

The Strategy for Fighting Covid-19: Pitfalls and Recommendations

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It is very alarming and devastating for me to tell you that social distancing and even complete lockdown of communities within countries are only temporary measures to delay the spread and attack of what is appearing to be a more aggressive virus than what it was initially thought to be.

People as young as in their thirties are getting severe symptoms requiring invasive ventilation and intensive care units' management.

I have always felt uncomfortable with the way WHO has handled the situation, where some of the information released was somehow misleading, being picked up and utilized by most countries, if not the entire world, as essential elements for their strategies in combating the new virus (COVID-19).

WHO has the resources and capabilities to do much more than what the organization has done so far! They should be having the ability to update plans and tailor them to different regions and different countries based on the enormous data they have from previous data collection exercises in regard to the health system infrastructure of each country or region. Besides, they should be able to incorporate the new information we acquire every day about COVID-19 into a more structured data processing system. With time, they should be upgrading plans and strategies as the new virus continues to reveal its capabilities and how it attacks. The WHO should be able to give advice on how a country should be responding, and address their need to carry out that response. They should be able to learn lessons and reach conclusions from the success or failure of different countries' individual strategies while responding to this virus on a day-to-day basis.

Countries and their governments and ministries of health need to be able to learn lessons very quickly from countries hit badly by this new virus, like China and Italy. United Kingdom and United States of America are setting new examples of countries which did not learn very well or in a timely manner from the countries which were devastated before them. The UK tried to follow its new strategy different from other countries and was trying to follow what initially looked like a herd immunity model, but soon after they deviated from that by saying we will do the right thing at the right time, implementing the Chinese social distancing and gradual lockdown measures.

But what worked for China might not necessarily work for Italy, UK, USA or even our region in the Arabian Gulf, provided that you or the world would like to conclude that it did really work for China. I speculate that if the Chinese think that they have beaten this new virus, and want to go back to business as usual very early, they will soon be hit with another endemic wave of the same virus or its mutants at the same or different areas. The same thing will be applicable to any other country.

The first pitfall of all is that most countries, except for a few, took things so lightly when it first hit Wuhan, and even after WHO had declared COVID-19 a pandemic. Some countries like the United States thought they would be unaffected and that they might even benefit economically from China's suffering. Later on, when cases started to appear, the decision makers thought they would be able to easily combat the virus, as appeared from the repeated assertions of President Donald Trump.

The second pitfall was ignoring the fast spreading nature of this virus, and although it looked like a not very dangerous virus because of the initially reported low mortality rates, which were as low as 2 - 4%, we forgot that it was very early to make that conclusion because no much information was readily available about it yet.

The low mortality is still being propagated as of today, despite the fact that it has reached a more than 10% mortality rate in Italy in comparison to China which recorded approximately 2% mortality. Can you imagine what the mortality rate could be in less well-developed health systems in many Asian and African countries?

The third pitfall was that some countries took their own precautions and adopted several measures restricting entry, quarantining, testing or very closely monitoring individuals based on their coming from countries that had recorded the highest number of confirmed positive COVID-19 cases. On the other hand, they gave free entry to others, only to realize later that those are now among the affected communities, possibly causing local transmission as new cases emerge of the yet not very clearly understood COVID-19.

If you look carefully at those countries who have recorded a very low number of cases, they are unlikely to be in a better shape than many of the already devastated countries, because their low numbers are most likely due to less testing because of their inability to provide testing in a timely manner, provide enough number of testing kits or because they are not developed enough to establish an effective system of testing, given the needed training or commitment of healthcare workers, the establishment or the general population. The other reason for some of the countries recording a smaller number of confirmed cases or deaths is their lack of transparency and their lack of confidence in their health system or their establishments. Those countries mostly have their establishments being run by people who are not qualified; the decision-making individuals are not qualified professionals in disaster medicine, emergency medicine and public health, they do not have an effective disaster medicine and public health emergency plan or infrastructure or are not empowered because of the lack of an appropriate system.

