COVID-19 Pandemic Outbreak and the Agencies Involvement in Taking Measures

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Commentary

attain the herd immunity is through vaccination.

Received: 16-May-2022, Manuscript No. JCROA-22-63924; Editor assigned: 18-May-2022, Pre QC No. JCROA-22-63924 (PQ); Reviewed: 01-June-22, QC No. JCROA-22-63924; Revised: 08-June-2022, Manuscript No. JCROA-22-63924 (R); Published: 15-Jun-2022, DOI: 10.4172/jclinresp.4.2.005

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A fundamental property of communicable diseases is that infected people spread the disease and susceptible people become infected. An epidemic ends when the number of immune people in a population passes a critical threshold (known as the herd immunity threshold) unique to each disease. Infectious disease epidemiologists use a mathematical modelling tool to understand and predict how diseases will spread in populations. One way to

DESCRIPTION

A whole-of-society approach to pandemic preparedness requires not only involvement of the health sector, but also by all other societal sections like individuals, social groups and local communities to fight against the pandemic. A robust contingency and business continuity plans are prerequisite for participation of all sections of the society for a pandemic.

Activities involved in this exercise are capacity building, planning, organizing, coordination and communication across all the levels and involvement of all stakeholders.

A research by the Humanitarian Policy Group (HPG) and Humanitarian Practice Network (HPN) studied measures to contain the outbreak of Ebola epidemic in African continent in 2014 suggesting engaging local communities to contain the spread of virus supported by humanitarian touch by building on existing social structures of leadership and PPP modality to build national emergency response capacity.

Journal of Clinical Respiratory: Open Access

After outbreak of pandemic, till development of the vaccine, various individual level measures like hand disinfection with alcohol, gargling, ventilation, balanced diet, regular exercise, plenty of rest, mask-wearing and social and political measures like social distancing, work for home and lock downs were imposed worldwide to contain the pandemic. The preventive actions such as social distancing measures dependents on the voluntary efforts of individuals, social groups and organizations.

The urban slums are ill prepared for the pandemic of infectious disease due to scarcity of basic human needs such as water, toilets, sewers, drainage, waste collection and safe housing. Moreover the space restrictions, unrest and overcrowding in urban slums make physical distancing and self-quarantine impossible to manage leading to the rapid spread of an infection. The poor population becomes economically vulnerable due to stringent pandemic measurers like lockdown. Any strategy to contain pandemic that do not recognize these realities jeopardize the survival of large segments of the financially distressed urban population globally.

The lessons learned from the pandemics such as HIV, Ebola and corona provide the hard learnt lessons to the policy makers, public administrators, NGOs and communities worldwide to innovate beyond disaster response and move toward long-term plans.

In recent past, the 2014 Ebola outbreak has made clear the fragility of existing health systems. The act of responding to the ongoing epidemic furnish an opportunity to learn lessons to prevent the next global medical catastrophe, forge partnerships across borders and disciplines, and demonstrate our commitment to value all human lives.

When the first case of COVID-19 was reported on 1st April 2020, there was fear that the epidemic will spread like fire in the forest and turn Dharavi's narrow, congested lanes into a graveyard as social distancing or contact tracing was impossible considering its geographical constraints, health disparities and social and economic inequalities.

After COVID-19 outbreak, the virus started swiftly spreading in the community. The number of new coronavirus cases increased exponentially peaking at 564 infections in a span of just one moth with a 15% growth rate and a case doubling period of 18 days. But in next 50 days, the thickly populated urban slum successfully contained the COVID-19 with its innovative "Dharavi Model" of public health policy measures based on "chasing the virus" approach rather than waiting for people to report it.