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## Hookah: a cultural risk factor for the COVID-19 outbreak in Iran

Dear Editor,

The COVID-19 was first identified in December 2019 in Wuhan, China. The World Health Organization (WHO) declared the coronavirus as a major global public health concern following its rapid spread worldwide (Sohrabi et al., 2020). The arrival of new coronavirus in Iran was officially announced on February 19, 2020, in the city of Qom. Based on the official statistics of the Iranian Ministry of Health and Education, this disease was spread to all 31 provinces of the country in an interval of 15 days. By December 5, 2020 (17:15 GMT), it infected 1,028,986 people and killed 4.9% of them (Education, 2020).

Following the outbreak of COVID-19 in Iran, government restrictions were imposed to limit traffic and social distancing, temporarily closure of high-risk businesses, and encouraging people to follow personal hygiene guidelines was recommended by the Ministry of Health and Medical Education (MOHME, 2020). In addition, general recommendations for boosting immune system by avoiding risk factors such as tobacco use were given by the WHO to alleviate its effects. During the National No-Tobacco week in Iran, the role of cigarette use in aggravating the symptoms of the COVID-19 patients was recognized. The hookah is one of the devices for tobacco use that is often shared among people. The WHO considered hookah smoking as a risk factor for increasing the spread of the COVID-19 that could elevate the severity of the disease (Mirsoleymani, 2020; Shekhar & Hannah-Shmouni, 2020).

The use of hookahs has also become an epidemic in developing countries and is constantly increasing. Teahouses and coffee shops are among places where hookahs are legally offered to the customers, and as a result, these places play a major role in spreading of COVID-19. Despite the restrictions that were imposed for close of teahouses and coffee shops, due to the cultural use of hookahs in some private gatherings of friends and families, the issue is still a challenge. The use of hookahs stems from the tradition and culture of the Iranian people and has been accepted as a social behavior in the society (Afrasiabi & Amirmohammadi, 2018; Meysamie et al., 2010). In 2004, a study showed that 58.9% of Iranian adolescents had reportedly experienced smoking a hookah at least one time (Shihadeh et al., 2004).

A common health problem related to the use of hookahs is their sharing (Kassem et al., 2019). Viral infectious diseases such as influenza, hepatitis A and C, tuberculosis, and herpes can be transmitted when hookahs' hoses are shared among their users (Jordan & Delnevo, 2010; Patel et al., 2019; World Health Organization, 2020). Recently, the role of hookah use on the worsening of new corona viruses' symptoms has been confirmed. In a meta-analysis study, it was found that the chance of having severe COVID-19 symptoms in hookah

users is about 2.2 times that of those that had never smoked (Guo, 2020). Shared use of hookahs by different people increases the chance of a new coronavirus outbreak, as opposed to the usually unshared use of cigarettes. The WHO has considered tobacco as the cause of decreased immunity, and late diagnosis of the symptoms of the COVID-19 is because of their similarities to common clinical symptoms of smokers (WHO, 2020). Because of this risk of the transmission of the virus through the use of hookahs, several countries have already imposed restrictions on its use in public places, and the cities of Cairo in Egypt and Abu Dhabi and Dubai in the United Arab Emirates have banned its use. Also, in Iran, teahouses, restaurants, and coffee shops were temporarily closed. However, with the reopening of these places on June 26, 2020, some restrictions were lifted, and an increase in hookah use in public places was observed that could be a possible reason for the rising rate of COVID-19 patients in adolescents and young people in July 2020.

It seems that according to implicit evidence, efforts to create a culture and to increase public awareness about the role of hookah use in the spread of the disease, as well as cross-sectional research to confirm it, should be considered by the government. Also, more serious measures should be taken to prevent the supply of hookahs in public places. It seems that the emergence of the COVID-19 and the greater awareness of people about health issues have been able to provide good grounds for us to show the effectiveness of quitting tobacco to different segments of the society, and we can take good advantage of this opportunity.

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### Authors' contributions

All authors contributed equally.

### Disclosure statement

The authors have no conflicts of interest to report.

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