The fourth pitfall is that we have concentrated mainly on testing and reporting numbers, when we know that we will not be able to test everyone, and thus we have delayed developing strategies and measures on how to treat or how to protect our most vulnerable individuals and establishments. Even the most resource rich countries with a very developed health system will not be able to provide testing for everyone and in a timely manner to be able to segregate people into infected and non-infected and put into action a plan on who should be quarantined and who can go about their business as usual and run the economy if possible. I do not see how this is practical or possible to do, and hence I question the testing strategy and if it is useful at all, the way it was done.

The fifth pitfall is that we did not care about our first-line responders and most vulnerable establishments, which are the health institutes small and large, private and governmental. Because of all of the above-mentioned pitfalls in handling this new virus, we have jeopardized our most needed establishments' safety and their readiness to counteract this pandemic COVID-19. This new virus has revealed many weaknesses in our infrastructures, from top to bottom. It has revealed how the decision-making cascade is fragile and needs to be re-structured.

I see that, besides whatever recommendations have been made of screening, isolating or treating infected people alongside social distancing, effective hand hygiene and other infection control measures already implemented, we need to pay particular attention to an area which was neglected, when it shouldn't be. I hypothesize that we need to look at the riskiest areas not tackled up to date in a more focused manner.

The health establishments should be considered the area at highest risk of contracting or spreading the COVID-19, an area which can exacerbate the status of any country's health system already struggling to fight the pandemic, and if not well taken care of, then a situation similar to the Italian crisis could develop. When a patient is arriving at your ED and gets admitted to your hospital, they would be at their lowest immunity status, or they are the ones most likely to have multiple comorbidities, making them the right host for a severe COVID19. Just imagine that an asymptomatic COVID-19 patient is brought in to emergency because of accidental cuts or wounds, gets treated and discharged with the usual standard precautions being followed, passing through the department, encountering the nurse, doctor or even the security or x-ray technician, and possibly infecting one or more of those healthcare workers. The latter then passes it to another pa-

tient who is diabetic or has heart failure, who usually could be routinely managed but then this patient’s condition worsens to require invasive ventilation and being admitted to the critical care unit, only to find out later that the condition has deteriorated further and the individual has been tested and diagnosed with COVID-19.

If you take a second look at the scenario presented above, you will feel terrified and realize how scary it could be. It means that any country which does not have a good strategy in hand could contribute to its own misery on top of the damage caused by the virus itself.

The World Health Organization needs to review its approach and figure out if it needs to take on actual leadership, especially in such pandemic circumstances. It is very difficult that countries are left to deal on their own with such a difficult situation, especially in the globalization era. WHO should be able to utilize all of its resources, the support it receives and the data it collects, to establish a system enabling it to produce practical guidelines for each individual country or region. The Ebola in Zaire, MERS in Saudi Arabia and the latest COVID-19 in Wuhan have only highlighted the already proven fact that such outbreaks could be far from being locally limited to any region and that some viruses could behave differently than what we know or think.

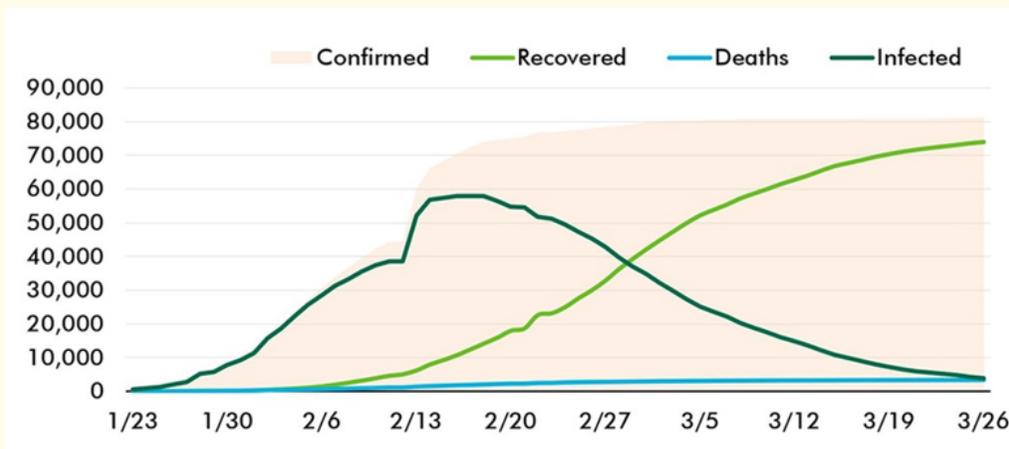
The World Health Organization should not be only giving general advisories and making videos and infographics showing proper hand hygiene or putting out general guidelines, without establishing effective early communications with each individual country and ensuring adequate implementation after classifying them as higher or lower risk. All measures advised should be tailored to individual countries’ capabilities and resources. Aid should be delivered to every country lacking the resources.

