

## REFLEXÕES SOBRE DISTANCIAMENTO, ISOLAMENTO SOCIAL E QUARENTENA COMO MEDIDAS PREVENTIVAS DA COVID-19

## REFLECTIONS ON DISTANCING, SOCIAL ISOLATION, AND QUARANTINE AS PREVENTIVE MEASURES AGAINST COVID-19

## REFLEXIONES SOBRE DISTANCIAMIENTO, AISLAMIENTO SOCIAL Y CUARENTENA COMO MEDIDAS PREVENTIVAS DE LA COVID-19

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### RESUMO

**Objetivo:** Refletir sobre distanciamento, isolamento social e quarentena como medidas de prevenção da infecção em massa pelo SARS-CoV-2, vírus responsável pela COVID-19. **Métodos:** Ensaio teórico reflexivo, embasado em ideias de estudiosos do tema, mediante levantamento bibliográfico no Google Acadêmico, na PUBMED/MEDLINE, em site oficial e jornais *online*, selecionados a partir das palavras-chave “COVID-19”, “distanciamento social”, “isolamento social”, “quarentena” e suas combinações. **Resultados e Discussão:** Distanciamento, isolamento social e quarentena são medidas preventivas de extrema importância para a redução da velocidade e a disseminação da infecção entre indivíduos. Além de frear a mortalidade causada pela doença, envolvem aspectos de natureza emocional, psicológica, biológica, social, cultural, política e espiritual. Requer utilização de estratégias de enfrentamento, como mudanças no estilo de vida, manter boas relações interpessoais *online*, afastar-se do excesso de informações sobre a doença, realizar atividades de lazer, exercer a solidariedade, entre outros. **Conclusão:** Embora essas medidas preventivas acarretem prejuízos à economia mundial, às relações governamentais e de trabalho, mostram-se como grande oportunidade de a sociedade vir a ter uma melhor compreensão da vida em coletividade, dos estados ressignificarem as suas práticas e, ainda, das pessoas reavaliarem o que é mesmo importante em suas vidas.

**Descritores:** Isolamento social; Infecções por Coronavírus; Pandemias; Prevenção de Doenças; Quarentena.

### ABSTRACT

**Objective:** To reflect on distancing, social isolation, and quarantine, as measures to prevent mass infection by SARS-CoV-2, the virus responsible for COVID-19. **Methods:** Reflective theoretical essay, based on ideas of scholars on the subject, using a bibliographic survey on Google Scholar, PUBMED/MEDLINE, official websites and online newspapers, selected from the keywords “COVID-19”, “social distancing”, “social isolation”, “quarantine” and their combinations. **Results and Discussion:** Distancing, social isolation, and quarantine are extremely important preventive measures to reduce the speed and spread of the infection among individuals. In addition to curbing the disease mortality levels, they involve aspects of an emotional, psychological, biological, social, cultural, political, and spiritual nature. They require the use of coping strategies, such as changes in lifestyle, maintenance of good interpersonal relationships online, avoidance of excess of information about the disease, performance of leisure activities, exercise of solidarity, among others. **Conclusion:** Although these preventive measures harm the world’s economic, governmental, and labor relations, they are a great opportunity for society to better understand collective life; for nations to reframe their practices; and for people to reevaluate what is important in their lives.

