



Opinion: Public Health Restrictions and Vaccination Will Get Us Through This Pandemic Safely.

Written by:

Strategic COVID-19 Pandemic Committee of the Edmonton Zone Medical Staff Association

Timothy Caulfield, Canada Research Chair in Health Law and Policy, a Professor in the Faculty of Law and the School of Public Health, and Research Director of the Health Law Institute at the University of Alberta.

Chris McCabe, Executive Director and CEO of the Institute of Health Economics

In their op-ed in the Journal on Feb 9th, Dr. Joffe and Mr. Redman suggest that COVID-19 only causes serious illness and death in the elderly and those with other medical conditions. They state that lockdowns are not effective in protecting against COVID-19, that Alberta should adopt a similar strategy to Sweden, and that the acute care hospital system should already have built-in surge capacity to withstand a pandemic. This messaging is incorrect and ignores the growing body of evidence used to inform public health policy.

COVID-19 Serious Illness and Death Affects Younger People

It is true that the majority of the 1760 COVID-19 deaths in Alberta have been in the elderly, but there have been 97 fatalities in those under age 60, with 9 of these in their twenties. Joffe and Redman imply that the lives of the elderly lost to COVID-19 are less valuable to society. We believe strongly that the lives of those over 60 are as worthy of protection as the lives of the young. It is also important to note that “comorbidities” associated with COVID-19 death include obesity, high blood pressure and diabetes, all common in Alberta. Approximately 75% of North American adults having one or more risk factor for severe COVID-19 disease.

The average age of the 918 Albertans admitted to ICUs because of COVID-19 is 59, and 249 of these people died. Their families had to say goodbyes virtually. ICU survivors spend weeks in hospital and many will live with damaged lungs, muscle weakness, neurologic and emotional problems for months to years.

The average age of the 122,570 Albertans diagnosed with COVID-19 to date is 37 years. Most recovered within 2-3 weeks, but 10-15% will have “Long-COVID” with ongoing cough, shortness of breath, profound tiredness, heart problems, sleep disorders and difficulty concentrating. Based on the serious impact of COVID-19 across age groups, reputable medical organizations and public health experts strongly recommend that public health restrictions be used to minimize COVID-19 spread.

COVID-19 Herd Immunity Without Excess Deaths Requires Vaccination

Herd immunity occurs when a critical number of people have immunity to ensure the safety of the population. The claim that “herd immunity” may be obtained when 40% of the population has been infected is unlikely and unsubstantiated, with serious surges of COVID-19 occurring in

places with previous infection rates over 66% (example: Manaus, Brazil). If 40% of Albertans were infected with COVID-19 there would be between 10-20,000 more COVID-19 deaths in Alberta that could have been prevented through public health restrictions and vaccination.

Vaccines Provide Better Immunity

The writers incorrectly suggest that immunity from natural infection is as good or better than vaccination. Studies of antibody responses to mRNA vaccines show a significantly better antibody response than seen after natural infection. They also suggest that while the vaccines provide immunity to infection, they may not prevent nasal carriage of the virus, and therefore cannot provide herd immunity. This is also incorrect; data increasingly shows reduction of carriage of virus post vaccination.

The Swedish COVID-19 Catastrophe

The writers incorrectly claim that a relaxed, “Swedish” approach to COVID results in fewer deaths than other countries that instituted lockdowns. In fact, Sweden’s pandemic response has failed. The country now has a death rate among the highest in Europe. On a population basis, Sweden’s total deaths from COVID-19 are three times higher than Alberta’s and twelve times higher than its neighbour Norway, which put troops on its border to stop Swedes crossing! Sweden implemented a lockdown on January 11, 2021 because the previous high infection rate failed to provide herd immunity.

Joffe and Redman also claim that lockdowns cause more harm to population well-being and deaths in the long term than they prevent. They cite no evidence for this. To the contrary, there are many examples of early strict COVID-19 control measures allowing faster economic recovery. In South Korea, Australia, New Zealand, Taiwan and China, citizens are now living relatively normal lives. Australia’s economy expanded by 3.5% in the last year because of the targeted strict short lockdowns implemented when new cases are found in these countries.

Charter Freedoms

They also imply that the current restrictions may infringe “Charter freedoms”, again offering no evidence or informed legal analysis. Canadian case law says little about the application of the Charter of Rights and Freedoms in the context of public health interventions, and essentially nothing about emergency situations. However, the few cases that exist reflect a clear tendency for courts to defer to the government’s determination of the types of measures needed for the sake of public health.

Better strategies to respond to the pandemic

Joffe and Redman state that the hospital system should be expanded to be able to manage the inevitable surge of severely sick people during a pandemic. Ideally, Alberta would be able to increase its number of hospital beds to be comparable to Germany, which has three times more acute care hospital beds and ICU beds per population than Alberta. However, this would require considerable investment, health care worker training and recruitment over years.

In the recent second wave, the number of COVID-19 patients requiring hospital and ICU care was over 900 patients – equivalent to two large hospitals of COVID-19 cases. The ICUs in the

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province had to phase up to over three times the maximum usual census and the hospital morgues were severely over-capacity.

Joffe and Redman recommend the approach of quarantining the elderly and long-term care workers both within and outside of long-term care facilities. This means that our parents, grandparents, other elderly relatives and long-term care staff, who are largely comprised of racialized females, would be in near perpetual isolation, negatively impacting their mental health and the health of their families.

Based on the above, it is apparent that the opinions and recommendations provided by Joffe and Redman are not fact-based and, if implemented, would lead to more suffering and death. Going forward, we believe that timely effective public health measures combined with a comprehensive vaccination program is the way we can return to a more normal life in which all Albertans can, without fear, enjoy the company of friends, neighbours and loved ones again.