

Oxford

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PRIMARY COLOUR

Helen Salisbury: Prolonging omicron

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"Doctor, I'm feeling terrible again."

"Didn't the tablets help?"

"The thing is, I don't really like taking tablets, and as I felt fine after the first couple, I didn't bother taking the rest."

Variations of this conversation are played out regularly in GP surgeries and on hospital wards, where patients discharge themselves against medical advice. A course of treatment has been initiated after what we thought was a shared decision with the patient, who then abandons it as soon as it starts to work.

Sometimes the very fact that they're feeling better is something the patient interprets as evidence that the treatment was unnecessary, rather than a testament to its efficacy. In our surgeries we have to redouble our efforts to explain why different sorts of treatments are taken in different ways: painkillers are taken when needed, for symptomatic relief; antibiotics are usually taken for a defined course of treatment; and anti-hypertensives are prescribed indefinitely to prevent strokes and heart attacks.

This week, there's a glimmer of hope as the number of covid-19 cases begins to fall. It's difficult to know exactly what's happening, as people are no longer taking confirmatory PCR tests when they have a positive lateral flow result, and it's likely that some don't register their results. There's also a lot of confusion about whether second infections are reported: if you're unlucky enough to have covid-19 twice, your latest bout will show up in the Welsh statistics but not in the English ones. One reliable source of information is the Office for National Statistics, which tests a random sample of people regardless of symptoms, and its figures do suggest that cases are falling in all age groups except primary school children.¹

The December adoption of plan B measures (mask wearing and the advice to work from home) was widely seen as shutting the stable door after the omicron horse had bolted. It's likely that they contributed to the fall in cases, but we're clearly not out of the woods yet. Our hospitals are full and no longer able to do their routine work, and schools have record numbers of staff and pupil absences.²³ Much as some want to believe that the threat is over, and that the main problem is the requirement to isolate rather than the illness itself, the inconvenient truth is that 1865 people lost their lives to covid-19 last week, nearly 19 000 are currently in hospital, and greater numbers have prolonged ill health as a result of infection.⁴⁵

As the BMA has clearly stated, the abandonment of infection control measures announced on 19 January is not guided by the data. It's very difficult to interpret current UK government policy as "following the science": our leaders have reluctantly swallowed the first few tablets and at the first sign of improvement have thrown the rest away. Every time we give up a protection too early we slow our collective recovery, put our children in harm's way, increase the risk of further variants, and add to the death toll.

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