The Experience of Hotel Quarantine During Omicron Variant of COVID-19

Peivand Bastani ¹ and Mahnaz Samadbeik^{2,*}

¹Faculty of Health and Behavioural Sciences, School of Dentistry, University of Queensland, Brisbane, Australia

²Social Determinants of Health Research Center, Lorestan University of Medical Sciences, Khorramabad, Iran

*Corresponding author: Social Determinants of Health Research Center, Lorestan University of Medical Sciences, Khorramabad, Iran. Email: mahbeik@gmail.com

Received 2022 January 29; **Accepted** 2022 February 01.

Keywords: Hotel Quarantine, Omicron COVID-19, Experience

Dear Editor,

After increasing the cases of COVID-19 and announcing the outbreak as a pandemic, the world encountered a new and unexpected condition. Policymakers try to impose many restrictions as an effective solution to keep their communities safe with the least possible morbidity and mortality consequences. For this purpose, many restrictions have been implemented, such as social distancing, staying at home, public movement boundaries, isolation, and quarantine (1). Applying these policies, some governments successfully managed the pandemic situation. For instance, Australia was among the most outstanding countries with 973,470 total cases and 2,389 deaths, according to the report of the Department of Health, States, and Territories until Jan 10, 2022 (2). According to the same evidence, only 0.58% of the total positive cases were admitted to the hospitals (5,666 cases), with a very small rate of cases requiring intensive care unit (ICU) services (324 out of 5,666 hospitalized cases) (2). Comparing these statistics with the similar evidence of the top 15 COVID-19 affected countries (3), a great success of the Australian government in managing the pandemic is evident as a result of applying a mixed package of policies, including closing the borders, restrictions in internal and international travels, quarantines, and at the same time an acceptable rate of vaccination.

Despite the effectiveness of the aforementioned solutions, including public movement boundaries, isolation and quarantine, and closing of the borders, implementing these policies has led to many challenges. On the one hand, such circumstances may cause or increase the feeling of loneliness among the affected people, which can be a risk factor for mental disorders such as depression, anxiety, adjustment disorder, chronic stress, insomnia, or

even long-term complications like late-life dementia (4); the symptoms of depression may also be intensified during lockdown (5). On the other hand, many economic consequences have been emerged, including increased rate of unemployment (3) and decline in many economic sectors such as tourism and international students (6, 7).

Along with the new accomplishments in vaccine technology, health policymakers were optimistic about replacing the aforementioned restrictions with vaccination as the second solution. However, different determinants can influence the intentions and behaviors of the whole community particularly at the time of a social pressure or compulsion. So, it seems that the condition of managing COVID-19 transmission needs to be assessed from multidisciplinary perspectives.

Among all the above solutions, the governments have been more cautious on international travelers, particularly people traveling from the recognized hot-spot regions to less infected ones, and the compulsory quarantine is among one of the solutions for those who travel from overseas. In spite of being fully vaccinated with different brands of vaccines and requesting negative PCR from the international passengers, some governments implement the policy of mandatory quarantine for two weeks. In this regard, mandatory testing before the travel and on arrival has been recommended by many governments; and the length of the quarantine can be determined according to the results of the tests. Moreover, the risk level of the destination and the travelers' origin can be influential (8). In spite of this evidence about the flexibility in the period of quarantine, some other federal or local governments insist on applying 14-day quarantine for international travelers. They try to control and manage the situation by allocating determined hotels or accommodations for the purpose of

quarantine. From the government perspective, the international travelers are taken to the 5-star hotel, and all the facilities are available for them. They try to clarify all instructions, conduct daily welfare calls, laundry services, diverse menus for three daily meals, and several follow-ups to be assured of the medical and wellbeing of the travelers in the quarantine period, as well as PCR checks. At the same time, for developing the social relationship, the governments have tried to prepare internet communication technology and appropriate Wi-Fi for the travelers to make the quarantine period more tolerable.

