

The Night in the ICU

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COVID-19 Global Response – Strengths, Weaknesses, Success and Failure

An overview of the global response to the COVID-19 pandemic – the success of South Korea, the so-called herd-immunity experiment of Sweden and the not-so-brilliant COVID-19 management in the U.K. and the U.S.

South Korea's Successful Three-Phased Response to COVID-19

COVID-19 has created havoc around the globe. Some countries have managed to cope well with the crisis while others have not been as successful.

An emerging COVID-19 success story is that of South Korea. South Korea's response to COVID-19 stands out because it was able to flatten the curve quickly without closing businesses, or issuing stay-at-home orders. South Korea did not have to implement strict measures that were adopted by many other high-income countries.

When it comes to epidemic preparedness and response, South Korea has demonstrated success on three fronts: detection, containment, and treatment. Also, an important strength of South Korea's response has been an excellent collaboration between the government and the scientific community.

Here is a quick overview of the country's timely response:

Detection: Hundreds of innovative and high-capacity screening clinics were built in South Korea. There was close collaboration with the private sector to ensure the supply of tests. Nearly 600 testing centres were established to screen people for COVID-19. Testing capacity reached almost 15,000 to 20,000 tests per day.

Containment: Infected patients were isolated, and patients in quarantine were provided support to ensure compliance. Also, contact tracing was effectively implemented, with hundreds of epidemiological intelligence officers deployed to trace contacts. They used a variety of data sources, including credit card transactions and television footage.

Treatment: In South Korea, Daegu was the site with the largest cluster of infections. 2400 health workers were recruited for this region alone. In addition, temporary hospitals were built across the country and shortages of personal protective equipment (PPE) were managed through centralised government purchasing.

Overall, South Korea's government acted quickly and effectively. This was probably because the country had learned from its flawed response to the Middle East Respiratory Syndrome (MERS) outbreak in 2015. The government had implemented several reforms to the health system in order to be better prepared for such a crisis.

The country's health system centres on hospital-based care. The number of hospital beds per capita is much higher in South Korea compared to other high-income countries, at 12.3 beds per 1000 population. This is two times the average of OECD

countries. It is this increased capacity that allowed hospitals to respond quickly to COVID-19 while continuing to provide care to non-COVID-19 patients. Healthcare use in South Korea leads all other OECD countries and stands at 16.6 consultations annually per capita.

Also, South Korea has an efficient national health insurance system, significant human resources, a strong infrastructure and good relationships with key institutions such as the President's office, the Ministry of Health and the Korean Centers for Disease Control and Prevention. This is a major reason why South Korea's response to the COVID-19 pandemic has been exceptional and decisive.

During the MERS outbreak, South Koreans lived in fear. The government lost nearly \$2.6 billion in tourism revenue and spent almost \$1 billion on diagnosis, treatment and other activities in response to the outbreak. After this disastrous performance, the country implemented several policy changes and worked towards improving its pandemic preparedness and response. When COVID-19 hit the world, South Korea was already prepared, and its people were sensible and wore masks, cooperated with contact tracers and listened to public health officials. All these factors make South Korea an example to follow.

Sweden's Herd Immunity – Fact or Fiction?

During the initial days of the COVID-19 pandemic, Sweden adopted the same strategy as most other countries around the globe. It aimed to flatten the curve and slow down the transmission of the virus so that the country's healthcare system would not be overwhelmed. There was, however, one difference in Sweden's approach. Much of its implementation and preventive measures relied on voluntary and stepwise action by its people. There was no legislation and no compulsory measures that were enforced on its people.

The fact that Sweden did not impose strict measures attracted everyone's attention. International media was very interested, and several different narratives circulated in the news. Some claimed that life was normal in Sweden, and some said that Sweden had adopted a herd immunity strategy. Others claimed that Sweden was not following any expert advice, while some said Sweden was not following WHO recommendations. There were claims that the Swedish approach had failed, and at the same time, others suggested that the Swedes trusted their government completely. As with most other news during the pandemic, there was no surety as to which claim was accurate and which was just a story.

Whatever Sweden's approach, one thing that this scenario clearly highlights is how international media constructs and represents a pandemic like COVID-19. The Swedish example highlights the need to fact check and source critique and also demonstrates the limitations of using culture as an explanation for behaviour. The fact that the media was constantly talking about Sweden's approach to the pandemic forced Swedish representatives to waste time and effort into correcting misinformation.

