

# What can we learn from Omicron? Here are 7 steps public health leaders say we should take before the next surge

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The Omicron surge is on its decline, as new cases are plummeting as fast as they climbed, providing hope for relief from the record-breaking

wave of infection. As the country begins to relax, the question is: What's next?

In the last two weeks, Pennsylvania's average daily number of new infections has dropped to about 14,000 from a peak of more than 28,000. The case numbers are now similar to where they were on Dec. 31—though they still remain higher than in any previous wave.

The Northeast, including New Jersey, has seen a similar drop, while the nationwide case numbers have peaked but are falling more slowly, according to data analyzed by the New York Times.

As the surge wanes, the country is likely to get a reprieve from high COVID-19 spread, particularly once the winter ends. The lull will provide an opportunity to prepare for the potential next wave, using lessons learned from the Omicron surge.

"Omicron is not the end," said Temple University chief medical officer Tony Reed. "This virus is still out there [and] will mutate. ... So it'll be back."

Federal and state governments found themselves reacting to the Omicron surge after it had begun. In some cases, including in Pennsylvania, aid is now coming to residents or hospitals—but not arriving until weeks after the peak.

The lag, experts say, is because the infrastructure for it wasn't in place. Pennsylvania's acting [health secretary](#), too, noted at a news briefing last week that it had taken some time to get funding in place for the state's recent initiatives.

"My hope is that the next time, we don't wait until we're mid-surge," said Courtney Boen, a University of Pennsylvania professor and sociologist.

To meet the challenge, [hospital](#) officials around Pennsylvania used strategies developed throughout the pandemic, pivoting frequently and moving staff between jobs. In the next few weeks, some that have been overwhelmed hope to restart elective procedures, see patients who delayed care, and examine their responses.

In interviews, [public health experts](#) and hospital leaders talked about what hospitals and the public need before the next surge. Here are some of those steps:

## Vaccination

Continuing the push for vaccination is key, experts said, both in the United States and globally, because new variants will be able to emerge until most of the population is vaccinated.

Data from the Omicron surge show that people who had received booster shots were highly protected from severe cases and hospitalization. A lull will provide an important window for vaccination efforts, allowing people time to complete immunizations before the next wave. It takes several months to get all three shots, so people who need first, second, or third doses should start now, experts said.

County, state, and federal governments' efforts to improve vaccine access and outreach and employer vaccine requirements remain key, experts said. Some also recommended state or federal vaccine mandates.

"When you have unvaccinated people, you have variants," said Jennifer Kolker, a public health professor at Drexel University. "[Some people] are nearer to getting vaccinated, and we need to stay with them and continue to talk to them."

## **Mask mandates**

As Omicron infected even people who were vaccinated, wearing masks again became paramount. Now, experts said, communication is essential to help the public better understand when to wear masks and to combat confusion and fatigue.

The public should view taking precautions as "good not just for me as an individual, but it's good for the community that I'm around every day, and it's good for my region," said Jack Lynch, CEO of Main Line Health.

And states should consider imposing mask policies tied to virus transmission levels, experts suggested. That would mean a mask mandate would automatically go into effect if another surge arrived but would be dropped as soon as case spread improved.

"If the state wants to be serious about protecting health-care infrastructure," Boen said, "they really have to take mask mandates seriously."

## **Post-acute care**

During the surge, hospitals often had nowhere to send patients who needed further recovery but were ready to be moved out of acute care wards. Not being able to transfer patients to nursing homes and rehabs because of a lack of available beds or staff can cause a backlog of patients in emergency rooms.

Strengthening that system, known as post-acute care, before the next wave is critical, said several hospital officials.

Pennsylvania is aiming to address that temporarily with eight overflow sites that will take patients from hospitals. The sites will be at existing skilled nursing facilities; they'll open sometime in February and operate for about two months, a spokesperson said. Up to four more sites will open later in February.

That type of aid "really would be a big help," said Donald Yealy chief medical officer at UPMC.

But hospitals needed the aid a few weeks ago, Geisinger Health chief medical officer Gerald Maloney said last week. "We will still have people in the hospital three weeks from now who would benefit from that, so we'll take it if that's what we get. But if we could get it today, that would be even better."

The Pennsylvania Department of Health defended its timing, with a spokesperson saying the impact on hospitals will continue for weeks and asserting the aid "is not specifically tied to the surge in cases caused by the Omicron variant."

"The department is working aggressively ... to support our health-care facilities," said spokesperson Mark O'Neill.

## **Testing availability**

Increasing access to testing, masks, and other supplies is also critical.

During the lull, a plan should be established, experts said, that would allow measures like the federal government's plan to provide free at-home tests to households to take effect more quickly. And after Omicron, it may be more politically palatable, Penn's Boen suggested.

"Within the last two or three weeks, things that at one time felt like there

was a lot of political resistance against, like providing free masks, like providing free tests to people, all of a sudden became doable," Boen said.

## **See other patients**

Having already seen an influx of patients who put off medical care earlier in the pandemic, doctors will also use the coming months to treat patients who need overdue care. That also includes hospitals resuming elective surgeries that were delayed during the surge.

"If there are patients who put off general care," Reed said, "it's incumbent on our primary care groups to make sure there's nobody outstanding."

## **Staff shortage**

Solving the health-care staffing crisis that is impairing hospitals nationwide is one of the most urgent needs, short- and long-term, but possibly among the toughest to address. Hospitals are hoping to hire over the next several months, but with so many workers having left, "that pipeline is going to take time to rebuild," said Yealy of UPMC.

And hospitals, which have partly weathered the surge by moving workers between jobs, could potentially reconsider how they use their workforce, Yealy said. They also may craft new contingency staffing plans or seek ways to relieve exhausted workers.

"We're running folks ragged because we don't have the systems in place to efficiently transition people," said Matthew Ferrari, director of the Center for Infectious Disease Dynamics at Pennsylvania State University.

Meanwhile, Gov. Tom Wolf's administration offered what acting Secretary of Health Keara Klinepeter called "a short-term fix" last week, launching a "strike team" program allowing hospitals to request extra workers for seven- to 14-day periods.

## **Public health investment**

Since its start, the pandemic has laid bare the gaps in public health investment and infrastructure. More government funding would put public health entities in a stronger position for the next crisis, experts say—whether it means they have better capacity to open testing sites or more funding to cover higher supply costs and salary increases.

"There's going to have to be relief from the federal and state governments, like they did in '20 and '21," said Lynch of Main Line Health. "We're losing money."

Wolf and a bipartisan group of lawmakers last week announced the passage of a law that would inject \$225 million of federal COVID-19 relief funds into hospitals and behavioral health centers for recruiting and retaining staff, as well as helping nurses repay student loan debt.

Federal funding is also key for the production of treatments and supplies and continued research.

"Unlike the past, where we didn't know what the future was and we didn't know how bad it could be," said Ferrari, of Penn State, "now we don't know what the future could be, but we know how bad it can be. We learned the downside of inaction."

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