

Two-Week Lockdown in Iran Due to COVID-19: Impacts, Challenges, and Recommendations

Mahmoudreza Peyravi¹, Mahnaz Dehbozorgi² and Milad Ahmadi Marzaleh^{3,4,5,6,7}

Letter to the Editor

Cite this article: Peyravi M, Dehbozorgi M, Ahmadi Marzaleh M (2022) Two-Week lockdown in Iran due to COVID-19: impacts, challenges, and recommendations. *Disaster Med Public Health Prep* 16: 1313–1314. doi: <https://doi.org/10.1017/dmp.2021.28>.

First published online: 15 February 2021

Keywords:

COVID-19; lockdown; health; pandemic; planning

Corresponding author:

Milad Ahmadi Marzaleh,
Email: miladahmadimarzaleh@yahoo.com

¹Department of Health in Disasters and Emergencies, School of Management and Medical Informatics, Shiraz University of Medical Sciences, Shiraz, Iran; ²Woman and Family Studies, E-Campus, Islamic Azad University, Tehran, Iran; ³Research Center for Emergency and Disaster Resilience, Red Crescent society of the Islamic Republic of Iran, Tehran, Iran; ⁴Research Center for Health Management in Mass Gathering, Red Crescent society of the Islamic Republic of Iran, Tehran, Iran; ⁵Iran-Helal Institute of Applied-Science and Technology, Red Crescent Society of the Islamic Republic of Iran, Tehran, Iran; ⁶Student Research Committee, Department of Health in Disasters and Emergencies, Health Human Resources Research Center, School of Management and Medical Informatics, Shiraz University of Medical Sciences, Shiraz, Iran and ⁷Health Policy Research Center, Institute of Health, Shiraz University of Medical Sciences, Fars, Iran

Coronavirus disease 2019 (COVID-19) was first identified in December 2019 in Wuhan, China. COVID-19 is highly contagious and has a high risk of infection.^{1,2} The first positive case of COVID-19 disease in Iran was announced on February 18, 2020, and gradually new cases were discovered in all cities of Iran.³ According to the reports of the Ministry of Health of Iran, as of December 15, 2020, the total number of patients was 1,123,474: 52,670 died, and 833,276 recovered. From the very first days, the Government of the Islamic Republic of Iran took significant measures that led to the control and prevention of further deaths of COVID-19.^{3,4} Control of COVID-19 is a multifaceted and extra-organizational action, so even with the implementation of good policies and programs, if the national and popular tendency is not to control COVID-19, the results may not be effective and efficient, and good control may not be exercised. In the fall of 2020, the number of cases and deaths increased significantly, and there were several peaks in the increase in deaths and infections. Therefore, the Iranian government decided to quarantine and close the country from November 21 to December 4, 2020. For 2 wk, all government offices and businesses, schools and universities were closed. After this period, according to the surveys, the cities were divided into 3 states: red, orange, and yellow, and for each of the situations, high to low limits were considered. This study examines the effects of a 2-wk lockdown in Iran and the impacts, challenges, and recommendations of the COVID-19 pandemic.

Impacts: (1) Reduction in mortality (according to [Figure 1](#)), (2) Increase in the number of daily improvements, and (3) Saving the government spending and budgets.

Challenges: (1) Irregularity in the transition of daily affairs, (2) Economic problems for vulnerable and poor groups, (3) Imposition of virtual education on universities and reduction of the quality of education, and (4) Negative impact on people's mental health.

Recommendations: (1) Supporting small and medium enterprises (SMEs) financially and nonfinancially by the government; (2) Continuing subsidies to businesses; (3) Developing free and high-speed Internet in all parts of the country, even in inaccessible areas; (4) Practicing tax exemptions for businesses and people; (5) Holding meetings, national and local events virtually in a webinar; (6) Tracking patients and preventing them from entering public places and communities; (7) Developing E-learning; (8) Imposing stricter restrictions on cities and areas with high mortality and morbidity; (9) Giving cities full authority to plan for reopening or lockdown; (10) Increasing the people's psychological resilience; and (11) Developing telemedicine and home health services.

