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Lessons from a hygienic-medical point of view

>> The basic premise of preventive health protection through hygiene and infection medicine is to always design corresponding concepts taking into account proportionality and the societal and social consequences (no infection-preventive tunnel vision). It remains inexplicable why, at the beginning of the pandemic, political crisis management decided not to draw on the quality of the preliminary work of the pandemic plan, which was last updated in 2017, and the expertise of preventive health protection experts from the fields of hygiene and infection medicine.

The Commission for Hospital Hygiene and Infection Prevention (KRINKO), the most important expert body with a statutory advisory mandate, comparable to the Standing Committee on Vaccination (STIKO), made up of recognised hygiene experts with the authority to draw up recommendations and standards for evidence-based infection prevention in the medical field, was barely considered in the public debate on the pandemic. The most striking consequences included the debacle surrounding the mask issue, the overestimation of aerosol-related remote transmission instead of droplet transmission at close range and the resulting use of mobile air purifiers (MLRG) without epidemiological evidence of their effectiveness.

In November 2023, the KRINKO updated the recommendations on the most important hygiene measures for the medical care of SARS-CoV-2 patients in broad agreement with the recommendations of the German Society for Hospital Hygiene (DGKH). With this clarification, the KRIN-KO confirms the correctness and evidence of the bundling strategy and emphasises its importance for prevention in future pandemics, the most likely pathogen of which will again be a respiratory virus. The hygienic (non-pharmaceutical) prevention strategies include contact restrictions up to and including temporary lockdown, distancing between people (social distancing), masks for mouth and nose protection, general hygiene rules, ventilation and airflow, vaccination, diagnostics and infection surveillance as well as analysing and processing outbreaks. However, the zero Covid policy, which is only committed to infection prevention, has not proved successful - as the Chinese example shows, with adverse social consequences that are still unforeseeable. It prevents infection prevention and vaccination strategies based on structured data collection from focussing on the sections of the population particularly affected by the SARS-CoV-2 infection. After a very short time, it became apparent that old people's homes and nursing homes were the hotspots of fatal COVID-19 cases, whereas infants, children and younger adolescents were not among the particularly affected population groups. While the protection of the elderly remained inadequate, the restrictions on attending daycare centres and schools were disproportionate and harmful in light of the increasingly recognisable serious developmental deficits in these age groups. The focus should have been on a communication campaign to build trust in the AHA rules, the measures of the hygiene bundle, which, according to the latest KRINKO analysis, have proven their worth where they have been consistently implemented, as they have for decades with other respiratory-borne infectious diseases. A distance (A) of 1.5 metres between people is considered to be the most suitable protective measure for viruses that are mainly transmitted by droplets. With the important hygiene rules (H), hand hygiene and behaviour when speaking, sneezing and coughing and wearing an everyday mask (A), protection is extended to the immediate vicinity. A properly worn medical mask is sufficient. The idea that aerosols at long distances are of equal importance to droplets at close range has led to uncertainty and cannot be confirmed from today's perspective - with certain exceptions in the case of drift through air handling units. The KRINKO recommends that an FFP2 mask should only be worn in the event of increased exposure in patient care. This must fit perfectly and be individually tested for tightness. In the absence of these requirements, wearing an FFP2 mask in public is insufficient.

The AHA rules are supplemented by sensible ventilation concepts (+L). Dilution by fresh air indoors with monitoring by CO2 measurement and air discharge directed towards the ceiling is the best protection against infection. According to the KRINKO, however, the effectiveness of MLRGs in protecting against SARS-CoV-2 transmission has not been proven. In remarkable contrast, expensive.

MLRGs have been widely introduced in schools and daycare centres. The serious management deficits also included mass testing without cause for too long using rapid tests (to filter out infected persons) and the misjudgement of the effectiveness of the vaccination, which effectively protects against severe and fatal progression, but not against re-infection and transmission, which initially served as an argument in favour of a general vaccination obligation. Together with the debate about a general vaccination obligation, the expectations of an end to infections and thus an end to the pandemic weighed on confidence in the vaccination and ultimately also in the entire pandemic management.

The core competences of hygiene science, which have been tried and tested over decades, are particularly important in the critical initial period of a pandemic of around 1 year until effective vaccines are available. The challenge is then to adapt to the data on the dynamics of the pandemic, the transmission characteristics of the pathogen, the affected population groups (by age and risk), vulnerability and the course of infection and their interpretation by experts whose expertise in hygiene and infection control is already beyond question in the run-up to a pandemic. <<