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Editorial

We Cannot Go Back to the Old World, Before Global Pandemic Declaration of the COVID-19 Pandemic: Developing New Normal Practices in Society

Jong-Koo Lee *

Department of Family Medicine, Seoul National University College of Medicine, Seoul, Korea

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COVID-19, the most serious public health crisis of this century, was first described as pneumonia with an unknown cause, before it was confirmed by China's Center For Disease Control on January 8th. COVID-19 spread to Korea within 2 weeks, and during the quarantine process on January 20th, the first patient was identified. So far in Korea, 14,000 patients have contracted COVID-19 and 300 deaths have occurred. There were concerns about a nationwide epidemic in Korea, with 907 patients who had contracted COVID-19 on March 2nd. The spread of the virus in the community was identified on February 17th, and mainly originated from contacts worshipping at the Sincheonji Church in Daegu. However, the outbreak was well managed through prompt identification of patients, tracking, isolating contacts, and actively implementing a patient classification triage system. Individuals entering the country have accounted for about 2,400 cases, which is about 16% of all COVID-19 cases in Korea and the fatality rate was around 2.1%. Compared to the rest of the world, it seems that the proportion of young people affected by COVID-19 was higher than other countries. In the public health weekly report, over 90% of patients with COVID-19 did not need intubation with oxygen, and the spread between families was about 6 times higher than the spread among non-family members [1].

The disease has spread from bats to humans through mediated animals (pangolins), but a number of patients have been found to be unrelated to the Wuhan fish market. Therefore, whether or not China's Wuhan fish market is the main area is still controversial, but is believed to be spread

through common sources. The WHO Joint Mission for China was held between February 14th and February 24th, and comprised of the WHO, scholars, and administrators from various countries. Virus characteristics, epidemiology, health impact, and China's response to the epidemic were discussed. High-level administrative authorities were persuaded to respond quickly, especially in Republic of Korea and Japan, where large numbers of patients have emerged due to the outflow of patients from China.

Despite advice from the WHO, COVID-19 continued to spread, and the WHO declared it a pandemic on March 11th. The WHO revised its strategy for the other region from the initial response, and advised the implementation of measures against the pandemic based on the Asian experience. Despite this strategy, the number of COVID-19 patients continue to increase 6 months after the declaration of the pandemic. In particular, the number of cases is increasing in the United States, India, and Brazil as the disease spreads, and in Germany, Singapore, and Hong Kong, 3 countries that were considered to be exemplary countries, have been experiencing a small wave of outbreaks.

Among 37 therapeutic drugs being trialed for the treatment of COVID-19, only 15 drugs are in Phase 3 clinical trials [2]. There are 26 COVID-19 vaccine clinical trials, and 139 substances are in pre-clinical stages of development [3]. However, currently there's no silver bullet and there may never be one, so for now, stopping COVID-19 outbreaks comes down to the basics of public health and disease control [4]. Yes, there

*Corresponding author: Jong-Koo Lee
Department of Family Medicine, Seoul National University College of Medicine, Seoul, Korea
E-mail: docmohw@snu.ac.kr
ORCID: Jong-Koo Lee <https://orcid.org/0000-0003-4833-01178>

are still important measures such as tracing close contacts of patients, early testing for symptomatic contacts, patient care, isolation, and non-pharmaceutical intervention but, first of all, we must remember not to go back to the previous norms of society. Active adaptation to the new normal is critical. Firstly, at the individual level, the patient should isolated, and personal behavior require that masking, hand washing, and coughing etiquette are followed. When an individual uses transportation facilities, wearing a mask is still important. Secondly, in the workplace, employees with fever should not be allowed to go to work, and should be encouraged to work from home. Flexible working, remote working, and a new workplace culture is needed. Thirdly, on a community level, religious facilities, facilities for large gatherings (marts, stadiums, theaters), and schools, need to encourage handwashing, social distancing, and mask wearing, and provide ventilation indoors to reduce the risk of transmission of infection.

In many countries, essential services have been damaged due to paralysis of transportation facilities, closure of medical institutions, and a reduction in the number of individuals using these facilities due to COVID-19 lockdown. It has also damaged mental health, rehabilitation, disease screening, prenatal care, and immunization projects. In Korea, acute medical care, such as vaccination and tuberculosis management, has not been significantly damaged, but in the long term, there may

be excess deaths due to insufficient management of chronic diseases during the pandemic. As a countermeasure against vulnerable groups such as the elderly, who have reduced access to medical institutions, it is necessary to manage these individuals without face-to-face consultations.

Conflicts of Interest

The author has no conflicts of interest to declare.

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