

Name	Mihaela Ganchev 2013873
Module	Public Health Policy
Module Code	BMHP5013
Assignment Title	Assessment2 Individual written report
Lecturer	Dr. Edward Goka
Submission Deadline	14th January 2022

Table of Contents

1. Background of coronavirus and more specifically Covid-19.....	3-4
2. Strategies used to measure, monitor, and control the incidence of coronavirus.....	4-5
3. Current public health policy approaches to reduce or control incidence.....	5-6
4. Models and Theories of health behaviour change.....	6-7
5. Impact of legislation and policies on the health and wellbeing of individuals in health or social care settings.....	7
6. Ethical considerations.....	7-8
7.Recommendations.....	8
8.References.....	8-10
9.Appendices.....	10

Background of coronavirus and more specifically Covid-19.

Coronaviruses are a large family of unique viruses. Some of these are to blame for people getting colds all the time. Several attack animals including bats, camels, and cattle. What scientists know so far about the virus, which was discovered in late 2019 in the city Wuhan, China, and triggered a global epidemic. SARS-CoV-2 is considered to have begun with bats, according to experts. That's also how the coronaviruses that cause Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) were started. SARS-CoV-2 infected humans at a Wuhan's open-air "wet" marketplaces. These markets are locations where customers may acquire clean meat and seafood, as well as animals that are slaughtered in front of everybody's eyes. Certain markets are also selling endangered or illegal animals for example cobras, wild boars, and raccoon dogs. In a busy place, viruses can be easily transferred from different species that could also swap genes. When this happens and a virus undergoes significant mutation, it might begin to infect and propagate among humans and cause like in this case, an epidemic. However, at the time of the epidemic, the Wuhan market was not marketing bats, like most of the population thought it is coming from. Later the initial suspicions were cast on pangolins, also known as spiky anteaters, which also are accused of selling in some Chinese marketplaces. SARSCoV2 is like other coronaviruses that infect pangolins. SARSCoV2 has infected people that have had no close contact to animals as it spreads throughout China's interiors and yards. The actual evolution of Coronavirus started when in 1965, scientists discovered the first human coronavirus. It was like a cold according to the symptoms. Later that decade, researchers discovered and identified a collection of comparable human and animal viruses based on their appearance. There are seven coronaviruses that people can be infected with. SARS's first variant since then, first appeared in southern China in 2002 and spread fast to 28 other countries. More than 8,000 persons were infected in July 2003, with 774 dying. This coronavirus is less infectious than the related SARS, but it is more lethal, having killed 858 individuals in 2002. It causes the same respiratory symptoms as the flu but can also lead to different complications such as kidney failure. (Coronavirus history) Coronavirus's name comes from the way it looks, which is with spikes on the outside together with rounded tips. Virologist got inspired by the atmosphere around the sun that is called corona. However, at first the virus was known 2019-nCoV, named by the researcher Xu Jianguo, who monitored the rising "pneumonia" cases and later identified as coronavirus. (Williams, 2020) Most of the people recover quickly, but there are still people who are very vulnerable. To this group especially belong elderly people, people with cardiovascular or chronic diseases, such as diabetes or cancer. (Coronavirus disease (COVID-19)) Since the beginning of Covid-19 people have faced these variants: Beta; Gamma; Delta and Omicron. Beta was first detected in South Africa, September 2020.

Gamma started spreading from Brazil in December 2020, Delta in India in the same year as the Gamma Variant. The latest variant that's been discovered was Omicron in South Africa and Botswana in November 2021. The difference from the beginning till is that there is an increasing percentage of immunity. (SARS-CoV-2 variants of concern as of 13 January 2022)

Strategies used to measure, monitor, and control the incidence of coronavirus.

