Covid, Ethics and Future Pandemics

Presented by:

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Introductions

- Heather Cooks-Sinclair
  - Worked for Austin Public Health for 17 years
    - 15 years as an epidemiologist
    - During COVID she managed teams that:
      - Processed incoming reports
      - Data entered labs
      - Assigned investigations to case investigators

Introductions

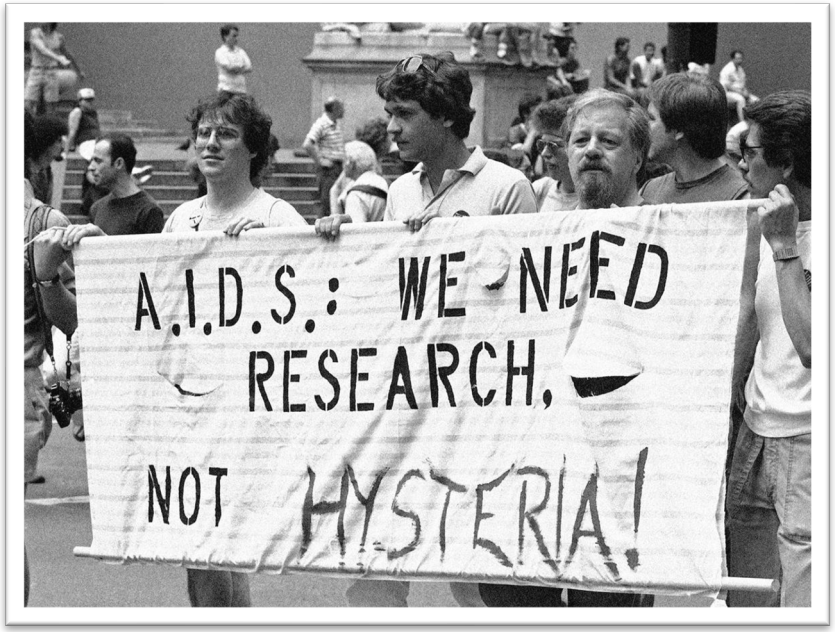
- Ana Urueta
  - Worked for Austin Public Health for 4 years in the preparedness program
    - During COVID she :
      - Planned, coordinated, and implemented
        - COVID testing sites
        - COVID vaccination sites
      - Prioritizing equity and access

Pandemics in history

- Bubonic plague
  - Death Toll: 75 – 200 million
  - From 1346 to 1353 an outbreak of the Plague ravaged Europe, Africa, and Asia
  - Jumped continents via fleas living on rats living in merchant ships
- Spanish flu (influenza)
  - Death Toll: 20 -50 million
  - Between 1918 and 1920 a disturbingly deadly outbreak of influenza tore across the globe
  - Mortality rate estimated 10% to 20%
  - Up to 25 million deaths in the first 25 weeks alone

Pandemics in history

- HIV/AIDS
  - Death Toll: 36 million
  - First identified in Democratic Republic of the Congo in 1976, HIV/AIDS has truly proven itself as a global pandemic,
  - Currently there are between 31 and 35 million people living with HIV
  - New treatments and prevention - HIV far more manageable, HIV+ people have productive lives.
  - Between 2005 and 2012 the annual global deaths from HIV/AIDS dropped from 2.2 million to 1.6 million.



SARS-COV-2 - A defining event of the 21st century

- Global estimates - taken fifteen million lives over 2020-21
- Closed national borders, whole populations into quarantine
- Devastated economies ≈ half of workers in low- or middle-income countries lost a job or business
- Estimated a global loss to the world economy of US$12 trillion by the end of 2021
- Rise in rates of extreme poverty for the first time in 25 years
- Pandemic toll: human lives, mental and physical suffering, and economic hardship

Covid in the aging population

- Before COVID, nursing homes were understaffed, disabled people were neglected, and low-income people were disconnected from health care.
- Chronically underfunded public-health system struggled to slow the virus's spread
- More than 80% of the global COVID-19–related deaths between 2020 and 2021 occurred among people aged 60 years or older (WHO data)
- For people aged 60 years or older, the median vaccination coverage was 76%, (33% in low-income countries to 90% in high-income countries)
- Dying alone, without close family and friends

What worked well at APH?

- Leadership - Chain of command – Incident Command System (ICS)
- Internal communications
- Mobilization of all divisions within APH to address emergency operations
- Federal funding assistance
- Hiring of extra staff – temporary employees and reorganization of the workflow
- Frequent meetings with community partners to discuss changes in protocols
- Partnering with long-term care facilities for resources, testing, and case investigations

What worked well at APH?

- Recommended and implemented control measures to protect the community
- Dedication and resiliency of APH staff
  - Staffed testing and vaccine clinics across the city
  - Opened a phone bank to capture public concerns and community needs
  - Interviewed thousands of citizens
  - Educated the public and gathered data
  - Produced data dashboards to inform the public

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What could be improved?

- Utilizing a Community-led approach
- State directives not in line with local priorities
- Communication with external partners
- Messaging and services available in multiple languages
- Prioritizing underserved and uninsured populations
- Equitable access to antivirals and other treatments
- Electronic data management

What could be improved in our community?

- Existing inequities identified through COVID continue to persist
- Improving ventilation in public indoor spaces
- Paid sick leave
- Access to healthcare
- Community trust

Ethics and HIPAA

- Emerging forms of communication and technology need to align with HIPAA requirements
- Use of encrypted communications to ensure confidentiality but are not always available
- Inequities
  - Provider engagement
  - Access to care
  - Language barriers
  - Workplace safety
  - Workplace benefits

Lessons learned

- Inequitable benefits provided (or not) to employees across public and private employers, i.e. paid time off, sick leave caused inequitable disease burden
- Lack of paid time off (PTO) and maybe different kinds of jobs where people could not take time off (or if they took time off, they didn't get paid).
- COVID-19 leave policies were generous - yet as pandemic wore on many more lost PTO and as a result went to work/school sick (e.g., childcare center workers)
- Need for prioritization of uninsured populations
- New technology may leave those without access to technology out
- Free tests, vaccines, and treatments are not easy to find now that we are in the endemic phase

Lessons learned

- STI/HIV increased after the pandemic
- Lack of access to expensive monoclonal antibody treatments.
- Crafting audience-specific and easily understood public health messaging is vital
- Strong misinformation and disinformation campaigns
- Declining vaccination rates across the board as a result of "covid vaccination fatigue" - e.g., even flu shot rates and childhood VPD vaccine rates are down across the country
- It is important to develop and competitively pay for a strong workforce

The next pandemic will not be exactly like the COVID pandemic . . .

Are we ready for the next pandemic?

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Are we ready for the next pandemic?

- Healthcare staffing burdens continue
- Not enough public health emergency preparedness staff
- Access to care continues to be an issue in our underserved communities
- Declining vaccination rates
- Fragmented data infrastructure between healthcare and public health persists
- The role of social media
  - Disinformation - false information that is intended to mislead, especially propaganda issued by a government organization to a rival power or the media
  - Misinformation - false or inaccurate information, especially that which is deliberately intended to deceive

We have used our lessons learned to prepare for the next pandemic

- Created new processes in testing and vaccine management
- Engaged our workforce in preparedness
- Created and improved plans, protocols, and processes
- Foster and develop relationships with community partners
- Continue to test plans and train staff
- Continue to develop methods to engage the community

Questions?

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