

## Full Lockdowns Against the Pandemic: Time to Rethink the Paradigm

Since the emergence of COVID-19, governments of the world have adopted diverse measurements for containing its propagation. Airborne transmission is the main route of contagion,<sup>[1]</sup> and wearing masks and social distancing have been specially considered. Many epidemiology experts, the WHO, local authorities, and social media have strongly advocated such strategies<sup>[2,3]</sup>

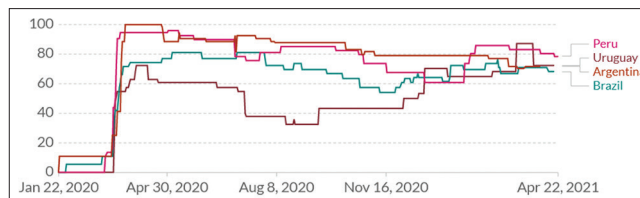
Social distancing or full lockdown, commonly understood as staying at home, was implemented for the purpose of reducing the cases and deaths as well as to avoid the collapse of the sanitary system.<sup>[3]</sup> At the start of the pandemic, it was a mandatory measure because knowing the nature of the virus is crucial to control its spreading.

However, after more than 1 year of applying these policies, an increasing number of physicians and public health experts have come against full lockdown due to its enormous health, educational, social, and economic consequences, such as increase of poverty, loneliness, domestic violence, unemployment, school and commerce closures, interrupted healthcare, and food insecurity.<sup>[3,4]</sup>

An alternative protection policy is considering an intermediate point between full lockdowns and no restrictive measures: focused protection. Its objective is obligatory protection of older people and others with comorbidities, whereas the rest are not obligated to stay at home. Some pieces of evidence supporting this are as follows: (i) the mortality probability of younger people is 1000 times lower than that of older and almost nil in children; (ii) the survival rate is up to 99% in healthy persons under the age of 70; (iii) harm distribution of lockdowns is unequal, mainly affecting those jobs cannot be fully performed online, which are the majority and low-paying jobs.<sup>[4]</sup>

In addition, recent studies have shown that social distancing not only seems not to reduce critical cases<sup>[5]</sup> and deaths but it could also favor it<sup>[2]</sup> because contagion happens easier in indoor environments than in outdoor environments.<sup>[1]</sup> In the best scenario, there is no correlation between the percentage of lockdowns and the reduction of deaths, as seen in Figure 1.

To date, Perú and Argentina have had the highest mean percentage of lockdowns, but Uruguay shows the lowest fatality rate. Brazil with the least restrictions than Perú has a similar fatality and is not so much higher than Argentina.



**Figure 1: COVID-19 stringency index in four South-American nations (close in culture and economy). Death per 1 million population on April 24, 2021: 1829 (Brazil); 1791 (Peru); 1354 (Argentina) and 688 (Uruguay)**

The false dichotomy of economy versus save lives cannot be continued to impose because recession may lead to more deaths and wellbeing loss over time than COVID-19, especially in developing countries. In accordance with Joffe, “it is past time to take an effortful pause, calibrate our response to the true risk, make rational cost-benefit analyses of the trade-offs, and end the lockdown groupthink.”<sup>[3]</sup>

### Financial support and sponsorship

Nil.

### Conflicts of interest

There are no conflicts of interest.

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**Received: 27 Apr 21 Accepted: 15 May 21**

**Published: 26 Apr 23**

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	<b>DOI:</b> 10.4103/ijpvm.ijpvm_169_21

**How to cite this article:** Wilches Visbal JH, Castillo Pedraza MC, Caballero Cañas CA. Full lockdowns against the pandemic: Time to rethink the paradigm. *Int J Prev Med* 2023;14:42.

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