



Sustaining containment of COVID-19 in China



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For the study by Prem and colleagues see **Articles** *Lancet Public Health* 2020; published March 25. [https://doi.org/10.1016/S2468-2667\(20\)30073-6](https://doi.org/10.1016/S2468-2667(20)30073-6)

For the study by Leung and colleagues see **Articles** *Lancet* 2020; published online April 8. [https://doi.org/10.1016/S0140-6736\(20\)30746-7](https://doi.org/10.1016/S0140-6736(20)30746-7)

On April 8, China lifted its 76-day lockdown of Wuhan, with trains and flights resumed and highways reopened. Shanghai will reopen its schools for many students from April 27. Given that most new COVID-19 cases in China are imported, the country is reopening businesses and schools gradually and cautiously.

The quick containment of COVID-19 in China is impressive and sets an encouraging example for other countries. What can be learnt from China? Aggressive public health interventions, such as early detection of cases, contact tracing, and population behavioural change, have contributed enormously to containing the epidemic. Kiesha Prem and colleagues found that a staggered relaxation of physical distancing measures in Wuhan in early April—such as school and workplace closures—is the most effective way to reduce the number of infections. To relieve the huge pressure on the health-care system, Fangcang shelter hospitals have also been crucial. Chen Wang and colleagues describe how these large temporary hospitals were built to

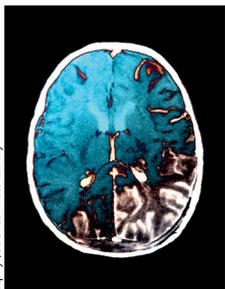
isolate, treat, and triage patients with mild to moderate COVID-19. Such hospitals, built within 3 weeks, have provided care to around 12 000 patients in Wuhan as of March 10, 2020.

However, China's success has come with huge social and economic costs, and China must make difficult decisions to achieve an optimal balance between health and economic protection. Can China maintain containment? Kathy Leung and colleagues argue that the over-riding public health priority for China is to closely monitor the instantaneous reproduction number (R_t) and confirmed case-fatality risk. Restrictions should be relaxed gradually so that the R_t does not exceed 1. Otherwise, cases would increase exponentially again, unleashing a second wave of infection.

Implementing a science-based lockdown exit strategy is essential to sustain containment of COVID-19. China's experience will be watched closely, as other countries start considering—and, in some cases, implementing—their own exit strategies. ■ *The Lancet*



A new roadmap for meningitis



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An ambitious and far-sighted plan focusing for the first time on a universal reduction of the burden of disease caused by meningitis is scheduled for discussion at this year's World Health Assembly in May. The proposal—titled Defeating Meningitis by 2030—highlights bacterial meningitis, for which progress in the reduction of both mortality and morbidity has substantially lagged behind that made with other vaccine-preventable diseases. It calls for improvements in five areas: prevention and epidemic control; diagnosis and treatment; surveillance; support and care for patients affected by the sequelae of an infection; and engagement and advocacy.

Certainly, substantial inroads have been made on meningitis in recent years, showing what can be achieved through cohesive and sustained action. For example, the introduction of MenAfriVac, a meningococcal group A conjugate vaccine developed for use in the African meningitis belt, reduced the overall burden of suspected meningitis disease by around 60%. Nevertheless, despite successes such as

this, there were still an estimated 5 million new cases and 290 000 deaths globally from meningitis in 2017. Further, at least a third of people surviving an episode of bacterial meningitis have enduring after-effects including seizures, hearing and vision loss, cognitive impairment, neuromotor disability, and memory and behavioural changes.

Development of further vaccines—specifically against additional serotypes of meningococcus and *Streptococcus agalactiae*—will be one of the key elements of the plan; the hope is to prevent epidemics caused by *Neisseria meningitidis*, substantially reduce neonatal deaths from group B streptococcus infections, and decrease growing antimicrobial resistance. Such plans are potential game changers, and control of such an important infectious disease cannot be allowed to fall by the wayside: singularly focusing on a new pandemic can allow resurgence of other diseases—vis-a-vis measles and malaria in the context of Ebola virus disease. This cannot be allowed to happen with meningitis and the plan should be wholeheartedly supported. ■ *The Lancet*

For details of the draft resolution see [https://apps.who.int/gb/ebwha/pdf_files/EB146/B146\(6\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB146/B146(6)-en.pdf)

For the Defeating Meningitis by 2030 documents see <https://www.meningitis.org/meningitis-2030-plan-agreed-by-who>