duration than the first.⁵ As a consequence, Malta has plummeted towards the bottom of Europe's pandemic activity status, and is on most countries 'with caution' list for travel purposes. Of greater concern, there is presently little evidence of the situation easing, and the increasing mean age of infected persons including the spread of the virus into care homes with access to the extremely vulnerable, will result in a steady escalation in COVID-related deaths.⁸

Presently, the restrictive measures in State hospitals, the Medical School, University, Churches, shops, etc., etc., are more likely to increase rather than diminish.^{9,10} The reopening of schools and revitalisation of the economy look to be in jeopardy, whilst return to normality remains ever less likely. Once pandemic control

is lost, it is very difficult to retrieve the situation and this can only be achieved through stringent Public Health measures,¹¹ backed up with an effective and safe vaccine. Ultimately, all other initiatives and drivers (political, societal, economic, business interests, etc.), however valid, are dependent on the health of the nation's population and, alone or with an ailing population, cannot effect a turnaround.

REFERENCES

1. K Xiao, J Zhai, Y Feng, N Zhou, X Zhang, JJ Zou, et al. Isolation of SARS-CoV-2-related coronavirus from Malayan pangolins. *Nature*. 2020; 583(7815): 286-289.
2. P Gomes da Silva, JR Mesquita, M de Sao Jose Nascimento, VAM Ferreira. Viral, host and environmental factors that favour anthropozoonotic spillover of coronaviruses: An opinionated review, focusing on SARS-CoV, MERS-CoV and SARS-CoV-2. *Sci Total Environ* 2020; 750: 141483. Doi: 10.1016/j.scitotenv.2020.141483.
3. J Jee. WHO International Health Regulations Emergency Committee for the COVID-19 outbreak. Sept 2020. DOI: 10.4178/epih.e2020013. <https://pubmed.ncbi.nlm.nih.gov/32192278/>
4. RE Irwin. Misinformation and decontextualization: international media reporting on Sweden and COVID-19. <https://pubmed.ncbi.nlm.nih.gov/32660503/>
5. <https://www.google.com/search?q=who+coronavirus&aq=chrome.1.69i57j0l7.5290j0j15>
6. Cuschieri S. COVID-19 panic, solidarity and equity- the Malta exemplary experience [published online ahead of print, 2020 May 30]. *Z Gesundh Wiss*. 2020; 1-6. doi:10.1007/s10389-020-01308-w.
7. Cuschieri S, Balzan M, Gauci C, Aguis S, Grech V. Mass Events Trigger Malta's Second Peak After Initial Successful Pandemic Suppression [published online ahead of print, 2020 Sep 16]. *J Community Health*. 2020; 10.1007/s10900-020-00925-6. doi:10.1007/s10900-020-00925-6.
8. F Zhou, T Yu, R Du, G Fan, Y Lin, Z Liu, et al. Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *Lancet*. 2020; 395(10229): 1054-1062. doi: 10.1016/S0140-6736(20)30566-3.
9. Grech V, Attard Montalto S. The impact of COVID-19 on the Malta Medical School. *Malta Medical School Gazette*. 2020 Aug 13; 4(1):5-16.
10. Grech V, Grech P, Fabri S. A risk balancing act - Tourism competition using health leverage in the COVID-19 era. *Int J Risk Saf Med*. 2020; 31(3):121-130. doi:10.3233/JRS-200042.&sourceid=chrome&ie=UTF-8
11. JL Guest, C Del Rio, T Sanchez. The three steps needed to end the COVID-19 pandemic: Bold public health leadership, rapid innovations, and courageous political will. *JMIR Public Health Surveill*. 2020; 6(2): e19043. Doi: 10.2196/19043.