**Descriptors:** Social isolation; Coronavirus infections; Pandemics; Disease Prevention; Quarantine.

### RESUMEN

**Objetivo:** Reflexionar sobre distanciamiento, aislamiento social y cuarentena, como medidas de prevención de la infección en masa por el SARS-CoV-2, virus responsable por la COVID-19. **Métodos:** Ensayo teórico reflexivo, basado en ideas de estudiosos del tema, mediante un levantamiento bibliográfico en Google Académico, en PUBMED/MEDLINE, páginas oficiales y periódicos *online*, seleccionados a partir de las palabras clave “COVID-19”, “distanciamiento social”, “aislamiento social”, “cuarentena” y sus combinaciones. **Resultados y Discusión:** El distanciamiento, el aislamiento social y la cuarentena son medidas preventivas de extrema importancia para la reducción de la velocidad y diseminación de la infección de los individuos. Además de frenar la mortalidad por la enfermedad, implican aspectos de naturaleza emocional, psicológica, biológica, social, cultural, política y espiritual. Requiere la utilización de estrategias de enfrentamiento, como cambios en el estilo de vida, mantener buenas relaciones interpersonales *online*, alejarse del exceso de informaciones sobre la enfermedad, realizar actividades de ocio, ejercer la solidaridad, entre otros. **Conclusión:** Aunque esas medidas preventivas acarreen perjuicios a la economía mundial, a las relaciones gubernamentales y de trabajo, se muestran como una gran oportunidad para que la sociedad venga a tener una mejor comprensión de la vida en colectividad, que los estados resignifiquen sus prácticas y que las personas reevalúen lo que es realmente importante en sus vidas.

**Descritores:** Aislamiento social; Infecciones por Coronavirus; Pandemias; Prevención de Enfermedades; Cuarentena.

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## INTRODUCTION

Seven species of coronaviruses are known that infect human beings and the newly discovered species (SARS-CoV-2) are similar to the severe acute respiratory syndrome (SARS-CoV), responsible for outbreaks in 2002 and 2003 in Guangdong, China. The disease caused by SARS-CoV-2 is called "Coronavirus Disease 2019" or, more simply as "COVID-19"<sup>(1)</sup>.

The symptoms of the SARS-CoV-2 are variable, usually causing intense flu (fever, dry cough, difficulty breathing, headaches, and body pain), and diarrhea, loss of taste, loss of smell, among others. It quickly evolves into a condition similar to pneumonia, seriously compromising respiratory capacity. Although the mortality rate due to infection varies from 2 to 15%, this new coronavirus spreads very quickly among people, and the elderly people, immunocompromised people or those with comorbidities such as diabetes, hypertension, cancer, asthma among other chronic diseases are the groups most susceptible to developing the severe form of the disease, although this is not a rule<sup>(2-4)</sup>.

On March 11, 2020, the World Health Organization (WHO) declared that there was a pandemic caused by this virus, which started in Wuhan, China, at the end of December 2019, arriving in Brazil in February of 2020. The first two Brazilian states to have the contamination by the virus were São Paulo, on February 26, followed by Rio de Janeiro, on March 5. On that date, there were already 13 confirmed cases in São Paulo, and in the middle of that month the first death was registered, a 62-year-old man, with diabetes and hypertension<sup>(2,5)</sup>.

Since then, measures of distancing and social isolation have been introduced by Brazilian states and municipalities at different times, such as the suspension of classes; closing public agencies, commercial stores, among others<sup>(5-7)</sup>. Thus, the orientation was that individuals should stay in their respective homes, which is why a large portion of the population was released from face-to-face work, performing only remote work - except for professionals who perform essential functions, such as health professionals, firefighters, hospital hygiene personnel, street sweepers, police officers, among others. To control the contagion of the infection, there was a demand that people affected or suspected of contamination by SARS-CoV-2 and their families be quarantined.

Considering the estimate that 20% of the infected population will need hospitalization and, 5% of them will need ventilatory support in the intensive care unit (ICU), this contamination cannot happen in a disorderly manner since this would generate chaos in the health system and, consequently, a high number of deaths. Therefore, keeping the contagion curve flat was very important since it reveals that the infection is happening slowly and gradually as a result of the positive results of the proper compliance with the distance, social isolation, and quarantine<sup>(5,8-9)</sup>.

