



The Myth of the Para-Lockdown to Fight COVID-19 in Hong Kong

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Dear Editor

Beginning with the first coronavirus disease 2019 (COVID-19) case on January 23, 2020 (also the date that Wuhan, China, went into whole city lockdown), Hong Kong has suffered 203 deaths from 11398 confirmed cases as of March 23, 2021, among a population of 7.5 million crowded within 1106.81 km.¹ With the high public awareness learned from the catastrophic experience of severe acute respiratory syndrome in 2003, citizens wear face masks out of self-awareness and maintain good personal hygiene. There has not been a complete lockdown or official curfew in this very densely populated city. Life has gone on mostly as usual, even with restrictions on business, schools, medical institutes, and social gatherings to a certain extent, albeit the four waves of this pandemic have affected the economy significantly. However, a partial district lockdown for mandatory coronavirus testing began on January 23, 2021. To identify hidden cases and their close contacts and ultimately achieve zero COVID-19 cases,² as desired by the Chief Executive (the head of Hong Kong government), due to “far from satisfactory”³ outputs for combating the pandemic compared with neighbors such as Macau and Taiwan. This two-day “full-blown government-enforced quarantine”⁴ was undertaken in three districts, including 7000 people within 150 buildings, and involving more than 3000 workers from different departments. In the end, 13 cases were found. Such overnight ambush exercises (often taking place in a single night) were arranged in various locations until February 11 before the Lunar New Year holiday. Nevertheless, most compulsory testing found no infections, even though fines have been imposed on uncooperative residents, and court warrants and flat break-ins have been threatened. This operation has resumed on and off from February 23; and yet a very limited number of infections have been found.

It is doubtful that this kind of “kept secret, focused and

shortened”⁵ array is necessary for fighting the pandemic. Indeed, it is merely a para-lockdown when residents in these restricted areas are freely mobile after one or two days of screening. Moreover, its capacity for large-scale testing is insufficient for acquiring results within 48 hours. All of these actions are useless for isolating suspected and confirmed cases and thus for reducing transmission. Moreover, fencing areas off for hours is insignificant when it comes to testing for coronavirus. Normal practices work well, and existing regulations can handle uncooperative residents.

There were no clear criteria for conducting lockdowns in the initial stage, and experience has developed guidelines that cause one untraceable case, two unrelated cases, or positive test in a sewage sample in any building to lead to mandatory testing being imposed on the entire building or area. Notwithstanding, people have complained that these so-called “surprise, quick and targeted”² actions are cost-ineffective and disturbing, with minimal or even null outcomes. The government argues that the absence of any infection indicates a good sign of successful prevention, which enables residents to live in a lower infectious area.

The rationality behind such para-lockdowns is inscrutable, although the Chief Executive repeatedly asserts that this is a science-based decision. The joke now is that the virus was on vacation during the Lunar New Year holiday and would return to work afterward. Notably, foreign leaders have admitted that zero-COVID-19 is an unrealistic goal⁶; in particular, the Hong Kong government persistently ignores medical practitioners’ continual requests for border closures and a revision of the 33 categories of inbound travelers with quarantine exemptions. Paradoxically, there has been no follow-up to repair faulty reconfigured plumbing and leaking sewage pipes when positive outcomes have been discovered in such buildings, implying possible repeated transmission. More importantly, as addressed previously, public awareness measures and

innovations like safe, effective, and sufficient vaccination/medicine should be introduced to manage the pandemic, rather than aimless testing and the present stringent social distancing measures that are not proportionate to the risks of infections.⁷

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