




AN APPRAISAL OF THE IMPACT OF COVID-19 PREVENTIVE MEASURES ON SEASONAL VIRAL UPPER RESPIRATORY INFECTIONS

COVID-19 PANDEMİSİ SÜRESİNCE UYGULANAN KORUYUCU ÖNLEMLERİN MEVSİMSEL VİRAL ÜST SOLUNUM YOLU ENFEKSİYONLARI ÜZERİNE ETKİLERİNE DAİR BİR DEĞERLENDİRME

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Dear Editor,

We read with great interest the article by Akgündüz et al., titled "The Effect of Mask, Social Distancing, and Hygiene Practices on Non-COVID-19 Viral Upper Respiratory Tract Infections (1)." The fact that no definitive treatment has yet been found for the disease has further increased the socioeconomic damage caused by the pandemic (2). One of the main methods of protection from COVID-19 is personal protective masks (3). The study aims to evaluate the impact of protective measures implemented during the pandemic on seasonal viral upper respiratory tract infections (URTIs).

Based on data collected through surveys, the authors reported a decrease in the frequency of URTIs, hospital admissions, and medication use during the pandemic period. These findings are valuable in understanding the indirect health effects of the measures taken throughout the pandemic. Indeed, a large-scale study conducted in Germany similarly demonstrated a significant reduction in influenza and other viral infections (4).

The study is a retrospectively conducted cross-sectional survey. This methodology carries inherent limitations such as recall bias. Although the authors acknowledged this issue and stated that the intensity of information flow during the pandemic may have mitigated its effect, it is not always possible for patients to accurately remember their past symptoms. Furthermore, the inclusion of only adult, literate individuals who presented to the pulmonology outpatient clinic limits the generalizability of the sample.

The study compares the pre-pandemic and post-pandemic periods; however, it lacks a control group that could isolate the effects of mask use, social distancing, and hygiene practices. Various external factors during the pandemic—such as school and workplace closures, social isolation, reduced community mobility, and the initiation of vaccination programs—may have influenced the outcomes. Therefore, the observed reduction in symptom frequency cannot be solely attributed to hygiene measures (5).

Symptoms and healthcare visits were assessed solely based on survey data. The lack of access to hospital records limits the accuracy of the reported visits. Furthermore, the study did not include virological test results for diagnostic confirmation, which makes it difficult to attribute the reported symptoms to specific viral agents.

Chi-square test was used in the statistical analysis; however, since data from the same individuals were compared across two periods, paired tests (such as the McNemar test) would have been

more appropriate. Additionally, minor inconsistencies in the hospitalization data presented in Table 1 are noteworthy.

The comparison of the results with the existing literature has been limited; however, including more empirical studies such as those by Tanislav and Dezman, in addition to sources like the CDC and WHO, could have strengthened the contextualization of the findings (4).

In conclusion, the study sheds light on the potential effects of COVID-19 measures on upper respiratory tract infections (URTIs). However, its findings should be interpreted in light of methodological limitations, and future research should aim to contribute to this topic with more robust methodologies and confirmatory data.

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