Since the terms "distancing", "social isolation" and "quarantine" are currently used confusingly, the question is: what is the real meaning of each one of them? Why these terms became part of the daily life of Brazilians and people from all parts of the world, to the point of being used on a large scale in the verbal or written speeches of reporters, politicians, health professionals, and even common people? How do these measures help to contain this virus that causes so much fear and anxiety in the world population? Are these measures the only solutions to this problem?

In an attempt to find some answers to these questions, this study aimed to reflect on distancing, social isolation, and quarantine, as measures to prevent mass infection by SARS-CoV-2, the virus responsible for COVID-19. The study wanted to make clear the meaning and the difference between each of these preventive measures, reinforce the importance of its use, at this moment of the pandemic, and bring up implicit or explicit questions related to this determination to stay at home and keep people distant from each other to avoid the risk of contracting the disease and contribute to its spread. We expected to achieve these objectives from the reflections presented in the results and discussion items.

## METHODS

This is a reflective theoretical essay and, therefore, it is similar to qualitative studies, considering that the reflections, in addition to coming from the authors' introspection, are intertwined and reinforced with the ideas of other scholars of the theme, identified from a bibliographic survey.

This online bibliographic survey included thirteen articles, in Portuguese and English, available on Google Scholar and PUBMED/MEDLINE a technical note, two

recommendations in book format and an educational booklet available on Google Scholar, and texts published on an official website and two online newspapers, all published in 2020 and presented in the reference item. A careful search for articles was also carried out in the databases contained in the VHL Portal without any success, revealing the scarce scientific production on the subject in April/2020 that was the period of the most the scientific material used in the preparation of this article and extended until June.

The bibliographic material was selected from the use of the Portuguese keywords “COVID-19”, “*isolamento social*”, “*distanciamento social*”, “*quarentena*”, as well as in English: “social isolation”, “coronavirus disease”, “Quarantine” and its combinations, without filters. Forty-five scientific articles were selected, of which thirty-two did not specifically address the theme studied, but general aspects of COVID-19.

By a careful and critical reading of the selected bibliographic material, we started the writing of the introductory part of the study, with the elaboration of the guiding questions and the objective to be achieved at the end of the reflective theoretical text.

After that, we proceeded to the writing of the results and discussion stage, in which while reflecting on distancing, social isolation, and quarantine as preventive measures of contamination by the new coronavirus and its nuances, we sought to answer the questions initially presented.

## RESULTS AND DISCUSSION

Differently than the isolation performed in hospitals, which corresponds to the spatial separation of people hospitalized with communicable diseases, from those hospitalized for other diseases to protect them from infection<sup>(7)</sup>, social isolation is a measure in which people are oriented to not leaving or leaving their homes for the strictly necessary time, trying to prevent the spread of a virus by contact between infected and non-infected individuals who normally circulate in public environments and the homes of friends and relatives.

In turn, this social isolation is also different from quarantine. It is a condition determined for those people with symptoms of the disease waiting for confirmation by tests and people

tested positively asymptomatic or with mild symptoms, and those who had direct contact with these people who should be obligatorily be confined to their homes, without leaving, under any circumstances, for at least fourteen days (in the case of COVID-19), the time necessary to overcome viral transmission<sup>(2)</sup>. If asymptomatic people in quarantine show symptoms of the disease, a new count should be started fourteen days from then on<sup>(8)</sup>. The symptoms of the disease usually begin to appear from the fifth day after the infection<sup>(7)</sup>.

We need to highlight that both social isolation and quarantine need to be applied in association with social distance as a preventive measure in which people must start to maintain a minimum distance of one and a half meters between them and avoid agglomerations<sup>(2)</sup>. This is usually the guidance of the government that concerned about the risk of mass infection use this preventive measure to separate people and tries to interrupt or hinder the transmission of the virus because it is a disease transmitted by respiratory droplets, requiring distance among people. Such a measure becomes very useful in places where community transmission has already been installed when there is no clear link between the cases and even when the restrictions imposed on people who are proven to be exposed are insufficient to prevent its transmission<sup>(7)</sup>.

