

New Vigilance and Control Strategy against COVID-19 for Spain. Seeking the “fluisation” and “endemisation” of the Virus.

[This document represents a summary of the current Spanish strategy for fighting against COVID-19 (as available at the end of April 2022) produced by the Spanish researchers of the Erasmus+ STEP_UP project]

At the end of March 2022, the Spanish government finally presented and activated the new national “Strategy of Vigilance and Control against COVID-19 after the acute stage of the Pandemic”, co-produced by the Health Ministry of Spain and the *Carlos III Health Institute*.

The strategy acknowledges that the very high levels of vaccinated residents of Spain – over 92% of the population by the strategy’s publication date – and the lower-than-expected rates of hospitalisations during the country’s sixth wave of the virus have now determined a key possibility for turning the tables on the interpretation of the pandemic and over how to deal with it. The Spanish press has already named this (political) process as the “fluisation” of the virus (from the Spanish “*Gripalización del virus*”, to consider the virus as the flu) or even as the “endemisation” of the disease. This is conceived as a stage in which the COVID-19 disease will be increasingly treated at medical level as more common flus. Nonetheless, the strategy considers that there are exceptions to the new rules (i.e., vulnerable community residences) and that the population must not forget to maintain a careful hygiene, prevention and responsible control strategy for spreading the virus.

Throughout the document, tables and policy roadmaps are also presents concerning what to do with cases of infection plus the new criteria for risk assessment.

Therefore, the main objectives of the new Spanish strategy include:

- Vigilance, prevention and control of active infections for SARS-CoV-2 with a special follow-up of the epidemiological situation in vulnerable groups and environments;
- Evaluation of COVID-19’s impact based upon severe cases and deceases;
- Vigilance of the epidemiological patterns of the diseases as well as the appearance of new variants which may condition a new worsened stage of the pandemic, so that it can be possible to take preliminary actions;
- Establishing follow-up indicators which will allow to increase apt control measures whenever necessary;
- Favouring the normalisation of healthcare beyond the acute stage of the pandemic and by reducing risks.

Thus, the main novelties in the strategy include:

1. Vigilance system in place against COVID-19: the government is reinforcing all the administrative protocols for monitoring confirmed cases of SARS-CoV-2 infection, including notification of confirmed cases, coordination with the vigilance system on acute respiratory infections (also at primary healthcare level), notification of outbreaks and coordination with laboratory test results and hospitals. In addition, it has also included the monitoring of work leaves through social security and the monitorisation of residual waters as complementary sources of information on the virus’ presence in the country. The national mortality rate will further be considered in long-term analysis of the situation.

2. New Testing Recommendations: mandatory testing will only be demanded from people following certain specific criteria, such as individual vulnerability (e.g. age of 60+, immunodepression or pregnancy), people related to a vulnerable environment (e.g. healthcare residents, day-care centres. This applies to both users and staff), severe symptoms compatible with the disease or previous residence over the past 14 days in a country affected by a variant or high-concentration of COVID-19 rates of interest. The rest of the population is exempt by mandatory testing, but the strategy outlines a series of general population recommendations.

3. Dealing with Confirmed Cases: Perhaps one of the greatest news for Spanish society has been the disappearance of mandatory quarantine for infected cases by relegating the responsibility for self-isolation and limiting social interaction to citizens (for approx. 10 days in the case of a confirmed infection). However, some exceptions do exist for vulnerable people (e.g. hospitalised patients) and all staff working with vulnerable people (5 days minimum, plus regular testing until a negative result).

4. Dealing with “Close Contacts” of infected patients: As a further consequence to the previous change in protocol, “Close Contacts” of people infected with COVID-19 will not have to undergo any kind of quarantine. This change was connected to a severe workforce shrinking in all sectors of society during the last Omicron wave, compelling the government to make a tough decision for guaranteeing the regular functioning of businesses and public services. However, the “Close Contacts” (whose definition is operationally provided by the government) will have to be responsible for reducing social interaction and self-controlling for symptoms.

5. Guidelines for Societal Environments: the section of the strategy referring to social environments also brings great novelties in the Spanish context. Except for healthcare centres (especially long-term care facilities), all other environments (e.g., schools, prisons, all businesses and services) are free from any kind of general restrictions and are only given orientation protocols for exposition to SARS-CoV-2. Even hospitals are released from the obligation of mass testing incoming patients, although freedom of choice is left to the individual organisations.

6. Updated Risk Assessment Indicators: the final chapter of the strategy contains the new set of indicators for risk assessment to be applied at multiple governance level inside the Spanish country (whether city, province, autonomous community or state level). The levels of alert are divided across a “controlled circulation” (very low), low, middle, high and very high risk, as they rely on indicators like the accumulated incidence of cases in vulnerable people, occupation rates of hospitalisation due to COVID-19 or the level of intensive care units occupied by COVID-19 patients.

As a final comment, it is noteworthy underlining that the Spanish government does not consider this strategy to be a final choice in terms of fighting COVID-19, and that the country remains highly vigilant for the danger of new COVID-19 waves brought by further variants. Indeed, the new sets of indicators include the possibility to reintroduce stronger control measures in Spain and the possibility that a stricter strategy may replace this existing one.

For further details on the new Spanish COVID-19 Strategy, you can access the following document (Spanish only):

https://www.sanidad.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/documentos/Nueva_estrategia_vigilancia_y_control.pdf