

Letter to the Editor

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The Looming Threat of a Disastrous Wave of COVID-19 and Public Health Preparedness in Pakistan

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To date, Pakistan has reported more than 1.2 million confirmed cases with more than 28 000 deaths due to coronavirus disease (COVID-19).¹ Previous encounters with COVID-19 had deteriorating effects on sociocultural characteristics, economy, politics, education and, most importantly, on an already fragile health care system of Pakistan. Poverty, low literacy level, poor knowledge, public negligence, poor health care infrastructure, and poor surveillance system along with budgetary constraints are making Pakistan more sensitive to new waves of the same or new variants of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).²

Pakistan's National Command and Operation Center (NCOC) and COVID-19 Weekly Epidemiological Update by World Health Organization (WHO) have confirmed the presence of all variants of concern in the country. Pakistan is now extremely vulnerable to the fifth wave of COVID-19 as the number of individuals infected with the *Omicron* variant is rapidly increasing.³ The country is already facing a shortage of primary health care facilities since the third wave of COVID-19 in spring 2021. Vaccine hesitancy is a major barrier to control vaccine-preventable diseases in Pakistan, and only around 25% of the total population have been fully vaccinated against COVID-19 as yet.¹ The slow pace of vaccination drive is mainly due to the acute shortage of availability of vaccines as the government is more reliant on getting vaccines as an aid or gift from friendly countries and from WHO under the auspices of COVAX instead of actively purchasing because of poor economic conditions.^{4,5} Keeping in view the aforementioned realities, the following pertinent measures are direly needed to cope with the great repercussions of the emergence of a more lethal wave of COVID-19 in Pakistan.

1. Electronic and social media should curb the fallacious content about COVID-19 or its vaccine, unless validated by health care professionals to avoid vaccine hesitancy. Pakistan Electronic Media Regulatory Authority (PEMRA) must work in tandem with NCOC to issue regular guidelines about the coronavirus vaccine on state media and screen fallacious content on social media that spread misinformation about coronavirus vaccine through their social media regulatory cells in collaboration with Pakistan Telecommunication Authority (PTA).⁵ Moreover, it is equally necessary to curb the spread of exaggerated information, which is highly prevalent due to the false claims of some health care professionals and local quacks about the treatment of COVID-19, by bringing the culprits under the umbrella of law enforcement agencies.
2. Primary health care capacity should be improved, and community health workers should be trained in line with the current demand for the provision of health support. It will also reduce the strain on hospitals during emergency situations like COVID-19.
3. For effective contact tracing, adequate testing capacity is required for suspected cases, but in developing countries like Pakistan, vulnerable populations should be prioritized due to the limitation of resources. Pakistan should use *Go.Data*, a software tool developed by WHO and Global Outbreak Alert and Response Network (GOARN) Partners, keeping in view its resources and internal capacity. It will help provide a better visualization of the transmission chain, thereby choosing the right interventions to control the pandemic.⁶

With the increase in the number of COVID-19 cases and the detection of new variants, the government and other health policy-makers need to be vigilant to avoid disaster in the upcoming days. There is an urgent need for interventions ahead of time, to avoid another health crisis in the region. Strict adherence to the preventive measures is necessary to reduce the burden on the health care system and to avoid more severe encounters with COVID-19; otherwise, the country will face a catastrophic situation beyond its control.

Conflict(s) of interest. The authors declare no conflicts of interest.

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