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Protecting risk groups - but how?

>> During the coronavirus crisis, the idea that old people should be regarded as a generalised risk group or even a 'high-risk group' (and treated accordingly) quickly became ingrained in the collective consciousness. This often ignored the fact that there is no such thing as 'the elderly' as a homogeneous group, but that the 'variety of potentially predisposing pre-existing conditions and their severity, as well as numerous other influencing factors, make risk assessment a highly complex matter' (Robert Koch Institute). Social situation, housing situation, need for care and the care context in which a person finds themselves are also among these influencing factors. However, the death statistics broadcast daily on TV screens do not allow a statement to be made about the significance of these factors. This would have required representative and comprehensive epidemiological studies on infections, which were largely neglected (and thus the planning of intelligent, i.e. tailored prevention measures). Instead, forced reverse isolation for all over-65s (as an exit strategy from the first lockdown)was seriously consideredon the political stage and compulsory vaccination was propagated exclusively for over-60s, although the epidemiological benefits of these age-discriminatory measures were highly doubtful.

Meanwhile, the real risk groups were being overlooked - above all the residents of care homes. Living in a nursing home - and not old age per se - was the most significant risk factor for death from the virus in Germany: nursing home residents were by far the most affected group, accounting for half of all Covid-19-related deaths, although only just under 1% of the total population (or just under 4% of over 65-year-olds) belonged to this group. These figures, which have also been reported in similar proportions in many other countries, clearly relativise the individual (risk) factor of age and focus attention on the places where care is provided and the institutional conditions in which people in need of care live. People who are often restricted in their mobility and are largely unable to protect themselves from infection on their own, if only because they are subject to the structures and procedures of the institution.

Due to their duty of care and the associated liability issues, care home managers and supervisory authorities initially had little choice but to seal off the homes from the outside world during the growing pandemic and also largely bring social life within the homes to a standstill (for example by suspending communal activities). However, it was noticeable that even after the introduction of these rigorous measures, which had a considerable negative impact on residents, many homes failed to adequately prevent the virus from entering and spreading, and that the number of outbreaks and deaths in the second wave virtually exploded after the first wave's approach ('lock down!') was largely reproduced.

It is plausible that the resources available to care homes have a direct influence on whether they can adequately protect their residents from a pandemic. This connection is also made in the crisis team minutes of the RKI (8 January 2021), for example when 'poorly trained and underpaid people', cost pressure, staff shortages and work overload in care homes were suggested as the cause of the misery. In other words, a socio-political grievance that has been 'years in the making', but which can also tempt people to distract from their own helplessness and lack of concept, e.g. by drawing the 'responsible (providers) ... into the spotlight of responsibility' (RKI proposal).

However, this is actually too easy, as there have also been devastating outbreaks in well-run care homes, while some poorly equipped facilities have been spared. This leads directly to the question of what we actually know for sure about which non-pharmacological measures (individually or in combination) can best protect nursing home residents from viral respiratory pandemics. Answering this question is of paramount importance, as an effective and evidence-based 'focussed protection' strategy would probably not only have saved many lives, but would also have made a bolder and earlier reversal of the increasingly ineffective and therefore pointless measures at population level justifiable as the pandemic progressed. In addition, knowledge about the effectiveness of measures would have helped to spare care home residents those measures that do little or nothing to help, but significantly interfere with their personal rights or damage their (psychosocial) health.

A recently published systematic review now reveals a considerable, downright shameful 'evidence gap' with regard to these issues: only 16 studies (13 observational studies and 3 cluster RCTs), only 1 of which was from Germany, met the minimum methodological criteria, but provided only low to very low confidence in the evidence for the effectiveness of the measures, with only 9 of the 32 potentially applicable individual measures being investigated at all. Given the great importance of this care issue, it seems downright negligent in retrospect that so little meaningful research has been conducted to date. Conclusion: A highly relevant topic for healthcare research if we want to be better prepared for future pandemics. <<

Literature
Arnold, L. et al. How to protect long-term care facilities from pandemic-like events? A systematic review on the effectiveness of non-pharmacological measures to prevent viral respiratory infections. BMC Infect Dis. 2024 Jun 17;24(1):589.