Since we all are learning to live with this virus, circumstances are always changing. It is shown that there are not as many cases, deaths, and hospitalizations since the beginning. (COVID-19 contain framework: a guide for local decision-makers, no date) In this topic the strategies of both Germany and the United Kingdom will be evaluate, especially their autumn/winter plans for 2021/2022. The plan made by the United Kingdom represent their Plan A such their Plan B and what could go wrong during this period. They both aim to protect the National Health Services (NHS) and help them and other care services to manage all the work. (Cabinet Office, 2021) Due to the high vaccination percentage in the United Kingdom, it is safe for people to go back to work. Everything is slowly going back to normal. The country focuses more on vaccination rather than another lockdown. Positive tested cases have been significantly reduced through the test and trace and the isolation systems. People are currently mostly getting advised that holding on to strict rules, while in Germany there are strict rules, especially in public. According to the data provided by the government of the United Kingdom by September 2021, more that 93 million doses have been used in the country. Especially in the Delta variant are vaccines providing a success rate of 95%. The main priorities of the UK's government to remain normal daily lives are to keep on promoting Covid-19 vaccines, as well as booster for those received the first two doses. The last aim is to introduce vaccines to the younger population especially in the age 12–15-year-olds. People are getting advised to still follow actions to reduce cases of Covid and flu through the autumn and winter. Activities like dancing increase the risk and therefor are people advised to avoid being in closed rooms with other people where it's limited fresh air. Also, too crowded places should be avoided as well. Still, these are just advices because the government doesn't want to restrict the population. Other advice is also to wear a face covering, testing at home, washing hands and staying at home if the person does not feel well. There is also the NHS Covid-19 App where people get informed if they have been in contact with someone who tested positive. (HM Government, 2021) One of the strategies in Germany was their successful immunisation. They are promoting vaccination especially in between elderly people to reduce hospitalization. Based on the existing Digital Vaccination Rate Monitoring system and other Studies (both local and

regional) should continue to examine vaccination rates and willingness to get vaccinated in various demographic groups; it is also valuable to evaluate crises for prospective vaccine breakthroughs. The need for booster vaccines can be identified early using the information gathered. Continuous re-evaluation of epidemiological vaccination indications with sufficient data on efficacy and safety in the respective age groups (even when expanding admission to younger age groups). Also, continuous re-evaluation of epidemiological vaccination indications with reliable evidence on safety and effectiveness in the relevant age groups. Community exposure reduction is a very important strategy. The number of infected contacts should be decreased further by organisational measures (e.g., the option of working from home, limiting the number of participants in events, carefully examining the space needs, and so on). Because of the ongoing global events and the very heterogeneous international situation in terms of vaccination rates, recommended protective measures, the circulation of worrying variants, and so on, travel and the conditions under which it occurs are of particular importance for the infection process in Germany. On the developments that occur must be reacted to in a timely and flexible manner. Wherever feasible, digital technologies are being employed or enhanced to assure continuous functioning to avoid needless professional interactions. In such cases early preparedness for an amplified incidence of the illness is advised, especially given the additional burden to be expected from acute respiratory infections that will not be present in the 2020/21 season owing to contact-reducing measures, such as B. Influenza and RSV. Here is where a bigger number of people may be expected. Furthermore, the necessity for health interventions which have been delayed in recent months must have been considered. This involves months of planning and funding in the inpatient and outpatient settings utility sectors. (Robert-Koch-Institut, 2021)

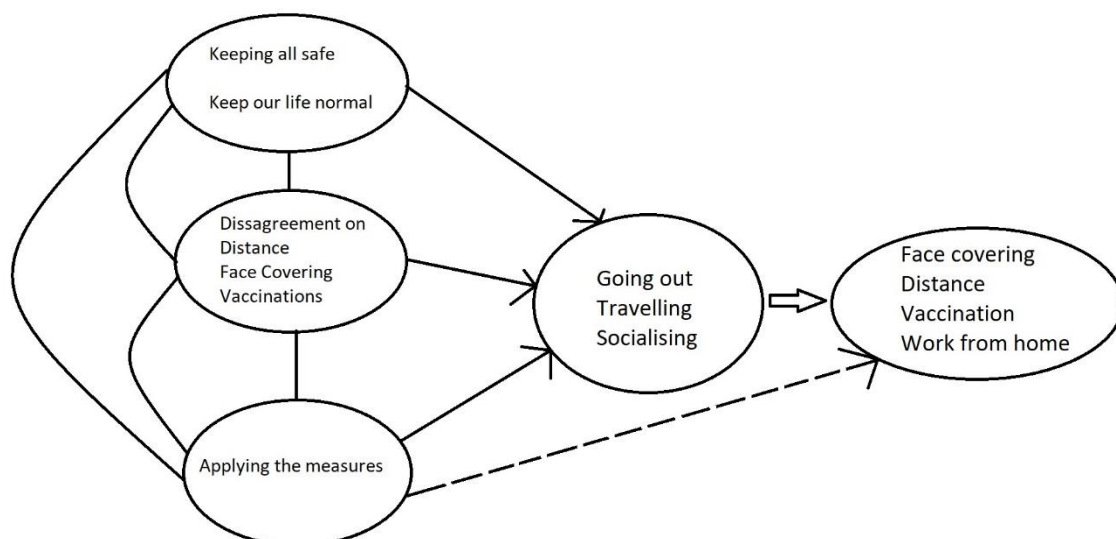
Current public health policy approaches to reduce or control incidence.

