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Takeaways from meeting on The New COVID-19 Challenges in 2022

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A fourth wave of COVID-19 infections is developing in Baja California and San Diego. The number of active cases has been much greater than in previous waves. Between March 2020 and January 2022, there were over 114 thousand confirmed cases in Baja California, of which 7,291 were active on January 24, 2022. The municipalities with the most cases have been Tijuana, Mexicali, and Ensenada. Most active cases on January 24 were women and people between 20 and 39 years old. In San Diego, there was a total of 588,460 confirmed cases between March 2020 and January 2022, reaching a maximum of 19,099 new cases on January 7, 2022.

However, the share of deaths and hospitalizations has been lower than in previous waves. In Baja California, the number of daily COVID-19 deaths went from a maximum of 80 deaths in the previous wave to a maximum of 32 deaths in the current wave as of January 9, 2022. In San Diego, a maximum of nearly 2,000 daily average hospitalizations was reached in winter 2020-2021 while the current wave's (winter 2021-2022) maximum has been 1,000 daily average hospitalizations as of January 12.

Given the large number of cases, low hospitalization rates still represent a relevant burden on health systems. In Baja California, the occupancy of hospital beds in the spaces designated for COVID-19 was 87.7% in the Secretariat of Health's hospitals and 66.7% in the Mexican Social Security Institute's (IMSS) hospitals on January 24, 2022. The occupancy of hospital beds in non-designated spaces for COVID-19 was 45% and 50.3%, respectively. In San Diego, there was a 276% increase in COVID-19 hospitalizations and a 109% increase in COVID-19 ICU admissions between December 20, 2021, and January 18, 2022.

The high vaccination rates have helped control the last wave of infections in terms of intubations and deaths. Nearly 80% of adults (18 years and older) in Baja California and San Diego are vaccinated, and booster shots are being administered. 89.7% of intubated patients in Baja California were not vaccinated, as well as 55.97% of non-intubated hospitalized patients. In San Diego, the likelihood of hospitalization for people that were not fully vaccinated was four times higher than for those fully vaccinated. Furthermore, there is a concern on both sides of the border regarding the lack of vaccination among children and teenagers. In Baja California, it is of special concern that children between 5 and 13 years old are not allowed to get vaccinated, hindering the plan to return to schools in January 2022. There is also a concern in San Diego that children between 5 and 13 years old are not getting vaccinated at the expected rates despite availability.

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Priorities for the Baja California government include maintaining hybrid care in hospitals (i.e., treating both COVID-19 and other conditions), avoiding hospital reconversion and the overcrowding of primary care services, as well as guaranteeing economic activity, and promoting preventive measures such as the use of masks, hand washing, and space ventilation. For San Diego, new year priorities are strengthening border monitoring and vaccinations, reaching an endemic state, increasing booster shots, communication and trust with the public, and reducing misinformation.

It remains a challenge to control the virus transmission related to mobility without violating human rights principles. Research on travel restrictions shows that border closures limit transmission only if implemented in the first few days of the pandemic, and when it is complete and strict—something perhaps impossible in CaliBaja given its high border dynamism. The experience in CaliBaja proves that the social and economic cost is extremely high. Border closures were never recommended by the World Health Organization, and they contravene International Health Regulations principles of using the least intrusive method among feasible alternatives.

National data from the Secretariat of Health show that the daily suspected infection rate among migrants in Mexico from Northern Central America and the U.S. is very low, reaching a maximum of 15% and 17%, respectively, and generally remaining at 1% between January 2020 and January 2022. A survey carried out in Baja California in February 2021 suggests that there was not a statistically significant difference in seroprevalence between general urban populations and those who had crossed the border. In other words, the burden of migrants on the Mexican public health system and as cross-border transmission agents is minimal, and limiting their mobility thus seems an ineffective policy.

The lessons learned for facing epidemics in a high mobility context include adjusting public policy to local conditions considering differentiated characteristics among types of mobilities and based on scientific evidence and ethical principles. Constant data update and dissemination is important to inform about changes in the risk of getting COVID-19 and to promote preventive measures. Measuring the viral load in wastewaters has proven to be a good approximation of the number of reported COVID-19 cases in San Diego, and it could be replicated in Baja California to overcome limitations in future data collection.

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