

LETTER TO THE EDITOR

## Ethical Principles of Case Reporting during Outbreaks

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As per routine practice, any new case of COVID-19 outbreak is reported to district and provincial health authorities with detailed information on demographic profile that includes sex, age, ethnicity, race, temporary and permanent residential information, and outbreak related information such as travel history, presence and onset of signs and symptoms, and results of screening or confirmatory tests.<sup>1</sup> These case report forms are filled by health care facilities and sent to district and provincial health authorities to record the incidence of cases. A de-identified information must be shared with public through official channels of communication.<sup>2</sup> This is exclusively mentioned in the National Action Plan for COVID-19, Pakistan.<sup>3</sup>

In the era of digital technology, where almost everyone has access to smartphones, and every and any information is communicated on social media applications, it is more important than ever to safeguard the rights of individuals who are suspected to have contracted an infection.<sup>4,5</sup> Unfortunately, the basic rights of privacy and confidentiality were breached for the initial cases reported in Pakistan for COVID-19 whereby case reports were shared on different social media platforms that contained all personal information. By breaching the most basic ethical principal of confidentiality, health care professionals can pose risk to the wellbeing of suspected individual as there is stigma attached to communicable diseases.<sup>6</sup> In fragile health care delivery systems, these stigma can further create bias and stereotypes on the basis of gender, ethnicity and race. WHO defines surveillance as: “the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice”.<sup>7</sup> While collection of this information is essential for making important public health decisions, health care professionals should ensure below listed ethical principles are followed during surveillance of outbreaks.

1. **Respect for Persons:** Every person has autonomy

to decide for screening and treatment. During outbreaks, government exercises the right of mandatory screening to prevent larger public from spread of disease. Therefore, an individual's right to decide for screening and treatment is overpowered by the government's decision. Active screening of high-risk groups become mandatory during outbreaks.<sup>8</sup>

2. **Justice:** There should be rational distribution of benefits to all the population. If screening tests are positive, the access to isolation and treatment must be provided to the individuals without any discrimination. This principle encompasses two essential concepts: equity and privacy. Firstly, there should be more resources allocated for the people who are likely to be positive. Secondly, the information being collected for surveillance must be secure for vulnerable groups. There must be stringent protocols to inform individuals and community at large for positive results from suspected cases.

3. **Non-Maleficence:** By conducting mandatory screening at portals of entry and among high-risk groups, there should be no harm posed to the individuals.

4. **Beneficence:** The potential benefits of active screening must out-weigh the potential harms.

There is a huge responsibility on frontline healthcare professionals to safeguard individuals' rights as well as ensure smooth functioning of public health surveillance. The author recommends refresher trainings for health care professionals on ensuring ethical principles during disease outbreaks such as COVID-19.

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