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Preparedness and proactive infection control measures of Pakistan during COVID-19 pandemic outbreak

A recent study¹ has predicted that if the physical distancing measures began in January, 2020 (started on February, 2020 in Pakistan) are relaxed in March then the virus could resurge 3 months later in June and then 5 months later in August (second peak). This study's predictions suggests that an additional month of physical distancing measures could buy 2 additional months before such measures would have to be reinstated to prevent the resurgence of the pandemic COVID-19 towards healthcare system. Many countries are exercising the first phase of the pandemic lockdown and preventive controlling measures should be identified in this duration. Pakistan-specific model at national scale-up plan should incorporate testing, digital crowd-sourced contact tracing, strict quarantine of both confirmed and suspected cases, suggesting self-isolation and self-quarantine as the main alternative wide-spread strategy, imposed stringent lockdown measures, calculated relaxation of lockdown condition, implement distancing measures (monitor asymptomatic and pre-symptomatic transmission in tested population) and control (effects of emerging drug treatments, fatality rate, healthcare intensive care capacity, equipment and staff, delay or prevent resurgence) the pandemic before the lockdown is lifted. Health, social, and economic effects of complete lockdown on mental health and interpersonal violence (verbal and physical display of violence, anger, aggression, frustration, racism, xenophobia, discrimination, stigmatization, and marginalization) should be empirically studied. Cultural, entertainment, religious, sports, leisure venues (restaurants, malls, parks, recreational squares, beaches and gyms), social gathering places, mass public-transport system closure, and closing of other institutions could have significant impact on people's lives in the quarantine and lockdown period.² Pakistan need coordinated national and global efforts to bring empirical data on indigenized level to solve the grave predicament of lockdown and correlated factors with it.

This paper presents a proactive infection control measure approach for immediate prevention against all systems outbreaks due to overwhelmed responses from Pakistani population. Based on the observations of other countries' pandemic outbreak, the utmost importance should be given to infection control preparedness in Pakistan's healthcare system. Pakistan's partial and complete lockdown situation varies with the perceived alertness to indigenized risk assessment and level of activation of emergency – partial lockdown, complete lockdown,

curfew, or emergency. Infection control measures and administrative infrastructure support could be enhanced with the unbent willingness of government's preparedness of different levels of pandemic outbreak emergencies. To prepare for the ever-evolving infectious disease, temperature screening at public places like airports and train-stations should not be taken lightly since Pakistan contracted COVID-19 through the travelers' visitation in Pakistan.^{3,4} Hospitals' healthcare system (acute medical wards, isolation wards, intensive care units, general wards, ambulatory day centers, pharmacy, physiotherapy and occupational therapy units) should include a surveillance system (standard, contact, droplet, and airborne transmission precautions) to identify, isolate, quarantine and treat suspected and confirmed individuals. State should ensure the hospital preparedness with presence of triage stations in the accident and emergency departments and ensure the availability of personal protective equipment PPE (surgical masks, face shield, gloves, and gown), waste and line management, and environmental cleaning. Pakistan should be prepared for the further impact COVID-19 given the still-intact mystery behind transmissibility, morbidity, mortality, unavailability of vaccine and effective antiviral therapy so infection control preparedness and preventive measures is the best tool to minimize the risk of nosocomial transmission.

References

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