In England there is the primary, secondary and tertiary prevention. Primary prevention is the activity taken to minimise the occurrence of illness and health issues in the community, either by general interventions that reduce lifestyle threats and their factors or by focusing high-risk groups. Secondary prevention is regularly recognising early phases of illness and acting before significant symptoms occur — for example, providing medications to lower cholesterol and taking action to reduce high blood sugar. Tertiary prevention is the process of lessening the burden of a continuing sickness or injury that has long-term consequences. This is accomplished by assisting individuals in managing long-term, often complicated health conditions and injuries (e.g., chronic illnesses, permanent disabilities) to enhance their capacity to function, standards of living, and living standards as much as feasible. (Prevention)

In the United Kingdom most of the things are easily accessible, especially if the individual is vaccinated. The Population is only being advised to wear a mask and remain distance. In Germany there 2/3 G approaches. In public places mostly applies the 2G rule, which means that people who want to go shopping have to be either vaccinated or recently have had Covid-19. You are allowed in shops by showing your vaccination certificates and Identity Card. If not, you will not be allowed to access the store. Clubs are remaining closed and there is a must to wearing masks at schools. (Aktuelle Regelungen, no date) Some places like the Christmas markets in 2021 require even a "2G+" which means the same except for the "+". The last sign shows that there should be a negative test included. For German resident, they are free. The tests are valid for the next 24 hours. Even if people recently had their booster, the test is still a requirement. (Lukas, 2021) In addition, there is the 3G rule as well, which means that either vaccinated, recovered or negative tested people can access the specific place. In places where 3G-Plus is required, there should be also a negative PCR-test. (Aktuelle Corona-Regeln)

Models and Theories of health behaviour change.

Appendix1



The theory of planned behaviour is using our personal opinion but the also with their perceiver control and the objective norms of professionals. At the top, the bubble is showing my attitude towards this situation. My opinion is to hold to the measurement to keep us and the people around us safe. It also aims to go as quickly as possible to normal life. As subjective norm,

which is in the middle I have People's disagreement on things that have shown as effective by scientist and people working in the public health. What I can do to control the situation is to apply the measures myself and to expect others to do so. The intention of us all is to be able travel everywhere, to go out and what is very important, to socialise. To get there we need to apply the measures and take the advises and to wear face coverings, remain distance, to vaccinate and work from home where it's possible.

Impact of legislation and policies on the health and wellbeing of individuals in health or social care settings.

One of the most important regulations is that people who might have Covid-19 should isolate. The Secretary of State has all power to put people into direct isolation if they seem to put at risk the others around them. Health consultants may apply other screening requirements. The infected person in that case must provide the regulation body with relevant information such as if they have travelled and to whom they might have had contact. Any document that could support the body while investigating should be provided. If the infected is a child or an adult that needs support, then the responsible on for them should that all questioned are answered correct and provide any documents wanted from the health officer. ("The health protection (Coronavirus) Regulations 2020") In Germany the 3G rule applies. Tests are provided by all employers and at some places it even has to be done many times a week. Testing is a must in hospitals and care homes. <https://www.bundesregierung.de/bregde/themen/coronavirus/infektionsschutzgesetz-1982318> Where applicable home office will be a must to stop the spreading of the virus. The rule also applies for public transport except for students. (Gesetz zur Änderung des Infektionsschutzgesetzes und weiterer Gesetze anlässlich der Aufhebung der Feststellung der epidemischen Lage von nationaler Tragweite) In case of an infection people have to directly quarantine for 10 days.

Ethical considerations

Pandemics involve biological, social, and political aspects, all of which must be considered in ethical pandemic responses. This is true for both acute and structural therapies used before, during, and after a pandemic. Acute measurements must always be examined ethically considering their larger health, social, political, and economic aspects, as well as the variables that influence them: These characteristics influence the acute crisis scenario, the available options for action, and their chances of success – effectively or ineffectively. Systemic affecting factors are including not just the performance and financial support of the health care system and social services, but also the existing political frameworks in overall, the political culture, prosperity, equality of opportunity, education, and the state's embedding in

international or global contexts. A structural analysis reveals that disadvantaged groups may be disproportionately affected not just by the pandemic itself, but also by the negative repercussions of infection control efforts. In the case of pandemics, ethical principles and values A wide range of values are crucial to pandemic preparation and response, but they can also clash. Ethical guidance aids in the identification of values and products and their comparison, so strengthening the content and procedural elements of decision-making processes. (Dimensionen) A lot of the issues start already with the lack of staff in health and social care. Since the beginning of the pandemic, people are facing issues like not enough beds for hospitalizations. There are fewer activities for patients. Also, the communication between friends and relatives and mental health are very important issues. (COVID-19 - ethical considerations)

