

An Insight into Weighing the Impact of Draconian Measures in the Battle Against COVID-19 [Letter]

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Dear editor

We have read the paper by Alumran¹ on the benefits of precautionary measures seen in Saudi Arabia. We congratulate the author on their findings. Simultaneously, being concerned that extreme measures can be unfavorable to the public or impossible in some nations, we want to share our outlook on the study.

This study was submitted on the 12th of May when the peak had not arrived in many countries. In July, we are seeing countries coming out of the pandemic. For a worse second wave apprehended, prolonged lockdowns supported in this study would be impossible. Alternatively, early screening of cases entwined with the public being able to suspect infection by the early phase symptoms of the infection, as extracted from the UK's COVID-19 Symptom Study App or other records, and then working on the test, trace and isolate system could thwart the dreaded second wave.

The reproductive number (R_0) used in this study had been derived by observing the documented cases. Asymptomatic cases could also be contagious and hence affect the R_0 . Inculcating the new-found R_0 , issued by wide-scale testing, that also includes the contagiousness of asymptomatic cases can give a clearer picture.

Besides comorbidities and age composition, the imported strain of the virus, HLA types of a population, and other community-level confounders like the local epidemic record, which can inform about the drug intake of a population, can affect the case fatality rate across different populations.

This study provides evidence that due to lockdown and screening for asymptomatic cases both positive cases and mortality can be diluted against the expected. Conversely, unintended reactions to intense precautionary measures like prevalent desperation among families due to visiting restrictions thrust by hospitals² and possible Post-traumatic Stress Disorder in the post-COVID-19 era are also real. Turning the focus toward least restrictive measures.

Questions have arisen on the usefulness of quarantine for highly transmissible diseases due to its accompanying laws and limitations.³ Moreover, countries like South Korea, Hong Kong, Singapore, Taiwan, and Japan did not execute draconian measures of lockdowns but rather buildup their test, trace and isolate system initially in the pandemic and successfully controlled the virus.

The author highlighted the importance of public awareness. We will have to make sure that public awareness is being done on different grounds. Elective surgery patients are delaying their surgery mainly due to the overwhelming draconian pre-op quarantine

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measures⁴ but this can also be due to ignorance regarding the dangers of not having surgery.

COVID-19 is affecting trade, travel, and economy of the world. The economic losses can be decreased by effectuating spatial lockdowns in certain areas with higher activities to risk the spread, than uniformly enforcing them throughout a city or a country.⁵

In conclusion, we agree that draconian measures have benefitted nations against COVID-19, but on the other side of the coin, it has come at a price. Nevertheless, more creative and comprehensive measures that are also least restrictive should be in action for the anticipated second wave.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Alumran A. Role of precautionary measures in containing the natural course of novel coronavirus disease. *J Multidiscip Healthc.* 2020;13:615–620. doi:10.2147/JMDH.S261643
2. Tom Alsaigh M. Let's stop the Draconian visiting restrictions medscape; 2020. Available from: <https://www.medscape.com/viewarticle/931131>. Accessed May 27, 2020.
3. Parmet WE, Sinha MS. Covid-19 - the law and limits of quarantine. *N Engl J Med.* 2020;382(15):e28. doi:10.1056/NEJMp2004211
4. Bird S. Coronavirus: pre-op rules are keeping people from vital surgery, warns senior doctor. *Telegraph.* 2020;2020.
5. Fajgelbaum P, Khandelwal A, Kim W, Mantovani C, Schaal E. *Optimal Lockdown in a Commuting Network*. National Bureau of Economic Research; 2020:0898–2937.

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