

PANDA
PANDEMICS - DATA & ANALYTICS

**PROTOCOL
FOR
REOPENING
SOCIETY**

DECEMBER 2020




Pandemics and epidemics have occurred throughout human history. In the past century, humans have amassed a vast array of scientific knowledge about how to respond and manage infectious disease outbreaks. Governments and health organisations have at their disposal country-specific pandemic preparedness plans, as well as World Health Organisation pandemic guidelines, which provide a roadmap on how to keep society functioning, while mitigating the impact of a disease or virus. In 2020 however, the emergence of SARS-CoV-2 heralded an almost-instantaneous rewriting of disease management principles. Countries, with few exceptions, disregarded existing pandemic plans and replaced them with policies of 'lockdown'. Whole societies have been shut down, sometimes for months on end, even though existing pandemic guidelines widely recognised lockdowns as being highly damaging, with little long-term benefit.

Research now reveals the devastation caused by lockdowns, particularly in the developing world. Poverty and unemployment are increasing; economies have been decimated; mental health and wellbeing is declining; vital health care is not being provided; decades of progress in preventative healthcare programmes is being reversed; outcomes are worsening for chronic diseases; and children are missing vaccinations and access to education. Draconian lockdown policies have been associated with the biggest infringement on civil liberties in democratic countries ever seen during peacetime. There has also been a corresponding explosion of other non-pharmaceutical interventions. Previously accepted guidelines actively recommended against many of these. These public health interventions have included mask mandates, quarantining of exposed individuals, wide-spread school closures, restrictions on international travel, mass testing of the population and contact tracing. Although the World Health Organisation states that its mission is 'to promote health, keep the world safe and serve the vulnerable', it has failed to uphold its own pandemic guidelines, and has supported many of these interventions despite the lack of a credible evidence base. The important cost-benefit analyses that should have been undertaken before implementing any such interventions still have not been done. Much of the long-term harm from lockdowns is predictable if the social determinants of health are properly considered. If society is shut down, people are denied employment and income, children's education is halted, social connections are severed, support is removed, and access to vital health care is prevented, there will inevitably be severe ripple effects. This will affect health and wellbeing across all of society, well into the future and will also likely cause an increase in excess mortality in the years ahead. PANDA's mission is simple. We believe that, at this juncture, the science is quite clear on what key

policy responses should be—or should have been. It is critically important that societies are reopened, whilst protecting those who may be vulnerable to serious illness from SARS-CoV-2. Human agency must be upheld and individuals should be empowered to make their own choices. Our multidisciplinary team has developed a framework for helping our communities to do just that. PANDA's Protocol for Reopening Society, builds upon existing pandemic frameworks and incorporates current scientific understanding of Covid-19, to provide a roadmap out of the damaging cycle of lockdowns.

IN BRIEF

- Lift all Covid-19 specific restrictions and mandates
 - Offer protection to vulnerable individuals
 - End mass testing, contact tracing, quarantining and lockdowns
 - Ensure public transparency of all efficacy and safety data of vaccines
 - Reassert open scientific debate and freedom of speech, opinion and choice.
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BROAD GUIDELINES

1. Human dignity should be respected above all.
2. “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO).
3. Humans should be allowed to pursue quality of life as they subjectively perceive it.
4. Focused protection should be offered on a voluntary basis to individuals for whom Covid-19 represents severe risks.
5. Allocation of resources should include all facets of healthcare, not only Covid-19.
6. All restrictions should be lifted: reopen schools, businesses and travel and return normality to society.
7. Accurate, balanced and timely public health communication with regard to risk, prevention, protection and treatment should be provided to individuals. This would enable people to make their own health-risk assessments and be the prime decision-makers in matters pertaining to their health.
8. Policies should reflect local means and circumstances and not be cast globally.

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GENERAL RECOMMENDATIONS

Lockdowns, PPE and social distancing have never been shown to benefit the course of an epidemic, yet they can have devastating effects on society. Such diktats should be rendered unlawful.

