

COVID-19, Pandemic: A global challenge for a mankind

The world is in war against the pandemic of SARS-CoV2 (severe acute respiratory syndrome coronavirus 2, the cause of COVID-19) and casualties (like in war: casualties) are increasing dramatically throughout the world.¹ This disease may cause massive diffuse alveolar damage resulting in hypoxaemic acute respiratory failure (ARF) requiring, in a high percentage of cases, mechanical ventilation.¹⁻³

This disease is first seen in Wuhan, China. Wuhan, the sprawling capital of Central China's Hubei province, is a commercial center divided by the Yangtze and Han rivers. The city contains many lakes and parks, including expansive, picturesque East Lake. Nearby, the Hubei Provincial Museum displays relics from the Warring States period, including the Marquis Yi of Zeng's coffin and bronze musical bells from his 5th-century B.C. tomb.

Wuhan is thickly populated. This disease is highly contagious and until now no treatment is available. Wuhan is the centre of excellence and students from all over the world are attracted to get their postgraduate educations.

The disease is spread so quickly in the whole city, and the government has to impose lock down to control the spread which was successfully implemented in China.

The disease quickly spread all over the world because of casual attitude of majority of the nations.

With respect to the organisation of the healthcare services, in most countries the available ICU beds seem not to be properly sized to face the dramatic requirements. In the years, many governments around the world have reduced the

economic resources to their healthcare systems and the current organisation of our hospitals may not fit present needs. The treatment of COVID-19 requires the distribution of patients according to different levels of interventions from simple medical supervision to oxygen (supplementation or High Flow), to non-invasive ventilation (NIV), to intubation while preserving safety of doctors and nurses.^{5,6}

How to control this global challenge this is not so easy. All countries in the world should have a common strategy. The richer countries should do funding for poorer and under developing nations. We need to teach masses regarding severity of these disease and have to convince them that this is a real pandemic situation. If we do not take precautions we will be affected and simultaneously we will be responsible for casualties at home and in our loved ones.

The availability of vaccine appears to be in mid of year 2021 like that time we need to observe precautions.

Every person should wash his hands several times with soap and water or hand sanitizer. He should keep social distancing of at least 1 – 2 meters from other peoples.

He should wear the mask whenever patient is going out of home and if he has cough or sneeze, he should sneeze on the closed elbow to avoid spread of virus to other people.⁷

Dr. Saleem Abdul Sattar Khan

Consultant General Surgeon
King Abdallah Hospital, Bisha
Kingdom of Saudi Arabia

References:

1. The COVID-19 outbreak: From "black swan" to global challenges and opportunities. *wwwjournalpulmonology.org. Pulmonol.* 2020 Vol.26(3), Pg.117-118
2. Froes F. And now for something completely different: from 2019- nCoV and COVID-19 to 2020-nMan. *Pulmonology.* 2020;26:114---5.
3. Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, et al. A novel coronavirus from patients with pneumonia in China, 2019. *N Engl J Med.* 2020;382:727---33.
4. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan China. *Lancet.* 2020;395:497---506.
5. W. Alhazzani, M.H. Moller, Y.M. Arabi, M. Loeb, M.N. Gong, E. Fan, et al. Surviving Sepsis Campaign: guidelines on the management of critically ill adults with Coronavirus Disease 2019 (COVID-19) *Intensive Care Med* (2020), 10.1007/s00134-020-06022-5
6. L. Guan, L. Zhou, J. Zhang, W. Peng, R. Chen. More awareness is needed for severe acute respiratory syndrome coronavirus 2019 transmission through exhaled air during non-invasive respiratory support: experience from China *Eur Respir J*, 55 (2020) pii:2000352
7. Khan S. COVID-19. *Pakistan Journal of Surgery* 2020 36(1) III-IV.