

The Effect of Quarantine and Isolation for COVID-19 in General Population and Dermatologic Treatments

Aseem Sharma: MD, Dept. of Dermatology L.T.M.M.C and L.T.M.G.H, Sion Hospital

aseemsharma082@gmail.com

Regina Fölster-Holst: MD, Dermatologie, Venerologie und Allergologie, Universitätsklinikum Schleswig-Holstein, Kiel, Germany

Rfoelsterholst@dermatology.uni-kiel.de

Martin Kassir: MD, Founding director, Worldwide laser institute, Dallas, USA

theskindoctor@aol.com

Jacek Szepietowski: MD, Department of Dermatology, Venereology and Allergology, Wroclaw Medical University, Wroclaw, Poland

Jacek.szepietowski@umed.wroc.pl

Mohammad Jafferany: MD,

College of Medicine, Central Michigan University, Saginaw, MI, USA

mjafferany@yahoo.com

Torello Lotti: Professor of Dermatology, University of Studies Guglielmo Marconi, Rome, Italy

Professor@torellolotti.it

Mohamad Goldust: MD, Department of Dermatology, University of Rome, G. Marconi; Department of Dermatology, University Hospital Basel, Basel, Switzerland

mohamad.goldust@usb.ch

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Corresponding author:

Mohamad Goldust: MD, Department of Dermatology, University of Rome, G. Marconi;

Department of Dermatology, University Hospital Basel, Basel, Switzerland

mohamad.goldust@usb.ch

Fax: +49 6131-17-6629

Cell: +49 1786-97-4258

Dear editor,

The earliest recorded usage of the term quarantine dates back to the 14th century to prevent the transmission of the deadly plague. Quarantine stations continue to be an established public health norm when a rapidly spreading infectious disease is to be controlled. Infected and potentially infected cases are isolated, as seen in the severe acute respiratory syndrome (SARS)-coronavirus epidemic (SARS-CoV) of 2003, Middle East respiratory syndrome (MERS)-Cov, Ebola outbreaks and other infectious diseases with an epidemic or pandemic potential. As there is very little literature regarding dermatology and the severe acute respiratory syndrome (SARS)-CoV-2 virus, we must be aware as dermatologists regarding what to expect.¹ Quarantine and isolation has the distinct advantage of fever surveillance in addition to movement restriction, which proves effective in preventing droplet transmission as in the case of the current coronavirus pandemic.² This public health tool is quintessential in situations if we have no established vaccines or therapeutic modalities, as with the SARS-Cov2. Quarantine regulations apply to individuals exposed to the virus, whereas isolation is mandated for individuals showing molecular positivity for SARS-Cov2. These can be achieved by social distancing, self-quarantine, hospital quarantine or community containment, which help in preventing human-to-human transmission. However, with SARS-Cov2, the limiting factors for isolation and quarantine are early transmissibility, unknown viral shedding patterns, the possibility of fomite transmission and the short incubation period.³ Therefore, there is a need to resort to measures beyond simple containment. Counterproductive to this is the overzealous and indiscriminate use of isolation and quarantine. There is a lot of criticism and uproar on the quarantine of the Diamond Princess cruise ship, which was under quarantine at the Yokohama port in Japan. The latter is being hailed as a ‘brewing petridish’, wherein 712 individuals tested positive for SARS-Cov2, which is an avoidable effect of local transmission.⁴ Furthermore, with quarantines, ethical

aspects come into play, as the confinement is not simply physical. It encroaches upon human rights, causes spiritual isolation, and may have psychological repercussions. It is pertinent to remember the economic, health and psychosocial hardships faced by Sierra Leone during the 2014-15 outbreak of the Ebola virus and the subsequent isolation.^{5,6} Some federal quarantine laws have been likened to unlawful detention and challenged by the writ of habeas corpus for the same reason. Before COVID-19 pandemic, dermatologists, aesthetic practitioners and plastic surgeons were doing reasonably well, and business was blooming. Now as COVID-19 spreads around continents, it has become evident that this virus has the ability to derail the world economy significantly. Will we be able to strike a balance between civil liberty and public health, and defy COVID-19 using these ancient public health tools, or will we need more sophisticated tools to flatten the curve? Only time will tell.

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