Lurking influx of COVID-19 patients: From “Take it easy” to “What to do now” in Pakistan

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Abstract: The infected patients of severe acute respiratory tract coronavirus-2 (SARS-CoV-2) are exponentially increasing in Pakistan and there is no authentic data of symptomatic, asymptomatic and unknown carriers. The fragmented health system in Pakistan is about to collapse and the influx is expected to rise drastically in the upcoming months.

The confirmed cases of viral pneumonia caused by a pathogen, provisionally named as 2019 novel coronavirus (COVID-19), have increased rapidly across the globe since its first outbreak in Wuhan in late December 2019 and the World Health Organization (WHO) has declared coronavirus epidemic as global pandemic [1]. Initially, severe acute respiratory tract coronavirus-2 (SARS-CoV-2) infected those who were living in or visited Wuhan however, later on, human-to-human transmission increased its spread and so far, coronavirus COVID-19 has affected 213 countries (territories) around the world and two international conveyances [2].

Coronavirus affected Pakistan in late February when pilgrims from Iran and Syria returned. The first two cases of coronavirus were reported by Federal Health Minister on 26 February 2020, in Karachi and Islamabad [3,4]. In two weeks, the number of COVID-19 patients increased to 20 which included 14 cases in Sindh, 5 in Gilgit

Baltistan and 1 (12 years child) in Baluchistan [5]. Having seen the transmission rate of COVID-19 and reported deaths in nearby borders, the foremost response of the government would have been to seize the borders, but the officials opted the policy of “Take it easy”. The government further undermined the WHO guidelines of active surveillance, early detection and tracing of close contacts [6] which resulted in COVID-19 spread across the country. How pilgrims from Iran and Syria crossed Pakistan border without health check up and data collection still requires a rational answer.

After missing the opportunity of COVID-19 patient’s detection at the airports and knowing the fact that the unchecked symptomatic and asymptomatic carriers have crossed border, the government announced lock-down for couple of months to control further spread. During lock-down symptomatic, asymptomatic and unknown carries (relatives or close contacts of infected

patients) were not searched which helped virus to spread rapidly. The National Institute of Health (NIH) in Pakistan prepared protocols to prevent the transmission of COVID-19 and posted at the website [7] however, it seems more theoretical than practical. Several doctors have complaints about the shortage of surgical masks and protection equipment [8]. Most of the doctors are fighting COVID-19 at the front line without protection equipment and several of them got infected. According to official data, 503 paramedics which includes 250 doctors and 110 nurses contacted coronavirus while treating COVID-19 patients at different hospitals in Punjab province. Among 13 paramedics who lost their lives, 5 were doctors and Dr. Haq died due to unavailability of the ventilator [9].

The government officials claim that situation is under control however, health authorities believe that recent health system is already stretched and in the up coming few months, it will be extremely hard to handle the lurking influx of COVID-19 patients [10]. The confirmed cases of coronavirus in Pakistan are 103,671 of which 38,903 are reported in Punjab, 38,108 in Sindh, 6,516 in Balochistan, 13,487 in Khyber Pakhtunkhwa, 396 in Azad Jamu Kashmir and 932 in Gilgit Baltistan along with 2,067 deaths [11]. The number of COVID-19 patients is rising everyday and nearly 5000 cases are reported daily which basically attributes to limited testing facility available in Pakistan. The actual number of COVID-19 patients might be far larger than the value reported provided rigorous test is conducted. The government has record of only those patients who develop severe COVID-19 symptoms and visit nearby hospitals. On the darker side, there is a huge number of patients who are recovering themselves without knowing that they have virus. They neither visited hospitals nor tested but infected thousands others however, no authentic data is available.

“Take it easy” policy has lead Pakistan to “What to do now” situation. Starting from shortage of masks and protection equipment, Pakistan will

soon strive for doctors and paramedical staff to treat coronavirus, as COVID-19 is taking heavy toll of doctors. Dr. Namra Asif, who is fighting coronavirus on front-line for past two months reported that “As doctors, we are prepared to deal with the unprecedented pandemic. But the kind of numbers that we’re seeing every day at hospitals is really hard to explain”. Pakistan is still observing exponential rise in cases but the government announced partial lock-down starting from 9 May, 2020 which most of health workers term as “hasty and costly decision” [12]. The worse is about to come because capacity of hospitals is overfull, infected and suspected patients are advised to isolate at homes, and most of ventilators at hospitals in Pakistan are occupied. The ease in lock-down which is nothing but a long-term sacrifice for short-term benefit, has collapsed health system of Pakistan and price to pay may be huge.

Seeing is believing but this is not always true. If virus is not visible to naked eye, it does not guarantee that it is non-existing. A large majority of people in Pakistan still do not believe the existence of coronavirus which is making things more complicated (indeed hard) for those who are really fighting against it. It is obvious from the topology of viruses that they do not respect borders. The epicenter of outbreak shifted from Wuhan to many other countries and human mankind paid the price. Few countries responded late in fact improperly to COVID-19 and implemented delayed lock-down that resulted in rapid exponential growth of cases. Pakistan also missed the crucial time of implementing strict lock-down and general public is taking COVID-19 non-seriously. The lurking influx of COVID-19 patients has taken Pakistan from “take it easy” to “what to do now” that is alarming. If this continues for another month, Pakistan health system will totally collapse and every house will have COVID-19 patients which implies that every house will be a self-isolation center. The disease which could be controlled in few months lock-down may have implications over the year.

The only solution left now is to show responsibility towards COVID-19 pandemic, by maintaining proper social distancing, using good quality masks, restricting unusual mobility and abiding by WHO precautions for control and prevention. Without seeing coronavirus, Pakistani nation has to trust its existence and then behave accordingly. Literate should educate illiterate online by using various methods such as Information Communication and Technology and those who are at homes should use social networking apps to educate relatives who are continuously and consistently going outside. This is time to test self-responsibility, not the weak and fragmented health system of Pakistan.

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