Although these three measures are extremely important to contain the rapid transmission of COVID-19, they would never be effective if other measures were not consciously and adequately adopted by the population, such as frequent handwashing with soap and water; wearing fabric masks when leaving home; do not touch the eyes, nose or mouth with the hands, protecting by bending the elbow when coughing or sneezing; do not greet with kisses, hugs or handshake; do not share objects in use such as glasses, cutlery, straws, etc.; the use 70% alcohol in the hands and clean cell phones, toys, keys, remote controls, etc.; to keep the home ventilated and clean with hypochlorite solution; etc.<sup>(3,8)</sup>. We should emphasize the relevance of these measures; however, we need to pay attention that in this viral war, people should not be seen as biological enemies<sup>(4)</sup>.

Also, when the social isolation also is accomplished only by the risk groups mentioned before (people over 60, with diabetes, hypertension, among other comorbidities), it is

vertical isolation and when it involves all people regardless of whether or not they are at risk, exactly as it was adopted by Brazil and most countries in the world, is now called horizontal isolation<sup>(10)</sup>.

These two types of isolation have advantages and disadvantages. In the vertical isolation, the economy remains active and suffers substantially less, however, the elderly person or the person with comorbidities living with other people who would normally circulate on the streets would be much more susceptible to infection. On the other hand, the horizontal isolation requires the isolation of all family members within their homes, offering greater protection to risk groups, but it causes many economic problems<sup>(10)</sup>. Brazil initially opted for this type of isolation, that is, for human lives and not for economic interest. However, we know that as a consequence, there will be a lot of unemployment, the bankruptcy of several companies, and a much greater external debt than before. For this reason, there has been a relaxation of the isolation with a consequent reopening of the market in several states.

Thus, the choice for horizontal isolation adopted by the Ministry of Health, in agreement with the WHO, which did not please the President due to his concern with the direction of the economy, has been quite effective in reducing the speed of the infection spread and the simultaneous illness of several people. Also, this isolation managed to curb mortality due to COVID-19, although the limited capacity of health services in several Brazilian states reveals overcrowding, unavailability of ICU vacancies, and difficulties in accessing the artificial respirators necessary to treat the most severe form of the disease. Some examples are Amazonas, Pará, Rio de Janeiro, and Pernambuco, which, at the end of April/2020, had an ICU occupancy rate above 90%<sup>(11)</sup>.

Considering the continental dimensions and regional specificities, Brazil has already some flexibility in this isolation, with the reopening of innumerable sectors in several cities, respecting the autonomy of states, social dynamics and epidemiological aspects (income, education, age, and gender) of this great evil around the country, with the possibility of gradual closing of the market or even culminating in total lockdown, as high rates of people with COVID-19 happen again, with a consequent increase in the number of ICU admissions<sup>(12)</sup>. We also need to consider the

existence of people who violate isolation by not measuring the serious consequences for themselves and others<sup>(13)</sup>.

In addition to these issues, horizontal social isolation has many other nuances than the ones we just described. It brings aspects of an emotional, psychological, biological, social, cultural, political, and even spiritual nature that will be addressed here, albeit superficially, given its importance since when they are disregarded, we lose the holistic view of these human beings confined within their homes<sup>(14)</sup>.

Especially in Brazil, where the handshake, the kiss, and the hug are culturally recognized as affectionate ways for people to greet each other, the practice of distancing, isolation, and quarantine becomes something very difficult. More than six months have passed since these preventive measures were adopted due to the pandemic having arrived in the country and, certainly, everyone yearns for the return to warm meetings; optional isolation; the approach and distance that is normal sociability offered. Thus, for life in society, with all its adversities and contradictions, can be celebrated by them<sup>(4)</sup>.

