

Sanctuaries for High-Risk Groups and Solidarity Teams

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At this time, everyone, absolutely everyone, has the responsibility to isolate themselves from group activities and contact with third parties. This implies, as has been widely discussed in the media, teleworking when possible, not attending social nor sports activities nor religious meetings, and not having physical contact with other people. But even with these considerations, there are exceptions when it is inevitable to leave the house (such as to buy food or medicine, or to go to work).

The intention of these measures is to flatten the infection curve of SARS-CoV-2, and in this way, avoid the rapid growth of severe cases that require in-hospital medical attention, with the consequent risk of collapsing the national health system. The plan is that within some time the majority of citizens will have been in contact with the virus, and therefore the risk of transmission of COVID-19 will stabilize.

This last scenario would apply for most people in productive age ranges and without major chronic diseases. But what do we do with high-risk people? Should management be the same in all populations? Should we use different strategies depending on the susceptibility of each person? How do we support those who are isolated because they had a recent contact with a positive case, or because they tested positive for SARS-CoV-2?

It is our belief that in the case of older adults (particularly those who are very old or frail), diabetics, those with hypertension, heart disease, immunosuppression, cancer or severe respiratory diseases, among other medical conditions, the concept of a *quasi-absolute isolation* should be carefully considered. This would imply, as far as possible, no contact with other people (sons, grandchildren, domestic workers, vendors, etc.) for a period of at least 3-4 months. This would obviously be subject to what is humanly possible with respect to caregivers (when appropriate), how the health situation within the country evolves, and what is determined by the medical and policy authorities.

Thus, in this way a *sanctuary* free of the virus would be provided for these people, while generating circles of immunity around them. This concept is known as herd or group immunity, and it is estimated that it will be reached specifically for the new coronavirus when 70-80% of the population has been infected.

And then, in the meantime, how can we meet the basic needs of all those with *near-absolute isolation*? Our proposal is that each community, family or group of friends organize to define a support group for the most vulnerable, in order to be in charge of regularly bringing them food, disinfected supplies, medicines, and basic necessities. We believe that part of our civil and civic responsibility, which in this case could perhaps be led by community leaders, municipalities, or congregations of various beliefs, is to organize what

we would call *solidarity teams*, which would have precisely the aforementioned functions. This would be achieved both by providing necessities and by emotionally supporting the isolated individuals through various methods and mechanisms, despite physical barriers.

This practice would also apply in the case of people who have isolated either because of a confirmed diagnosis of contagion or because they were in a chain of contacts. A lot of logistical and emotional support is also required for them!

Our intention then is to protect vulnerable groups from all contact with SARS-CoV-2, or, in the worst case scenario, to allow the health system to decompress, so that in case of infection in one of these persons, and in case the virus breaks the nearby immunological barrier, there are available material resources (such as ventilators or intensive care unit beds) and human resources, for the protection and high-quality care of those who will suffer the disease later in the course of the epidemic.

If you instinctively are part of a solidarity team, or you are the team itself, become aware, value it, validate it, and also do not hesitate to seek help from third parties. Caregiver self-care is essential in this role.

The invitation is open.

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