COVID-19 lockdown – Blessing or disaster?

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As 2019 was nearing its end, we saw the first few cases of the SARS CoV2 – popularly called the “coronavirus” in Wuhan, China. Soon, the entire world was hit by what no one predicted to be historically the greatest pandemic it had seen in the last century. As the virus spread across various countries, it overwhelmed not only the general public but also health-care systems due to the unpredictability and novelty of its implications. Public health authorities and government officials of throughout the world were faced with the grave responsibility to curb the transmission of this presumed deadly virus.[1] Effective January 23, 2020, Wuhan residents were not allowed to leave the city any more and more stringent lockdown measures were instituted in the following weeks with residents not allowed to leave their homes except with permission. By January end, the number of persons confined to their homes crossed 10 million.[2] Similarly, developing countries such as India struggled to accommodate the rising cases in their meager health-care settings along with a nationwide panic that set in as news channels flashed “death tolls” and statistics. The government officials along with public health authorities in India came to a unanimous decision for a nationwide lockdown which was implicated on March 24, 2020. This was followed by a series of questioning and skepticism related to this “imprisonment” and its validity. In the absence of a safe and effective vaccine, treatment, or prophylaxis, nonpharmaceutical interventions were the only option available to slow the virus’s spread. These include physical distancing, hygiene, masks, isolation of infected people and their contacts and lockdowns, such as closures of school and offices and bans on public gatherings and travel.[3,4]

SCIENCE BEHIND LOCKDOWN

The spread of a highly infectious disease that spreads by person to person contact can be reduced by social isolation and physical distancing. However, the effectiveness of these interventions depends on the level of adherence to the measures. In India, the lockdown was imposed on a nationwide scale and enforced with strict penalties for non-compliance. This led to a decrease in the number of cases and a reduction in the rate of transmission of the virus. However, the economic impact of the lockdown was significant, as it caused a decline in the GDP and led to a loss of jobs. Despite the dubious results of the nationwide lockdown in India state after state continue to clamp lockdowns indiscriminately and claim that it is a panacea for all their ills. Unverified claims abound and myths are perpetuated without any basis. It is time to take a close look at the hard data and come to logical conclusions regarding the utility of prolonged open-ended lockdowns. Unfortunately, the evidence does not support the use of prolonged lockdowns as a useful strategy to combat the COVID-19 pandemic.
distancing. The measures may involve closing partially or wholly social activities including business, transport, among others that may enhance social contact and propagate spread. Lockdowns are, essentially, the most draconian, but when implemented appropriately, temporarily decrease disease transmission by limiting human contact at scale. Public health campaigns do not get built overnight – and the lockdown provided officials with ample time to strategize and come up with systematic plans to control the spread of COVID-19. Lockdowns are temporary, emergency measures to give time to improve the medical infrastructure which may otherwise be overwhelmed by the immensity of the problem.

**BENEFITS**

A retrospective analysis of historical data from 43 cities that were affected by the flu pandemic of 1918–1919 revealed a strong connection of lockdowns with decreased total deaths as well as decreased peak mortality rates.[13] Evidence from Wuhan showed the COVID-19 exponential transmission trajectory was interrupted and the curve was slowed and finally flattened as a result of the extraordinary measures that the local administration employed to combat the epidemic. Fatality, though initially high, was quickly slowed down. New cases of COVID-19 were halted.[8] This, of course, comes with a caveat; the figures are official Chinese figures whose veracity cannot be confirmed. A study that compared the social distancing measures instituted in St. Louis, early enough to manage and minimise transmission with Philadelphia which only instituted strict measures after the death rates had started to rise. The study was carried out in the deadliest period of the pandemic. It found that the death rate due to the virus was approximately 807 per 100,000 in Philadelphia, but was much lower at about 385 per 100,000 in St Louis, where social distancing was in vogue. The reduced mortality was ascribed to social distancing.[17]

