


Country Quarantine During COVID-19: Critical or Not?

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The new coronavirus, or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes coronavirus disease (COVID-19), emerging from Wuhan, China, is the subject of attention in these days and the world news headlines.¹ The first case was reported on December 31, 2019, and the disease was declared a Public Health Emergency of International Concern by the World Health Organization (WHO), a month later, on January 30, 2020.²

Iran is one of the most affected countries with more than 290 000 confirmed cases of COVID-19 (in April 29) and unfortunately more than 15 000 associated deaths. According to the geographic distribution data, all 31 provinces in Iran have been affected. The first 2 cases were announced in Qom and then north-central provinces became the hotspot regions, mainly capital cities.

There is no specific medication or vaccine available for this infection, and other COVID-19 outbreaks seem to be inevitable; this emphasizes the need for finding the most beneficial preventive measures.¹ Isolation, quarantine, social distancing, and community containment are now the available options. Isolation for the purpose of symptomatic and non-infected individuals' segregation does not appear to be sufficient alone due to the long incubation period of COVID-19. Quarantine as a previous successful measure during the SARS epidemic control in 2003, aiming to restrict the movement of suspected persons (maybe not infected or infected but without symptoms), could be beneficial. Social distancing is another option in which gatherings are reduced in order to avoid close contact of non-detected cases and with the community. The last strategy is community containment, as chosen by the Government of China. It is the restriction of the whole

society and limiting the traffic to vital needs only.³ However, a mass quarantine may increase anxiety, especially among those having previous psychiatric problems and the elderly, even causing other health problems.⁴

In Iran, there is community transmission, which means the infection is expanding in numerous independent cluster.⁵ Therefore, social distancing as done with the closure of schools and universities is beneficial and was fulfilled on February 23. Education guidelines, traveler screenings, charitable donations, the self-assessment system, and travel control may have also contributed to this outcome. The result was the decreasing number of confirmed cases in April. From the beginning of the epidemic, the government has emphasized social distancing rather than mass quarantine. Traveling between cities, although in a decline compared with that during previous years, was still taking place. In April 2020, the government decided to move the policy to smart social distancing while resuming social activities as before.⁶ However, due to the reopening of the offices and increased hubbub, the number of infected individuals has been increasing with a stable trend.

Some Asian countries have implemented successful strategies of pandemic control. The strategies were based on mostly transmission control via isolation and lockdowns, like what the Chinese Government did in Wuhan.⁷ Although quarantining faces numerous obstacles, evidence supports its efficacy with emerging infectious diseases.⁸ In Iran, the increased rate of transmission after returning the society to normal social activities resulted in an incremental trend. In conclusion, the best option available right now is transmission control. Infection cases must be detected promptly, isolated, and treated. However, isolation

alone is not the answer; quarantine seems to be an advantageous tool, but its implementation needs resources. Furthermore, the entire society must be responsible and also educated about the disease. They should be aware of the alarming signs of the infection and should voluntarily quarantine themselves when having dubious mild symptoms or if they become exposed to a person who is infected with the new coronavirus.

A group collaboration and awareness are needed to fight the pandemic successfully. "May the disease be controlled by all working side by side, as human beings are members of one another."

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Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Author Contributions

All of the authors had substantial contributions to the conception of the work. The drafting of the work was done by NS and NR; the remaining authors did critical revision. All approved the final draft and agree to be accountable for all aspects of the work.

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