

Dear Colleagues,

With this letter, we would like to remind medical professionals of our foremost duty and priority: protecting the health of our patients. This can be accomplished by using three simple measures:

### **1. Informing and Educating the general population**

As healthcare professionals, we must always act to the best of our knowledge and beliefs. We provide information about the benefits, risks and side effects of medications and medical interventions. We also point out the possible long-term consequences of everyday behaviors such as smoking, alcohol consumption, sunburns, eating habits, and infectious diseases.

The majority of the population cannot and does not want to imagine that a simple viral infection can lead to serious, long-term health issues. However, we know that this is not rare; human papilloma virus (HPV) and Epstein-Barr Virus (EBV) may cause cancer (cervix, pharynx, lymphoma, etc.) years later. An untreated HIV infection manifests as AIDS only after several years. This also applies to bacteria: *Borrelia* and *Treponema pallidum* can lead to severe neurological diseases months to years later. Once pathogens spread systemically, the site of the primary infection no longer determines the course of the disease.

It is common practice in science to use currently available research data to make predictions for the future. The scientific community has been conducting intensive research in the area of COVID-19 and its sequelae for over 3 years. We have extensive preclinical, clinical, and *postmortem* data from around the world. Once you are aware of these data, the handling of the pandemic and the management of this health crisis are absolutely appalling. We CANNOT take responsibility for the continuous, unmitigated spread of a vascular-damaging, neurotropic virus, such as SARS-CoV-2, where prior infections fail to provide long-term protection against future infections! Due to infections and reinfections, people are losing their healthy life years, and the excess mortality rate is persistently too high. In Europe alone, 36 million people have become chronically ill owing to SARS-CoV-2 infections. COVID-19 is not just a runny nose or common cold. It is a systemic, primarily vascular disease that spreads mainly through the respiratory route via aerosols.

The continued, uncontrolled spread of the virus not only poses immediate and long-term health risks, but also creates an environment in which the virus evolves and develops capabilities for immune escape, as well as drug and vaccine resistance.

## **2. Regular, mandatory training for doctors and interdisciplinary exchange**

Based on experience, it can be said that the majority of physicians lack knowledge of the current scientific data. Many doctors likely obtain their information about COVID-19 primarily from mass media, rather than from serious medical journals and peer-reviewed scientific studies. This must urgently change! Physicians need to be better trained to provide their patients with reliable and accurate information.

Continued interdisciplinary education on COVID-19 should be made mandatory. A deeper understanding and knowledge of the following topics are essential:

- o Transmission routes and survival of SARS-CoV-2 (aerosols!)
- o Knowledge of infection-prevention and air quality control methods
- o Correlation between disease risk and severity and infectious dose (viral load)
- o Use of anti-viral medications

SARS-CoV-2 infection has systemic effects:

- o It causes endothelial damage to our vessels and the formation of microclots (common target organs: heart, lungs, brain, kidneys, intestines, toes etc.) (1-16)
- o It behaves neurotropically, leading to neurological disorders such as headaches, hearing loss, loss of smell, neuropathic pain, fatigue, cognitive impairment, neurodegeneration and dementia-like symptoms (17-31)
- o It can lead to changes in the immune system, such as immune dysfunction with increased susceptibility to infections, or act as a trigger for autoimmune processes (type I diabetes, neuropathies, vasculitis, rheumatic diseases, GBS). (32-41)
- o Long COVID, Post-COVID, PASC, ME/CFS: definitions, symptoms, theories of development (persistent viral reservoirs found throughout all organ-systems for months after infection; activation of dormant viruses), diagnosis, and therapy (42-48)
- o Cumulative risks and long-term consequences of reinfections: risks for thrombosis, myocardial infarction, pulmonary embolism, stroke, neurodegenerative diseases, autoimmune diseases, immunodeficiency, etc., increase with each additional infection. (49-54)
- o Known risks in children, pregnant women, athletes, healthcare workers, healthy adults, and people with pre-existing health conditions (55-80).

### **3. Use of preventive measures and exemplary behavior in everyday clinical practice**

Since the removal of mandatory protective measures in the medical field, all patients, including highly vulnerable individuals, are being exposed to the risks of a SARS-CoV-2 infection in primary care settings as well as in hospitals. Many people have no way to reliably protect themselves in healthcare settings and are thus forced to contract COVID-19.

Policymakers have declared the pandemic over and equated SARS-CoV-2 with a rhinovirus. However, COVID-19 is neither over nor a harmless infection without consequences. Medical professionals must take an exemplary role and act to protect all people, and NOT continue to submit to the pressures of society, media, and politics.

Simple, yet very effective infection prevention measures include the following:

- o Use of CO2-monitors indoors
- o Good ventilation by means of built in ventilation systems or open windows
- o Air purification with HEPA filters (in winter or where ventilation is limited)
- o Testing and isolation in case of symptoms or contact with COVID-19 patients
- o Registry of COVID-19 cases; Insight into vigilance system (e.g., wastewater data, hospitalizations, deaths)
- o FFP2/N95 respirator masks or better
- o Reserve blocked time slots on defined days for vulnerable individuals
- o Establish a voluntary list of physicians, who adhere to preventive measures

We ask the Medical Associations to advocate for the development of long-term strategies to manage this health crisis. We ask that you reinvigorate the idea of prevention! It is also critical to increase collaboration within the medical community and to facilitate the sharing of knowledge and data related to COVID-19 and its sequelae. Now is the time to demonstrate leadership, unity, and an unwavering commitment to the well-being of the general population. By applying a comprehensive, strategic, and sustained approach, we can effectively control the transmission and impact of SARS-CoV-2 through simple means. We are confident that you will show dedication to our profession and promote the highest standards of patient safety and care. We hope to hear from you soon, and look forward to working with you.

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