The obsession with "the Swedish experiment" has resulted in significant backlash

from the Swedes. Journalist Paul Rapacioli claims that Sweden and Swedish values have been used as a weapon during this time. Also, most of the claims that were being made were inaccurate. For example, it was being reported that life in Sweden was completely normal. But this was not true. Most international media focused on Stockholm, which is the city centre. Stockholm may have had people going on about their business normally, but central Stockholm does not represent all of Sweden. Also, the city of Stockholm carried out extra checks and cafes in April (over the Easter weekend) to ensure people were careful. Overall, this "impression"

Sweden was still trying to flatten the curve. The only difference was that it had not implemented draconian measures to do so

that Sweden was normal was misleading and inaccurate.

Then there was this hue and cry about Sweden's "herd immunity" strategy. All around international media, there were claims that Sweden was using a risky coronavirus strategy that will backfire, that Sweden's carelessness will lead to more deaths, that Sweden was suffering badly etc. Swedish Public Health Agency, Folkhälsomyndigheten (FHM) and the Swedish government both denied this multiple times, but nobody seemed to listen. The fact is that Sweden was still trying to flatten the curve. The only difference was that it had not implemented draconian measures to do so.

In its defense, the Swedish government

explained that it was not following the herd immunity strategy but was simply being realistic because keeping people inside for 4 or 5 months was neither practical nor healthy. There was never any evidence of this secret herd immunity plan. It was all hype created by media.

Claims that Sweden was not listening to experts and the WHO also circulated in the media. While this may be true, it is important to understand that WHO recommendations are not universal, and while Sweden followed the recommendations that were related to public health measures, there were others that were not applicable to the country. Claims that the Swedish approach failed or that the country has changed its strategy can't be verified because the country maintains it never was following a herd immunity strategy in the first place.

Whatever Sweden did or did not do, the important thing is that there has been a lot of misinformation about the country's approach to the COVID-19 pandemic. Everyone is quick to criticise Sweden's handling of the pandemic, but an area that needs to be more closely scrutinised is media reporting, fake news, sensationalising and misleading information.

Why the U.S. and U.K Failed to Tackle the COVID-19 Pandemic?

In October 2019, the Global Health Security Index published a scorecard that ranked countries on how prepared they were to tackle an outbreak. The ranking was based on how quickly a country was likely to respond and how well its healthcare system was likely to treat patients and protect healthcare workers. Out of 195 countries, the U.S. and the U.K were ranked first and second, respectively.

So what happened with COVID-19? On paper, both these countries were supposedly the most prepared to deal with a pandemic, but these two turned out to be the biggest failures in tackling the coronavirus outbreak.

A major reason why the scorecard turned out to be so inaccurate is that it did not account for the political aspect. Decisions by both President Donald Trump and Prime Minister Boris Johnson have been severely criticised. Both are non-believers of science; both do not value the importance of public health investment, and both do not take the recommendations of health authorities seriously.

President Trump shut down a White House office that was dedicated to pandem-

ic preparedness, and that was set up by President Obama. The White House also cut off CDC's Public Health Science and Surveillance programme. Similarly, in the U.K., the government was aware that the country could face a shortage of ventilators and PPE in case a pandemic ever struck but

the Global Health Security Index ranked the U.S. and the U.K as the top two countries most prepared to tackle an outbreak

did not take this issue seriously and put it on hold for two years because it had to deal with Brexit.

In January, when the WHO warned all countries that they were at risk of COVID-19 and advised them to get prepared for containment, active surveillance, detection, isolation, contact tracing and prevention

of infection spread, both the U.S. and the U.K. failed to take this seriously.

Both countries ignored the WHO's guidance and took no urgency action. They did not set up any contact tracing systems and allowed the virus to pass through their country, completely uncontrolled. Then there was the excessive promotion of hydroxychloroquine as the ultimate cure for COVID-19. President Trump went so far as to suggest that injecting disinfectants might cure the illness. From leadership at the top to the American people, there was opposition to wearing a mask. People defied stay-at-home orders.

Instead of looking at success stories such as South Korea, New Zealand or Singapore, both U.S. and U.K. continued to follow their own strategy with very little success. Despite being ranked at the top of the preparedness index, the U.S. and the U.K were two countries that did the least to prevent COVID-19 deaths. Their lack of effective response shows how a country's political decision-making can have an impact on the health and wellbeing of its people. ■

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