At the psycho-emotional level, we must consider that negative feelings such as fear, sadness, discouragement, stress, anxiety, insomnia, and other feelings have been a reality in the lives of many people who are fulfilling the distance and social isolation or quarantine, caused certainly due to a buzz of news that reveals at any moment the increasing deaths and infection by SARS-CoV-2; the expansion of the number of graves in cemeteries; the increasing contamination cases, including from health professionals; the lack of ventilators and ICU vacancies; unemployment, reduced wages, the possibility of companies going bankrupt; public spending on the construction of field hospitals and the purchase of hospital equipment and materials, showing an obscure economic scenario for the country<sup>(14-15)</sup>.

Certainly, all these things have contributed to hinder "the formulation of judgments on the real risks by the coronavirus crisis" since emotions can both save lives and shuffle the cards of the game, leaving people unable to see the reality, or rather, not knowing how to play<sup>(16)</sup>. This and other information has reached homes very quickly, through television and social networks (WhatsApp, Instagram, Facebook, etc.), responsible for not letting the confined people forget this sad reality that the world population is

experiencing - and that it does not even have a definite date to end even because there is a lot of talk about the possibility of reinfection and the prospect that a major economic crisis may ensue as a result of this pandemic.

Therefore, the State was never so necessary. "We never need a quality public service that reaches everyone so badly!"<sup>(17)</sup> and public policies capable of helping the most vulnerable people, those people most susceptible to SARS-CoV-2 infection, as they have mobility disadvantages and have not reached "higher levels of quality of life due to their weakened citizenship". Certainly, there will be a greater number of infected people and deaths in places where basic sanitation is precarious or non-existent, where tap water is lacking and many people who cannot survive isolated inside their homes will have to "risk not complying the social isolation to guarantee some support for the family"<sup>(2)</sup>.

In this perspective, it is really important the financial aid that the government, in a very confusing way, proposed for the least favored, for those who lost their jobs or the opportunity to work even if informally, that is, for those who they were subtracted from the little they still had due to the COVID-19 crisis. This bureaucratic breakdown may be contributing for the infection to spread further since people ended up crowding in kilometer lines at the door of the Internal Revenue Service, post offices, bank agencies, and lottery centers to access this government aid, which probably will not supply even the minimum necessary for the "survival" of several families during this pandemic<sup>(18-19)</sup>.

Thus, being in social isolation by COVID-19 involves many issues that people would never imagine experiencing one day, especially those who had a hectic life and who had little, if any, time inside their homes, either hyperactivity, escape from reality or the need to work, study, have fun, visit family, friends, etc. From one hour to the next, these people had to face the routine, the idleness, the longing for family and friends, the noise of the children, the impossibility of going to the religious temple, the violence or family conflicts, due to the need to live together, by the use of alcohol or other drugs or by the lack of financial conditions to meet the basic needs of the family, among others.

Starting from the understanding that a healthy mind reflects a healthy body as a sick mind reflects a sick body, we can affirm that the

biological body of many people is also suffering the consequences of the much needed social isolation, considering the possibility that they may develop physical symptoms, such as hypertensive spikes, tachycardia, physical tiredness, various pains, among others, simply because they are confined within their homes.

Outras implicações ocorrem diante dessa situação. A primeira é o medo que muitas pessoas não acometidas pela COVID-19 têm de saírem de suas casas para buscar assistência à saúde e contraírem o vírus. A segunda é pela própria dificuldade com que esbarram ao tentar marcar consultas médicas, tratamentos fisioterápicos ou exames complementares e/ou diagnósticos, especialmente quando invasivos, dado que muitos profissionais autônomos, clínicas ou hospitais não estão realizando atendimentos ou procedimentos e aqueles que os realizam o fazem com número de vagas reduzido, pois tiveram que reorganizar o serviço por horário agendado, a fim de evitar aglomerações e dispor de tempo para, entre cada atendimento, realizarem medidas de antisepsia e assepsia do local e dos materiais utilizados, respectivamente.

