



COVID-19 Evolving into a Pandemic: Facts and Lessons Learnt

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Abstract

On the 11th of March 2020, The World Health Organization (WHO) announced COVID-19 outbreak as a pandemic. This was the beginning of a nightmare that paralyzed the world and put every person at risk. The confusion, fright and uncertainty surrounding the nature of the novel coronavirus crept into every household. Highly developed and underdeveloped countries faced together a state of unreadiness in containing the virus with the medical and political systems clashing in determining the methods of response. Healthcare systems globally were facing an impending collapse due to the lack of definite testing kits, vague treatment protocols, and the limited capacity to receive patients.

Keywords: Covid-19; Covid; Corona Virus; Coronavirus disease 2019

The Response to Covid-19

The WHO was urging all countries to take action in containing the infection since late February. Technical delays in initiating the major alarm of the pandemic created skepticism about the timeline of the outbreak, thus undermining the threats issued by the WHO [1]. The speed and strength of the response to the recommendations set by the WHO and the CDC (Centers for Disease Control and Prevention) played a huge role in determining the fate of each country and how its curve was shaped, especially that few places in the world, except for parts of Italy and China, were taking drastic steps for contamination at the beginning of the pandemic. The chance of the resolution of the pandemic faced two barriers: Political and Medical. Countries that requested voluntary obedience without instilling restrictions, such as Sweden and Japan, faced a surge in the recorded cases compared to countries that announced a state of emergency. China, an industrial country and the center of the outbreak, managed to create extra preventive measures when the virus was first detected by imposing a complete lockdown in the city of Wuhan, allowing recruited volunteers only to commute in order to deliver goods, food, and medicine. Similarly, The Kingdom of Saudi Arabia banned foreign multinational worshipers from performing pilgrimage in the holy city of Mecca before any recorded coronavirus cases, lowering the risk of the virus from dispersing furthermore around the world. The response of the Hashemite Kingdom of Jordan appears to have been driven by necessity; when a detection of an infected patient, who had arrived from Spain, attended a wedding with 400 guests in the city of Irbid. The government immediately issued a compulsory defense order announcing a complete lockdown on the 17th March including the closure of the airports and land borders to foreign travels. Additionally, they set a containment strategy by creating a closed military zone in the Dead Sea with the hotels serving as 2-week quarantine zones for COVID-19 suspected arriving travelers [2]. His Majesty King Abdullah's good governance and the daily reassurance of the minister of health Dr. Saad Al-Jaber reinforced the authority and leadership of the government and prevented chaos throughout the ongoing crisis. Today Jordan is moving steadily towards post-coronavirus normality with the resumption of most economic activities and end of movement restrictions. New Zealand is another country that was rational in dealing with the outbreak by shutting down its borders with just 8 eight confirmed cases of COVID-19 in mid-March and halting all commercial flights. On June 8, 2020, New Zealand lifted all COVID-19 restrictions, declaring the nation virus-free. Although many countries such as Lebanon tried to enforce laws to change the behavior of the public and prohibit social gatherings, the compliance was low amid chaos caused by the ongoing political protests. Parallely, the Movements for Black Lives in the United States were being reignited after the death of George Floyd, which gave the virus an opportunity to spread across its states. The weak response to the recommendations of the WHO and advice to resume normal life conveyed by President Jair Bolsonaro worsened the crisis in Brazil. Similarly, the UK government followed advice from Sir Patrick Vallance, the government's chief scientific

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adviser, into following a mitigation strategy that could create herd immunity across the nation for the long-run [3]. Consequently, the death toll reached 45,754 deaths of confirmed cases as of July 27, 2020 [4]. The denigration and accusatory approach towards the W.H.O. by President Donald Trump belittled the magnitude of the pandemic and encouraged some people to resist the preventative recommendations such as wearing face masks. His cynical remarks on tackling the virus by ingesting bleach and his claims of being on Hydroxychloroquine without proper scientific reasoning increased the risk of acting on false or incomplete health information. The exposure to chloroquine without medical consultation can lead to dangerous side effects such as cardiac arrest and vision impairment [5].

The Global Impact of Covid-19 on the Healthcare Systems

As the frontline responders to the crisis, medical doctors all over the world had to dive into the epicenter of the pandemic while simultaneously concealing the physical and psychological strain that they were facing. Residents in emergency medicine prepare for the worst during their training, but nothing could ever mentally prepare them for the horrifying scenario of a sudden outbreak. The lack of a proper treatment protocol and equipment shortages created a worldwide state of helplessness across healthcare systems. Additionally, the daily inevitable deaths of healthcare workers occurring all around the world caused moral injuries and a state of debilitating fear to the medical personnel. The death of Dr. Li Wenliang, a Chinese ophthalmologist who was silenced and forced to sign a statement denouncing his warning about the outbreak during his service in Wuhan Central Hospital, sparked public anger worldwide. Medical professionals had to enact methods of safe practice, in order to protect themselves and the surrounding community, and that meant isolating themselves for weeks from their families and loved ones. Conditioned to put the safety and needs of the patient forward, doctors are at a higher risk of stress-related mental health issues, emotional exhaustion, or experiencing burnout syndrome [6]. The frozen time forced by the novel coronavirus and the traveling restrictions hindered doctors from continuing further specialization abroad. Many doctors stood helpless with the cancellation of examinations such as USMLE and PLAB, clerkships and conferences. In addition, the acquired knowledge of medical students through an online medium limited the hands-on clinical experience that is gained only through rotations and doctor-patient interactions.

The Second Wave: What to Expect

As countries prepare to open their borders amid the global economic crisis and with the change of the seasons, experts are warning about a second inevitable wave in the months ahead which could be worse than the first, depending on how we respond. It is reassuring to know that the health care workers could now precipitate what they will be dealing with. Some drugs such as low-dose dexamethasone were recommended in Covid-19 and will now become standard of care. Additionally, anticoagulant and antiplatelet therapy has been proven to reduce the vascular changes associated with the disease and the risk of mortality in patients with cardiovascular diseases [7]. The World Health Organization is tracking more than 70 international groups of researchers which are racing at unprecedented speed to find an effective vaccine against SARS-CoV-2 [8]. Combating COVID-19 could only result if a reciprocal effort among all communities was upheld. The pandemic has changed the norms of social behavior. Therefore, to retrieve pre-corona normalcy, we ought to continue following the standards set forth by the CDC to protect ourselves and our loved ones through: hand washing, coughing etiquette, not touching one's face, maintaining physical distance, wearing face masks in public places and staying home if feeling unwell [9].

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