1. Reassert freedom of speech, opinion and choice.
2. Restore open scientific debate.
3. Promote personal responsibility and accountability and the protection of basic human liberties
4. Promote mutual respect with regards to feelings of fear and personal health choices.
5. End quarantining of asymptomatic individuals.
6. Eliminate forced isolation of symptomatic individuals. Recommend resting at home when experiencing flu-like symptoms for up to eight days from the onset of symptoms and until the absence of fever for 24 hours.
7. Develop a public health awareness campaign to promote hand hygiene and a healthy lifestyle consisting of healthy eating, exercise and adequate exposure to the sun (or vitamin D supplements).

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HEALTHCARE RECOMMENDATIONS

In times of outbreak, the most valuable intervention is to ramp up healthcare capacity quickly (intensive care beds and well-trained staff) and restrict Covid-19 admissions to specific isolated facilities to reduce nosocomial infections.

1. Restore all health services back to normal, including free access for visitors. Without this patients will continue to die at home.
2. Give access to early outpatient treatment for high-risk individuals with Covid-19.
3. End mass testing, testing of asymptomatic individuals and contact-tracing (including contact-tracing apps). Hospital testing should be limited to patients with a characteristic clinical picture, on a case by case basis and at the discretion of the attending physician. Differential diagnostic testing is called for only if the treatment plan thereafter would be different.
4. Set the PCR cycle threshold to not exceed 30 cycles and require the detection of multiple primers. Alternative tests with high specificity may be used to confirm the results. The Ct value of the test must be transparent to the doctor and patient.
5. Define cases using clinical symptoms confirmed by a positive test result.
6. Define a Covid death as death of a patient who is an active Covid-19 clinical case.
7. Ensure public transparency of all efficacy and safety data for vaccines. Vaccination must be fully voluntary with informed consent and without any form of coercion or restriction. Mandatory vaccination is unethical and unlawful. It undermines trust in the medical profession and in vaccination programmes.

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PROTECTION OF VULNERABLE INDIVIDUALS

The vulnerable must be allowed autonomy about the risks they choose to take. Forced protection is not an option in a free society. Keeping the elderly in care homes against their will is akin to imprisonment.

1. Accommodate the needs of the vulnerable as much as possible without causing harms to others, such as developing more opportunities for vulnerable individuals to work from home if they wish.
2. Inform vulnerable individuals about the increased chance for infection in closed crowded environments.
3. Seek means to aid the elderly at higher risk from Covid-19 in performing their daily household chores and purchases (such as online shopping or help from a neighbour). Provide them with internet access, if applicable.
4. Offer older people from multigenerational households with symptomatic members temporary housing in hotel rooms or with a family that has recovered from the virus.

5. Minimize the number of nursing home staff that each nursing home resident is exposed to. Ask staff and visitors to stay home at the slightest symptom of respiratory illness.
6. Reduce the risk of nosocomial infections in care homes by moving high-functioning elderly people out of care homes and into the community. Create makeshift units outside the care homes for elderly patients with Covid-19, until they recover.
7. Schedule specific times for vulnerable groups only to use public parks, libraries, cafes and other shops during epidemic phases.

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SCHOOLS AND EDUCATIONAL INSTITUTIONS

School closures harm children's educational attainment, long-term earnings and socio-psychological wellbeing. They should be rendered unlawful.

1. Open all schools and higher educational institutions to face-to-face learning.
2. Remove all separating screens and demarcations on the ground related to social distancing.
3. Clarify to the public that transmission by children to adults is rare.
4. Inform vulnerable teachers and parents of vulnerable children that Covid-19 does not place them at greater risk in a school setting than they normally face.
5. Eliminate mask requirements in educational settings. Inform parents and teachers that the safety of mask wearing in children has not been established.

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BUSINESS, TRAVEL AND LEISURE

Livelihoods affect lives directly and indirectly. Turning a blind eye to this reality is a crime against humanity. Sports and the arts are what connect us and make us human. Destroying them denies us our humanity.

1. Open for business: end all restrictions on businesses.
2. Open borders: end all travel restrictions.
3. Resume all individual sports as well as group sports with no restrictions.
4. Resume all cultural and artistic activities with no restrictions.
5. Denounce medical ostracization by opposing immunity passports and ending PCR testing requirements for work and travel. Eliminate temperature screening checkpoints - it is a useless measure.