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Making decisions to mitigate COVID-19 with limited knowledge

On March 11, 2020, WHO declared the coronavirus disease 2019 (COVID-19) outbreak a global pandemic. Aggressive actions should be taken immediately to mitigate the spread of severe acute respiratory syndrome coronavirus 2. In their Comment, Yonghong Xiao and Mili Estee Torok¹ rightly stated that infection prevention and control measures should be based on sound scientific principles. However, we disagree with the authors' views on certain measures that they consider to have "no scientific basis and have proven to be ineffective". A difference exists between measures with unknown effectiveness and those that have been proven ineffective or of no value.

We disagree with Xiao and Torok's view that "the practice of blocking traffic and lockdown of villages is of no value for the prevention and control of COVID-19". One of the references provided to support this statement was a local transport authority policy reported in a newspaper, which

should not be considered as scientific evidence. Several studies have been done to assess the effectiveness of travel restrictions,^{2,3} and the benefit of such restrictions might vary in different settings. Further studies and more data are required to reach a solid conclusion.

With regard to hospital treatment of patients with COVID-19, Xiao and Torok suggested that patients should not be given drugs of unknown efficacy. However, considering that no treatments are known to be effective at present, we believe that off-label or compassionate use of drugs should be considered ethical, especially for patients with life-threatening infections. However, when considering off-label or compassionate use of drugs, the safety profile of the drug should be clear and the clinicians should carefully balance the risk and potential benefit of use—an approach used in the first report of remdesivir use for the treatment of COVID-19.⁴

During this urgent phase of the COVID-19 pandemic, decisions at the level of the public health response or clinical management have to be made using the scarce data available.

Scientific evidence will be gradually established as a result of ongoing research. However, measures that have good rationale, but for which little data are available (eg, travel restrictions, lockdowns, and compassionate use of drugs), should also be considered as options and should be assessed and amended in a continuous manner.

We declare no competing interests.

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