

Cities in lockdown over the 2019n-CoV outbreak: the social impacts of pandemic preparedness on citizens

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The latest outbreak of coronavirus 2019n-CoV rages in Wuhan and has spread to other parts of China¹. A number of cases have been exported to various countries and the international community follows anxiously the rising number of confirmed cases (currently approaching 17,400)² and fatalities.

Enormous progress has been made in responding to public health emergencies of communicable disease and in coordinating action internationally. However, more needs to be done to understand the social repercussions that the measures taken have on citizens and their welfare.

Novel coronavirus **2019n-CoV** is a stark reminder of our permanent exposure to risk of pandemic outbreaks. Novel infections that have the potential to be high-consequences are always emerging. It is estimated that since the mid-1970s, at least 20 entirely novel and lethal infectious diseases have been identified, including Ebola³. Others that were already known to us, and against which we had developed effective pharmaceutical responses, are re-emerging in variants more virulent and resistant to our drugs, as the surge in cases of multi-drug-resistant Tuberculosis shows⁴.

Under the aegis of the World Health Organisation, the international community steadily prepares to mitigate the impact of cases of 2019n-CoV infections imported or soon be imported⁵. Notwithstanding that the risk of widespread infection from the coronavirus in Europe remains extremely low at present, it is necessary to acknowledge that the situation is very grave in China and remains serious for the region, as well as worrisome for all of us in countries further afield⁶.

Even in the midst of intense preparations and coordinated international scientific efforts, there is no time like the present to focus on a key aspect of pandemic preparedness, and one that too often is overlooked: the social (non-medical) impacts on citizens' of the measures suddenly implemented.

As an international community we have come a very long way in responding to public health emergencies of communicable disease and coordinating action internationally. China needs to be commended for the formidable rapidity in isolating and sequencing the virus⁷, and even more so for promptly sharing with the international community this and other key information. The move has been pivotal in allowing other countries to rapidly detect and isolate imported cases of the disease⁸. It helps *all* countries to develop diagnostics and collaborate in researching the novel coronavirus, and developing effective interventions in response to it.

Nonetheless, little is known about the social effects of the public health measures currently implemented in the most affected cities of China. The lockdown of Wuhan since Thursday 23rd January 2020⁹, a city of 12 million inhabitants, soon followed by the lockdown of 15 other very large cities and transport hubs, resulting in the lockdown of approximately 56 million citizens¹⁰, is simply of unprecedented scale. Logistically, it poses challenges that we can only begin to grapple with. Previous lockdowns during SARS involved the Amoy Gardens residential complex in Hong Kong¹¹ and,

more recently, in response to MeRS South Korea quarantined approximately 15,000 citizens¹². Neither begins to approach the scale of today's measures.

The current coronavirus is not fully understood¹³. Amongst the unknowns are also its pathways of communicability - although we know it to be a respiratory infection and therefore expect it to *at least* be communicable by contact, direct and indirect, including by droplets expelled by sneezes¹⁴. It is much less infectious, at present, than a flu virus¹⁵. In such circumstances it is a good public health precaution to seek to limit human-to-human transmission and preventing further international spread. This was particularly important when the long distance and sustained movements of those infected or exposed to infection may be more intense, due to the Chinese New Year festivities, and at risk of amplifying infection.

We know from the management of past pandemics, including SARS and MeRS, that despite widely circulated international guidelines, countries adopt different measures¹⁶, as it is entirely their prerogative to do¹⁷. What we also know from research is that these measures have had very differential effects on citizens and on different demographics amongst the population targeted¹⁸. They have often created inequalities, as well as exacerbating existing social inequalities that were already experienced in pre-pandemic times.

In this new phase of very commendable transparency and data sharing for more effective coordinated response, it is imperative that we also learn of the impacts that the measures implemented by China are having on its citizens. We must look at where the difficulties and inequalities are and put in place solutions to overcome these¹⁹.

Infectious disease outbreak mitigation greatly benefits from the input of collaborations across countries and disciplines. It is time for such collaborations to also extend to social scientists, to help develop better, more equitable, measures that address the impacts (medical and otherwise) of pandemic response on those affected²⁰.

Those affected are currently primarily the people in the areas in lock down. Citizens in other countries may be affected too in the future, and will benefit too from an intense and concerted planning and transparent debating of which measure to implement and why²¹. After all, the next pandemic is sure to reach us at some point soon, even if it were not to be 2019 n-CoV.

While enormous progress has been made in responding to public health emergencies of communicable disease and coordinating action internationally, much more needs to be done to better understand the repercussions of the measures taken on citizens and their ensure their welfare.

Bio

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- ⁴ <https://www.who.int/tb/areas-of-work/drug-resistant-tb/en/>
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- ⁷ https://www.who.int/docs/default-source/coronaviruse/transcripts/ihr-emergency-committee-for-pneumonia-due-to-the-novel-coronavirus-2019-ncov-press-briefing-transcript-22012020.pdf?sfvrsn=b94d86d9_2 and https://www.who.int/docs/default-source/coronaviruse/transcripts/ihr-emergency-committee-for-pneumonia-due-to-the-novel-coronavirus-2019-ncov-press-briefing-transcript-23012020.pdf?sfvrsn=c1fd337e_2
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- ⁹ <https://www.bbc.co.uk/news/world-asia-china-51217455> and <https://www.bbc.co.uk/news/world-asia-china-51236450>
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