

# Experts question Department of Health's inaction on COVID-19 and offer recommendations to improve public health response <sup>[1]</sup>

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A group of health professionals, scientists and physicians questioned the lack of action by the local Department of Health in the face of the high number of COVID-19 infections in Puerto Rico and offered specific recommendations to improve the public health response at this point in the pandemic. The statements were made during a press conference organized by the NGO and scientific collective Ciencia Puerto Rico (CienciaPR, [www.cienciapr.org](http://www.cienciapr.org) <sup>[3]</sup>). A recording of the conference (in Spanish) can be accessed on Ciencia Puerto Rico's YouTube channel (<https://youtu.be/jk8Qq2bpb4Q> <sup>[4]</sup>).

"Puerto Rico has had a high number of COVID-19 cases for almost two months. However, contrary to other occasions when we have seen sustained spikes in positivity, the Puerto Rico Department of Health (PRDH) has not taken forceful action to mitigate the number of infections. Instead, this time the emphasis has been on individual responsibility and not on protecting public health," said Edmy Ayala Rosado, community projects manager for CienciaPR and coordinator of its health, education and community project Aquí Nos Cuidamos ([www.aquinoscuidamos.org](http://www.aquinoscuidamos.org) <sup>[5]</sup>).

Given this reality, the organization convened a panel of experts composed of epidemiologist Dr. Fabiola Cruz López, pediatric pulmonologist Dr. Brenda Mariola Rivera Reyes, primary care physician and epidemiologist Dr. Alberto Rosario, and infectious disease expert Dr. Marcos Ramos Benítez.

The group's remarks and recommendations focused on the need to implement infection prevention measures (such as the requirement to wear masks in enclosed spaces) and to educate on topics such as long COVID, antiviral treatments, and vaccination with boosters, among others.

### **About PRDH's emphasis on individual responsibility rather than prevention**

"Right now, we are in the midst of a change in health strategy made abruptly, hastily and, as in most of the pandemic, without any explanation of why the decisions were made; nor what each change could mean [for people's health]," said Dr. Brenda Mariola Rivera Reyes, who is a pediatric pulmonologist and one of the leading expert voices on long COVID in Puerto Rico.

"I think we already understood that COVID-19 will not go away in the near future, and, as we colloquially say "we have to learn to live with it"; just like we live with other diseases. But the difference is that we always do our best not to get sick. The question is, right now, are we doing our best?", said researcher and infectious disease expert Dr. Marcos Ramos Benítez.

### **About the need to implement infection prevention measures**

"We are certainly not suggesting that it is necessary to go back to the lockdowns, nor the restrictions of two years ago. However, given the current levels of COVID-19 transmission, which are almost as high as during the worst moments of the pandemic, we believe that strong and consistent preventive actions are necessary, such as reinstating the mask requirement in all enclosed spaces (as was done then) to prevent transmission. Without infection, there is no increase in cases, no new variants, no complications, and no persistent COVID. Nor do hospitalizations and deaths increase," said Dr. Mónica Feliú Mójer, director of communications for CienciaPR.

"A year ago our best and almost only tool to avoid hospitalizations and deaths from COVID-19 was to avoid infection. Today, we have other tools that protect most of the population. But it is a bit dangerous to believe that we don't have to do anything to avoid infection, because for every scenario there are exceptions," explained Dr. Ramos Benítez, founder and president of the Ciencia en tus manos educational project.

"We have two years of practice in establishing the use of masks in public places, encouraging things to be done outside or outdoors and not being in closed places. We have two years of practice in trying to keep distance in these places and, all of a sudden, we want to forget everything we learned, because we think that new tools can replace the gold standard, which is to avoid infection. So, in this context, avoiding infection is our best tool," the scientist added.

### **About the need for greater data analysis capacity and in public health education**

"One of the pillars in public health is the continuous analysis of data to then inform, educate and empower communities. Unfortunately, the response has focused on treatments and vaccines, ignoring the importance of preventing infections or reinfections, which we know have a harmful long-term impact on our quality of life. It is not enough to say that we already know COVID-19, provide numbers and recite that 'care is individual,'" denounced Dr. Fabiola Cruz Lopez, epidemiologist.

"The country needs the Department of Health to provide continuous and active education on the profile of cases in the archipelago, what are the main symptoms according to the variants in circulation, changes in the effectiveness of vaccines with data from Puerto Rico, the jobs with the highest risk of exposure, the municipalities with the highest incidence, the prevalence of the sequelae of infection, among many other data that are not reported and are extremely necessary. Likewise, it is essential that PRDH establishes alliances with communities and educational organizations to provide active education outside of social networks and contextualized to local data," said the also founder of what was the Municipal System for Case Investigation and Contact Tracing (SMICRC, in Spanish).

### **About the challenges in the treatment of patients with COVID-19 and long COVID**

"The problem of the increase in infections is not so much the acute, which is what we can see now, but the sequelae or complications that these people suffer, as can be the much ignored long COVID," said Dr. Rosario, who is also a specialist in epidemiology, worried.

Long COVID is a syndrome developed by patients who have been infected with the COVID-19 virus and/or who suffered from the disease either transiently, very severely or asymptotically. Individuals may present with a range of symptoms or health problems, or develop them weeks or months after infection. Common symptoms include fatigue, headache, dizziness, generalized pain, loss of memory, taste and smell, attention deficit, mental fog, hypersomnia (falling asleep during the day or in unusual situations), tachycardia, back and mid-chest pain, hair loss and dyspnea (shortness of breath), among others.

"This is a clinical population [with long COVID] that is gradually growing. Already that crisis is happening little by little. Hospitals are discharging them so that primary care physicians, such as myself, can send them to the health specialists, who are generally pulmonologists and cardiologists. When the patient calls for an appointment, they don't get it for four months. And it all falls on the shoulders of primary care physicians who have to juggle to stabilize the patient while he or she is being seen by specialists," Dr. Rosario emphasized.

"Since the specialists' crisis [in Puerto Rico] is not going to be solved now, it is easier to educate on prevention," said the physician, who was also a member of the SMICRC.

### **Specific recommendations**

The group of experts offered several specific recommendations to the Department of Health:

- Reinstate the use of facemasks in public and enclosed spaces until positivity is close to the contagion control target (3%).
- Prioritize public health education on:
  - long COVID (what it is, how to get help and treatments);
  - eligibility and access to treatment for COVID-19;
  - the importance of preventive medicine;
  - the importance of receiving a booster to keep vaccination up to date; and
  - the importance of COVID-19 prevention and the risks of not taking preventive measures (infection, severe illness, persistent COVID, disability, hospitalization, death) especially for high-risk populations (people with chronic diseases, over 65).
- Resume publication of reports of different indicators relevant to the pandemic and use these to educate in a contextualized and up-to-date manner and to facilitate monitoring and improvement of the public health response.
- Collaborate with educational projects, community-based organizations, and other entities for broad and accessible education to different segments of the population, and for education to go beyond social networks.

**Tags:**

- [COVID-19](#) <sup>[6]</sup>
- [covid19-cienciaboricua](#) <sup>[7]</sup>
- [Aquí Nos Cuidamos](#) <sup>[8]</sup>

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