In spite of these facilities, this long period of time for a traveler can be really frustrating and daunting. Being sick of staying in a tight and limited space for a long time accompanied with the sense of repetition and aimlessness make the travelers nervous, aggressive, and more vulnerable to depression. So, the question is that what the government can do for compensating the time wasted, imposed costs, mandatory loneliness, lack of physical activity, and mental disorders imposed to the quarantined travelers. There are many things in the real world that cannot be replaced by virtual world using the internet, TV, and digital media. So, from the perspective of health policymakers, it should be seen as a trade-off to estimate the fear and risk of increasing the infection among their community by vaccinated international passengers and the pressure imposed to them during a 14-day period of quarantine. The latter may cause some healthy victims to bear the difficult condition with a bold stigma of COVID-19 infection.

This letter aimed to describe the pros and cons related to the topic with the personal experiment of the author to assist policymakers to have a better understanding of the consequences of compulsory quarantine for healthy, fully vaccinated, and non-suspected travelers and help them improve and revise the policies with more attention to the stakeholders and beneficiaries' points of views.

In conclusion, although quarantine can be an effective solution for separating the patients from other communities, it is not really justifiable for international travelers who are assumed as fully vaccinated people with a negative PCR result. Insisting on such policies may both frustrate the travelers and put them in an inevitable complicated sit-

uation, and at the same time, act as an anti-incentive for international students, talents, and professionals.

Footnotes

Authors' Contribution: Study concept and design: P. B; Drafting of the manuscript: P. B. and M. S; Critical revision of the manuscript: M.S.

Conflict of Interests: The authors have no conflict of interest.

Funding/Support: No funding to declare.

References

1. Banerjee D, Rai M. Social isolation in Covid-19: The impact of loneliness. *Int J Soc Psychiatry*. 2020;**66**(6):525-7. doi: [10.1177/0020764020922269](https://doi.org/10.1177/0020764020922269). [PubMed: [32349580](#)]. [PubMed Central: [PMC7405628](#)].
2. Australian Government. *Coronavirus (COVID-19) case numbers and statistics*. Australian Government; 2020. Available from: <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics#cases-by-state-and-territory-and-source-of-infection>.
3. Rasheed R, Rizwan A, Javed H, Sharif F, Zaidi A. Socio-economic and environmental impacts of COVID-19 pandemic in Pakistan-an integrated analysis. *Environ Sci Pollut Res Int*. 2021;**28**(16):19926-43. doi: [10.1007/s11356-020-12070-7](https://doi.org/10.1007/s11356-020-12070-7). [PubMed: [33410007](#)]. [PubMed Central: [PMC7787403](#)].
4. Wilder-Smith A, Freedman DO. Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. *J Travel Med*. 2020;**27**(2). doi: [10.1093/jtm/taaa020](https://doi.org/10.1093/jtm/taaa020). [PubMed: [32052841](#)]. [PubMed Central: [PMC7107565](#)].
5. Meda N, Pardini S, Slongo I, Bodini L, Zordan MA, Rigobello P, et al. Students' mental health problems before, during, and after COVID-19 lockdown in Italy. *J Psychiatr Res*. 2021;**134**:69-77. doi: [10.1016/j.jpsychires.2020.12.045](https://doi.org/10.1016/j.jpsychires.2020.12.045). [PubMed: [33360865](#)].
6. Ahsan A. *COVID-19 - a wakeup call for higher education*. Dawn News; 2020, [cited 8/18/2020]. Available from: <https://www.dawn.com/news/1554232>.
7. United Nations World Tourism Organization. *International Tourism and Covid-19*. United Nations World Tourism Organization; 2020, [cited 8/27/2020]. Available from: <https://www.unwto.org/international-tourism-and-covid-19>.
8. Dickens BL, Koo JR, Lim JT, Park M, Sun H, Sun Y, et al. Determining quarantine length and testing frequency for international border opening during the COVID-19 pandemic. *J Travel Med*. 2021;**28**(7). doi: [10.1093/jtm/taab088](https://doi.org/10.1093/jtm/taab088). [PubMed: [34104959](#)]. [PubMed Central: [PMC8344539](#)].