We do not know what happened thereafter, because experience shows that short-term decrease due to lockdown is often followed by exponential rise in cases postlockdown. It is likely that over a period of time, the infections and death may have become equal. The lockdown in India, as in other countries, had devastating economic consequences.[8] In support of the benefits of lockdown, the official media was highlighting a study that claimed because of the lockdown 20 lakh COVID-19 cases and 54,000 deaths were averted. The mortality rate dropped from 3.13 per cent to 3.02 percent as focus was on containment measures and clinical management of cases.[8] Unfortunately, the predictions were based on computer projections which have proved to be notoriously inaccurate. If the fall in mortality was explainable by lockdown, then the fall of mortality to <1% was due to lifting of lockdown! It is amply clear that lockdown prevented neither infections nor mortality over a period of time. The results of the “successful” Kerala model are all too obvious.

**LOSSES**

Lockdowns were not without cost, risk, or harm. The COVID-19 national lockdowns have ruined the economies of nations, fuelling unemployment, social unrest, and myriad mental health problems globally.[8] Moreover, medical consequences of lockdowns are beginning to emerge, with a paradoxical increase in preventable deaths due to avoidance in seeking necessary medical care, resulting in excess morbidity and mortality from non-COVID conditions.[8] Lockdown was justified initially, when announcements declared a new, contagious virus with a 3.4% fatality rate and no asymptomatic infections. The prospect of 50 million deaths matched that of the 1918 flu pandemic. However, the infection fatality rate was vastly lower than the documented case fatality rates. Moreover, most COVID-19 deaths affected people with limited life expectancy and the lockdown-to-flatten-the-curve rationale ignored seasonality and espoused a 100-year-old observational data from the 1918 pandemic with an infection fatality rate 100 times higher than COVID-19. Lockdowns implemented during high infectious activity forced infective people to spend more time with frail relatives in cramped spaces. Low wage, essential workers adopted higher risks, and shelters for vulnerable homeless people became infection hotspots.[10] Prolonged lockdowns fuelled economic depression, creating mass unemployment, and the underprivileged populations were hit harder by crises. Over a billion people worldwide face the risk of starvation.[11] We saw a rise in increased suicides, domestic violence, and child abuse. Malaise and societal disintegration would have also advanced, with chaotic consequences such as riots and wars.[12]

No public health policy stands without criticism. In the wake of rapid spread of the novel coronavirus, it was unprecedented whether there would be prolonged or full proof advantages of the implemented strategies. As rightly stated, the force with which officials dove into lockdowns and social distancing schemes for COVID-19, has been somewhat lacking for the preexisting endemic and tropical infections in our country. However, I concur with the fact that the fear related to this unknown virus was more worrying than the much more informed and treatable infections. It was until the citizens became more aware of the repercussions of COVID-19 infection:
Acute and delayed, that the general dread associated with it eased. Blessing or not, we can safely say that the light at the end of the tunnel is now appearing closer. The achievement of the lockdown was seen as the health-care establishments eased into the necessary adjustments demanded by the COVID-19 cases until the development of a vaccine. Provisions for intensive care units and ventilators, increased productions of masks, and personal protective equipment kits gave way for several laborers to stay fed during the pandemic. Not to forget the arrangements and numerous awareness campaigns undertaken by state governments to inform the general population about the hygiene and protective measures required to prevent contracting the infection. Migrant workers were also safely escorted back to their previous establishments after proper screening and travel provisions. Local laboratories and health-care workers volunteered in testing and treating COVID-19 patients risking their own health.

CONCLUSION

The best way to deal with a pandemic remains unknown. The experience of the past year and a half underlines some home truths. Lockdown is a short-term stop gap emergency measure to buy some time to maximize our capacity to deal with the situation. It is not a public health measure meant to contain the spread of the infection or mortality. Prolonged lockdowns shatter the economy and are also followed by an upsurge of infection as the development of natural immunity is prevented.

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