In such a new pandemic situation, the focus should start with the protection of the health establishments and health workers. You need to prepare hospitals, clinics and mainly the emergency departments for possible unscheduled and uncontrolled attendance of these cases, while you are performing other established and more general measures.

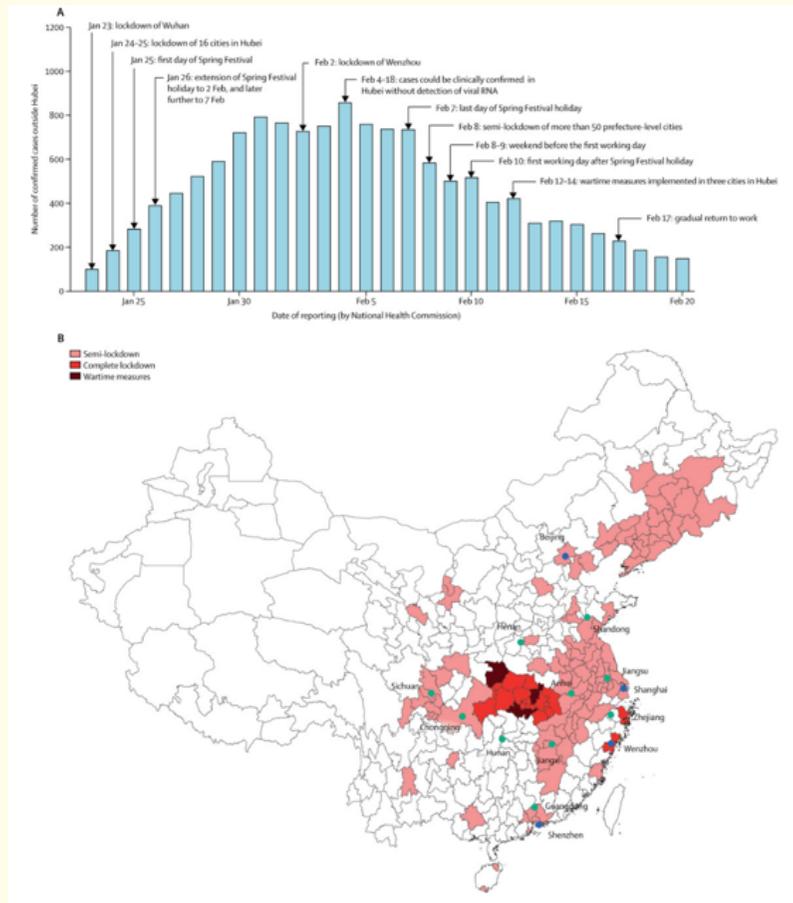
People with qualifications and experience on the shop floor who are in direct first contact with patients should be given a leadership role in response to disasters, pandemics and other public health emergencies and the decision making should certainly not be limited only to those higher up to impose their wishes and impractical theories on the people in the field.

This COVID-19 Pandemic has revealed and is still revealing many weaknesses in our health systems, and how priorities have unfairly shifted to other sectors.

It is time that each country reviews its emergency strategies, especially in the health sector, and bolsters its disaster preparedness and response.



Source: WHO, CDC, COVID19info.live, CBRE Research, March 2020.



Source: *The Lancet: First-wave COVID-19 transmissibility and severity in China outside Hubei after control measures, and second-wave scenario planning: a modelling impact assessment.* Kathy Leung, PhD, Prof Joseph T Wu, PhD, Di Liu, MSc, Prof Gabriel M Leung, MD, Published: April 08, 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)30746-7](https://doi.org/10.1016/S0140-6736(20)30746-7).

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