Conclusions

The results of [Figure 1](#) show that the daily new cases and daily deaths of COVID-19 significantly decreased. The number of recovered cases also increased. Long-term lockdown can do great damage to the economy of the countries; however, continuous and periodic lockdown seems to affect the reduction of morbidity and mortality, so this approach should be implemented over long periods of time. The benefits of a total lockdown in Iran outweigh the disadvantages; however, governments should consider programs and plans to support people and businesses so as not to impose more hardships on the people. The government can contribute to local, more accurate, and systematic pandemic planning by giving the COVID-19 management full control over the cities individually by implementing programs and policies at the national level according to the different conditions of the cities. Socio-economic factors affecting health play an important role in people's health. During lockdown, poor people and families in the lower social classes are usually more vulnerable. This vulnerability is exacerbated by the fact that families are unable to earn a living due to forced lockdown. Strengthening health equity for all sections of society, especially the poor, can reduce the negative effects of lockdown. Therefore, in future

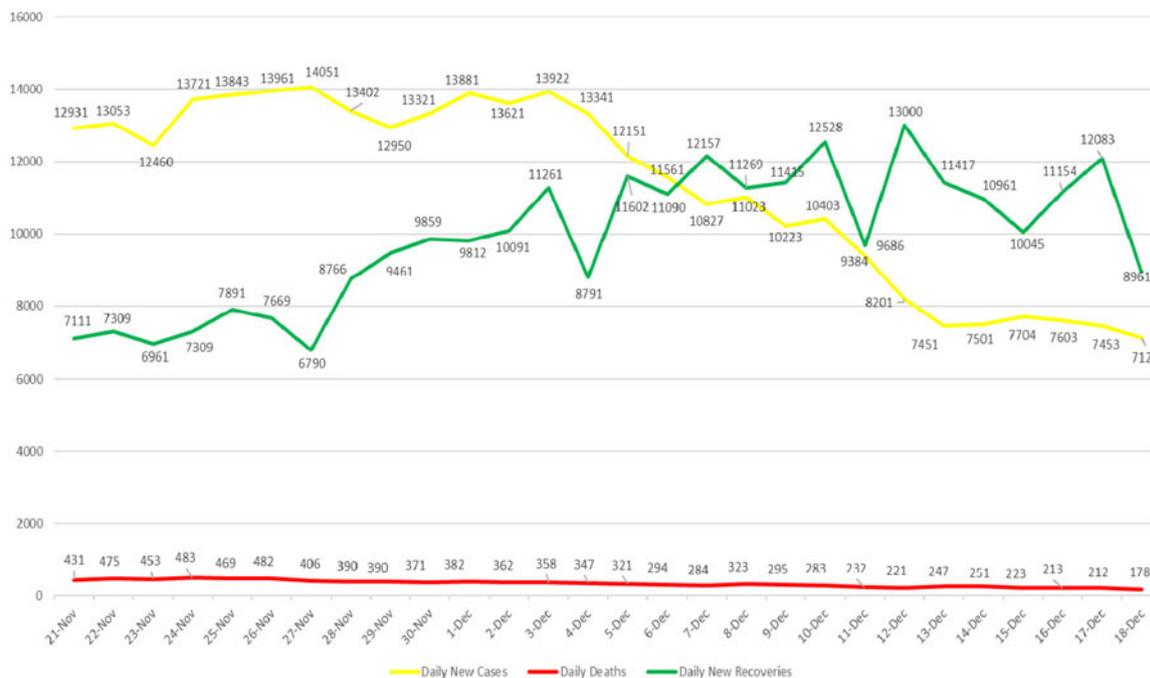


Figure 1. Daily new cases, daily deaths, and daily new recoveries during the lockdown period in Iran in the period from November 21 to December 18, 2020.

studies, it is suggested that the impact of social factors affecting public health during lockdown be carefully analyzed.

Conflict of Interest. The authors have no conflict of interest to declare.

References

1. **Huang C, Wang Y, Li X, et al.** Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*. 2020;395(10223):497–506.
2. **Zhu N, Zhang D, Wang W, et al.** A novel coronavirus from patients with pneumonia in China, 2019. *N Engl J Med*. 2020;382(8):727–733.
3. **Peyravi M, Soltani A, Ahmadi M, et al.** Iran coping experiences with COVID-19: strategies and recommendations. *Disaster Med Public Health Prep*. 2020;1–4. doi: [10.1017/dmp.2020.441](https://doi.org/10.1017/dmp.2020.441)
4. **Peyravi M, Marzaleh MA, Shampour N, et al.** Public education and electronic awareness of the new coronavirus (COVID-19): experiences from Iran. *Disaster Med Public Health Prep*. 2020;14(3):e5–e6.