Other complications occur in this situation. The first one is the fear that many people not affected by COVID-19 have to leave their homes to seek health care and contract the virus. The second is due to the difficulty they find when trying to schedule medical appointments, physiotherapy treatments or complementary tests and/or diagnoses, especially when invasive. Many self-employed professionals, clinics or hospitals are not performing consultations or procedures and those who perform them do it with a reduced number of vacancies, as they had to reorganize the service by scheduled time to avoid agglomerations and have time for, between each service, to perform antisepsis and asepsis measures of the place and the materials used, respectively.

This also makes us reflect that at the end of this pandemic, there may be a repressed demand for people in need of health care by delaying the performance of their annual routine exams or by complications resulting from previous or acquired chronic diseases during social isolation because due to the fear of contracting the virus, they did not seek care or simply failed to schedule.

The suggesting strategies for coping and relieving the signs and symptoms arising from these negative feelings and existential adversities

are that people in isolation seek to get involved with domestic activities, maintain dialogues through social networks, avoid watching much news from newspapers, do interesting readings, watch movies, listen to music, do physical activities, do meditations, seek to cultivate their faith and spirituality through prayers or messages, including using virtual resources.

Staying at home due to a pandemic becomes a political act. Therefore, people should also take this opportunity to love more, to live more, to strengthen bonds, to develop domestic and culinary skills, to care more closely to their children, developing activities that will please their spirits and improve their quality of life and those who are by their side<sup>(4)</sup>.

Thus, simply complying with social isolation does not seem to be enough to face the infection with SARS-CoV-2. This coping also involves being open to making changes in lifestyle, easier to face this new and momentary reality.

Therefore, promoting adequate nutrition, practicing physical exercises, maintaining a good sleep pattern, limiting the use of alcoholic beverages and processed foods are actions that can help keep the body vigorous, healthy, and with a stronger immune system, becoming increasingly resistant to infection<sup>(20)</sup>. Then, it becomes possible to understand the serious situation of those less fortunate, who barely have anything to eat, sleep little out of concern for the maintenance of the house and unemployment, and, often, taking alcoholism to escape this reality.

In this sense, reflecting on distancing, social isolation, and quarantine in times of pandemic by COVID-19 also involves thinking of solidarity as one of the main weapons to fight against this new coronavirus. Therefore, we need to create a path so that people can offer each other a little or much they have so they can help each other.

Thus, we believe that people who are in that same boat need something and that none of them are so empty that they have nothing to offer. For this reason, social isolation in all its complexity is only one way in which they can contribute to overcoming this crisis. Other fundamental ways also involve a sense of solidarity, such as donating material goods (money, food baskets, hygiene kits, masks), organizing campaigns, offer virtual professional service (psychological assistance, medical

consultation or other), not to fire employees, but to negotiate with them, etc.

Together with all these attitudes, it is essential that, in this turbulent moment, people give affection (care, love, attention), pray, offer words of comfort, among others, not only for those who are close but also for those who, even geographically distant, technology and social networks are in charge of putting it face to face, making it even easier so that this powerful weapon that is solidarity, can be practiced by everyone.

## CONCLUSION

The COVID-19 pandemic is undoubtedly the main challenge of the 21<sup>st</sup> century to date. Its high transmissibility associated with the great potential to deplete health resources and, in many cases, lead people affected to death makes such a problem a serious public health problem.

The control of this pandemic also involves profound changes in social dynamics characterized by distancing, the limitation of work activities, and substantial attention to asepsis and antisepsis measures. On the one hand, the reflection about such a disorder leads us to the understanding of the great damage to the world economy, to labor and governmental relations, but on the other hand, it is a great opportunity for the states to reframe their practices, for individuals to get to know each other better, and even the time to reevaluate what "really matters" in the lives of human beings.

We believe that this chaotic scenario of distancing and isolation and all its impact should generate, in society, the review of its values, a better understanding of life in collectivity, and the search for minimizing social differences to obtain greater social justice between individuals.

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