Recommendations

The most important for now is get as much people as possible vaccinated. In both Germany and England, the promotion of the vaccines was successful. Already more than 70% of their population have been vaccinated. Vaccines have shown their effectiveness. They prevent hospitalization and help preventing death and other illnesses that can be caused due to the coronavirus. Masks should be worn since they are there to protect us and the people around. Another recommendation is to wear medical masks only. Cloth masks don't protect as others as it's been shown in other studies. (Chughtai, Seale and Macintyre, 2020) Cloth masks are also not accepted in Germany anymore and there are also places that are accessible only with a FFP2 masks. As conclusion we should keep to the measure requirement to keep the people around safe. Public health professionals should be heard and their advises followed.

References

1. **Aktuelle Corona-Regeln (no date) Infektionsschutz.de. Available at: <https://www.infektionsschutz.de/coronavirus/wie-verhalte-ich-mich/aktuelle-corona-regeln/> (Accessed: December 29, 2021).**
2. **Aktuelle Regelungen (no date) Zusammengecorona.de. Available at: <https://www.zusammengecorona.de/informieren/alltag-und-reisen/aktuelle-regelungen/> (Accessed: January 2, 2022).**
3. **Cabinet Office (2021) COVID-19 response: Autumn and winter Plan 2021, GOV.UK. Available at: <https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021> (Accessed: January 1, 2022).**
4. **Chughtai, A. A., Seale, H. and Macintyre, C. R. (2020) "Effectiveness of cloth masks for protection against severe acute respiratory syndrome**

Coronavirus 2,” Emerging infectious diseases, 26(10), p. 1. doi: 10.3201/eid2610.200948.

5. Coronavirus disease (COVID-19) (no date) Who.int. Available at: <https://www.who.int/health-topics/coronavirus> (Accessed: January 16, 2022).
6. Coronavirus history (no date) WebMD. Available at: <https://www.webmd.com/lung/coronavirus-history> (Accessed: January 2, 2022).
7. COVID-19 - ethical considerations (no date) RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS. Available at: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/covid-19-ethical-considerations> (Accessed: December 23, 2021)
8. COVID-19 contain framework: a guide for local decision-makers (no date) GOV.UK. Available at: <https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers> (Accessed: January 2, 2022).
9. Dimensionen, E. (no date) Public Health-Ethik und COVID-19, Public-health-covid19.de. Available at: https://www.public-health-covid19.de/images/2020/Ergebnisse/AG_Ethik_Policy_Brief1dt-mit-Seitenzahl.pdf (Accessed: January 2, 2022).
10. Gesetz zur Änderung des Infektionsschutzgesetzes und weiterer Gesetze anlässlich der Aufhebung der Feststellung der epidemischen Lage von nationaler Tragweite (no date) Bundesgesundheitsministerium.de. Available at: <https://www.bundesgesundheitsministerium.de/ministerium/gesetze-und-verordnungen/guv-20-lp/ifsg-aend.html> (Accessed: January 17, 2022).
11. HM Government (2021) COVID-19 RESPONSE: AUTUMN AND WINTER PLAN. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020982/COVID-19-response-autumn-and-winter-plan-2021.pdf.
12. Prevention (no date) Gov.uk. Available at: <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/integration-and-better-care-fund/better-care-fund/integration-resource-library/prevention> (Accessed: January 3, 2022).
13. Robert-Koch-Institut (2021) Aktualisierung der ControlCOVID-Strategie zur Vorbereitung auf den Herbst/Winter 2021/22. Available at:

https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Downloads/control-covid-2021-09-22.pdf?__blob=publicationFile.

14. SARS-CoV-2 variants of concern as of 13 January 2022 (no date)

European Centre for Disease Prevention and Control. Available at:

<https://www.ecdc.europa.eu/en/covid-19/variants-concern> (Accessed: January 17, 2022).

15. “The health protection (Coronavirus) Regulations 2020” (no date).

Available at: <https://www.legislation.gov.uk/uksi/2020/129/regulation/8/made> (Accessed: January 1, 2022).

16. Williams, S. (2020) A brief history of human coronaviruses, The Scientist Magazine®. The Scientist Magazine. Available at: <https://www.the-scientist.com/news-opinion/a-brief-history-of-human-coronaviruses-67600>

(Accessed: January 1, 2022).

(Accessed: January 1, 2022).

Appendices

Appendix1

