Dear Editor,

The Corona Virus Disease-2019 (COVID-19) pandemic continues to expand beyond the capacity and capability of the health care delivery system and is a global public health emergency. The upsurge in the number of cases is quite evident with the fact that it took 67 days for the caseload to rise to 100000 cases, but then the subsequent rise in the number of cases has been rapid. It is important to note that presently the global caseload stands at 2878196 cases, of which 85530 cases were reported in a single day. Moreover, the death count attributed to the infection has increased to 198668, with the global case fatality rate has increased to 6.9%, which is very much high in comparison to what has been observed in the case of seasonal influenza.

Owing to the fact that the disease is transmitted via close contact, many nations have started the practice of lockdown in their settings. This has been done with an intention to strengthen the practice of physical distancing and thus reduce the sudden upsurge in the number of cases, which has been observed in Italy and Spain. The practice of lockdown in intended to flatten the epidemic curve of the disease and at the same time give some additional time for the health system to improve their level of preparedness and emergency response system (by ensuring improved case detection, availability of personal protective equipment, better risk communication mechanism, improvement in the infrastructure facilities of health care establishments, etc.). The imposed lockdown in heterogeneous settings has restricted any kind of social gatherings (viz. wedding, worship places, libraries, etc.), a meeting of a number of people in public, meeting elderly / family members who are not living in your home, etc.

However, it is important to remember that the measure of lockdown is a passive approach and by this we are just delaying the upsurge of the cases. It is quite possible that on completion of the lockdown, when people will come out again, there will be a secondary wave of cases and again we have to start everything from the scratch. In other words, the battle against the COVID-19 cannot be won completely with mere lockdown and it has to be supplemented with implementation of active interventions. Amidst all these numbers and the extensive impact on the health care delivery, it is important to believe that implementation of active interventions can definitely bring about a change in the trajectory of this novel viral infection.

The active interventions which need to be simultaneously strengthened include an active search for all the cases in the community and follow it up with testing each and every suspected case to identify all positive cases. The positive cases have to be isolated and given appropriate care in the earmarked health care facilities which are well-equipped to deal with such emergencies. Further, all the close contacts need to be traced and quarantined for a period of 14 days for observation and the appearance of signs or symptoms and accordingly giving them due treatment. In addition, these facilities need to be strengthened immensely in all point-of-entries and all steps should be taken to avoid any imported transmission. However, it is an obvious fact that not all the nations will be equipped with these capacity-building measures or the availability of emergency medical teams or logistic support and there comes the role of global solidarity wherein different welfare agencies should pool financial support to these nations in their battle against the disease.

In conclusion, the fight against COVID-19 pandemic cannot be won with mere lockdown in the nation. It is the need of the
hour to mount an aggressive and accelerated response against the novel virus through better readiness and response action plan and supplement the various physical distancing interventions.

Reference:


