COVID-19 And Lockdown: Be Logical in Relaxing It

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Lockdown

Cambridge Dictionary defines '*lockdown*' as a situation in which people are not allowed to enter or leave a building or area freely because of an emergency.[1] Merriam-Webster outlines three definitions of lockdown: a) the confinement of prisoners to their cell for all or most of the day as a temporary security measure, b) an emergency condition in which people are temporarily prevented from entering or leaving a restricted area during a threat of danger and c) a temporary condition imposed by governmental authorities as during the outbreak of an epidemic disease in which people are required to stay at their homes and refrain from or limit activities outside the home involving public contact.[2] Our focus, here, is on lockdown strategy adopted to contain corona virus disease 2019 (COVID-19) pandemic.

Lockdown strategy adopted to contain COVID-19 pandemic

As of May 28, 2020 (11.52 GMT), the COVID-19 has affected 213 countries and territories around the world and two international conveyances infecting more than 5.8 million with approximate deaths of 0.357 million.[3]

The COVID-19 has almost swept around the world but the responses to contain it is greatly varied from country to country. More than 21 weeks into the COVID-19 pandemic, lockdown has become a global response to it.[4]

Lockdown is among the non-pharmacological interventions adopted by most of the countries in various scales to contain the virus from spreading to other parts of the country. In South Africa, tens of thousands of troops have been brought to enforce one of the world's strictest lockdowns, while countries like South Korea and Taiwan have managed to contain their outbreaks without merely closing anything.[5]

Lockdown is done to flatten the curve and get prepared to face the continuing epidemic. Merely locking down the population without other interventions such as infection control and preventive measures, social distancing, robust testing, isolating and treating the infected, contact tracing and quarantining, will take nowhere because lots of problems are associated with the lockdown. It is an expensive intervention leading to closure of businesses and leading to steep rise in unemployment rates. It further aggravates inequality.[4]

Anderson et al., have developed simulation of transmission model of COVID-19. They mentioned that social distancing compounded with

other non-pharmacological measures flattens the curve. These measures prevent transmission from symptomatic and asymptomatic but there is risk of resurgence following lifting of interventions.[6] This important aspect must also be kept in mind as there is no vaccine or effective antiviral drug likely to be available soon.

Lockdown in South Asia

Almost no nation has been spared as COVID-19 has swept around the globe but responses to contain it is not same in every country. Quarantines and lockdowns have become ubiquitous, but there is great variance in their strictness. Three densely populated countries of South Asia: India, Pakistan, Bangladesh are under lockdown (Limited-Partial-Complete) since the mid-March, 2020. They have adopted similar strategies but could not yet succeed in flattening the curve as expected. They however, delayed the rapid surge. There is still uncertainty of what will happen after relaxation.[7,8]

The number of reported new cases and deaths has been increasing, not only in these three countries, but also in other five countries of South-east Asia as depicted in Table 1.[3]

Lockdown has impacted life and livelihood in many ways. Gupta et al., mentioned that migrant workers in India, Pakistan and Nepal are crushed by poverty as earnings come to an abrupt halt in the lockdown forced by the COVID-19 pandemic. [9] There is enormous effect of lockdown in terms of livelihood on daily wager, contractual staff, taxi or private and public transport workers, small and medium business men, and other skilled or unskilled workers who depend on day to day work and earnings.[9]

There has been significant reduction in emissions of greenhouse gases during the lockdown making the environment cleaner and pleasant. Levels of particulate matter (PM10) dropped by up to 44% in the parts, 24 hours of lockdown in the megalopolis. Distant Himalayan peaks are vividly visible through clear blue skies from in many south Asian cities in this lockdown period for the first time in many years.[10]

Table 1. Number of new cases reported month wise Jan-May 28,2020 at 11.52 GMT.

Country	*First Case reported	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 28, 2020	Total
Afghanistan	Feb 24 Arrived from Iran	0	1	173	1997	10,865	13,036
Bangladesh	Mar 6 Arrived from Italy	0	0	51	7616	32654	40, 321
Bhutan	Mar 6 Arrived from USA	0	0	4	3	24	31
India	Jan 30 Arrived from China	1	2	1394	33466	124,391	159,054
Maldives	Mar 6 Arrived from Italy	0	0	18	450	989	1,457
Nepal	Jan-13 Arrived from China	1	0	4	52	985	1042
Pakistan	Feb 26 Arrived from Iran	0	4	1934	14535	44,754	61, 227
Sri Lanka	Jan 26 Arrived from China	1	0	142	520	808	1,4 71

With the start of monsoon, there is a fear of surge of other infectious diseases like dengue, malaria and scrub typhus.[11,12]

Lockdown has made us realize the potential of online learning, distance learning, webinars and meetings through online available applications like Zoom, Google classroom, Teams etc. The serious impact on physical and mental health of fellow citizens especially children and elderly due to lockdown should not be overlooked.[13] In fact, it has affected everyone, every sector, every class of society, more vulnerable being poor, disabled and socially deprived class.

Is adversity a solution?

There is a dilemma as to when the pandemic would end. According to historians, pandemics predictably have two types of endings: the medical which occurs when the incidence and death rates significantly fall, and the social when the epidemic of fear about the disease fades.[14]

The chief of World Health Organization (WHO) remarked "*Lifting lockdowns does not signal the end of COVID-19. Countries must now ensure that they can detect, test, isolate and care for every case and trace every contact*".[15]

There is an uncertainty on how long the lockdown can and should be permitted. At some point in time, people will be forced to defy all rules and come out due to the economic crisis despite the fear of this invisible virus. If the workplaces open up, there is a fear of rapid spread of infection from asymptomatic carriers to others. In such cases the symptomatic cases be tested, isolated and treated. A few critically ill with severe infection would require hospitalization. Although mortality cannot be denied, the risk-benefit ratio of natural herd immunity of the population by being exposed to the virus is to be considered. In the current scenario where the pharmacological therapy to treat is yet to be discovered, timely and mandatory contact tracing of all symptomatic cases and acting upon them quickly as per WHO guidelines is the only way out that should be adopted by all the countries.[16]

Conclusion:

Lockdown is not a permanent solution; however, it has produced positive impact in slowing the curve and offered sufficient time for the countries to prepare and face the ongoing pandemic with many uncertainties. The mitigation strategies in South Asia should focus to reduce risks of transmission versus the deprivation and hunger resulting from prolonged economic disruption. It is better to invest in low-cost preventive measures to improve physical distancing, such as continue stopping of international travel, reducing the number of people at religious and social gatherings, universal masking using non-medical cloth masks for the community, focus on measures protecting elderly, permit individuals restricted working hours for income generation, information campaigns for personal hygiene, physical distancing and hand washing. As lockdowns are relaxing and physical distancing measures are lessened; proactive surveillance, case detection and contact tracing with isolation and quarantine will be required to prevent a dramatic resurgence of COVID-19 cases. In long run we have to live with COVID-19.

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