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EDITORIAL

COVID-19: A PANDEMIC EMERGENCY

PHILIP KIGODI

Division of Health Sciences, School of Medicine and Health Sciences, University of Papua New Guinea

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Division of Health Sciences, School of Medicine and Health Sciences, University of Papua New Guinea

As we write this editorial, the world is going through a never before imagined pandemic caused by “Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2)” first referred to as “2019 novel Coronavirus (2019-nCoV)”. It causes “Coronavirus disease 2019 (COVID-19)” [1].

COVID-19 is a respiratory tract infection caused by the emergent coronavirus, SARS-CoV-2, a Pleomorphic RNA virus, first recognized in Wuhan city, Hubei Province China, in December 2019. Genetic sequencing of the virus suggests that SARS-CoV-2 is a beta-coronavirus closely linked to the SARS virus [1, 2].

On 30 January 2020, the World Health Organization (WHO) declared the outbreak of SARS-CoV-2 a Public Health Emergency of International Concern [2, 3]. The Director-General of WHO declared COVID-19 a Pandemic on the 11 March, 2020. This prompted all governments to intensify their regional- and country-level responses to COVID-19 in the following weeks [2, 3].

Within three months, the infection escalated sharply, infecting more than 81,000 and killing more than 3,200 people in China alone, and spreading to more than 196 countries, areas

and territories worldwide by 25 March 2020 [3, 4]. While most people with COVID-19 develop mild or uncomplicated illness, approximately 14% develop severe disease requiring hospitalization and oxygen support, and 5% require admission to an intensive care unit [4, 5]. In severe cases, COVID-19 can be complicated by acute respiratory disease syndrome (ARDS), sepsis and septic shock, multi-organ failure, including acute kidney injury and cardiac injury. Increased age and underlying health conditions have been reported as risk factors for high mortality [3 - 6]. The WHO developed and recommended detailed guidance for member states to use in fighting the pandemic. Some of the signs and symptoms of COVID-19 include respiratory disorders, fever, cough and shortness of breath. In more severe cases, the infection can cause pneumonia, severe acute respiratory syndrome and sometimes death. Standard recommendations to prevent the spread of COVID-19 include frequent washing of hands using alcohol-based hand rub or soap and water; covering the nose and mouth with a flexed elbow or disposable tissue when coughing and sneezing, use of appropriate face

mask and avoiding close contact with anyone that has a fever and cough [5, 6].

Governments are advised to develop an incident management system, surveillance case definitions, and laboratory diagnosis; they are to ensure appropriate clinical management, infection prevention and control in health care settings. While home care is recommended for mild patients, effective awareness campaign, risk communication with public engagement, provision of personal protective equipment (PPE) for all first responders, doctors, nurses and health professionals at the frontlines of the fight against COVID-19 are a priority [4, 5].

Currently, in the absence of a vaccine or approved drugs against SARS-CoV-2, the WHO has recommended social distancing as the major strategy available to try to slow the spread of the virus. Entire countries have implemented aggressive lockdowns, closing schools, cancelling sporting events, banning public gatherings and shutting down a range of non-essential businesses indefinitely [4, 5]. These unprecedented measures have had a profound impact on society. Schools, universities and research institutes worldwide have modified their academic programs by facilitating flexible on-line learning, work-at-home arrangements, as well as paid leave for some workers in the resource-rich countries. People are social distancing and finding new ways to connect and communicate with colleagues and administrators [4, 5].

For the Christian community, Easter Sunday is traditionally celebrated with the zeal of a Christ as though He just defeated death on the day where even non-Christians join in the fanfare. On Easter Sunday (April 12) this year, the world woke up to the ever-amplifying nightmare of the COVID-19 pandemic, dampening the celebration with the news of over 1,777,515 confirmed cases in all of the world's 192 countries, with 108,862 deaths – that number increasing by the minute [7].

Chilling as these figures are, they do not necessarily reflect the actual numbers of those infected, as not everybody who is feverish, has a cough and/or shortness of breath, or in care homes and community are tested to determine whether they are infected with COVID-19. Moreover, the mortality rate is likely to increase even more sharply as the pandemic spreads in low and middle income countries which have limited infrastructure, reduced laboratory and personnel capacity to test large numbers of people and which are, therefore, less able to deal with severe cases [8].

Despite member states' response with best anticipated preparedness, the ferocity of COVID-19 impact left even the most advanced healthcare systems in the world reeling. The speed with which the epidemic spreads within nation states has lead member states to implement never before disease containment measures that have included lockdown, declaration of state of emergency (SOE) and enforcing social distancing of 1.5-2 metres for

groups of people. It is these containment measures that are proving to be most trying, tenuous, painful or even controversial, affecting other health, economic and socioeconomic issues. It is how effectively member states prioritize and balance all these issues in the fight against COVID-19 that will determine the long term outcomes of this pandemic.

The first country in the Pacific to declare a state of emergency (SOE) in response to COVID-19 was Papua New Guinea (PNG). This was in accordance with Section 226 of the constitution of PNG. It stated that “*outbreak of pestilence or infectious disease*” as grounds for declaring a national emergency. The first recorded case in PNG on 13 March 2020 was sufficient reason for the National Executive Council (NEC) to declare an SOE [9]. The emergency lockdown prevented the movement of people between provinces and put restrictions on international and domestic flights. All schools, universities, and non-essential services were closed, including most government departments, the law courts and small businesses. The only exceptions were essential services, such as banks, hospitals and shopping malls. Effective awareness campaign highlighting the negative consequences of COVID-19 and the need to ensure strict implementation of the WHO guidelines is in progress. This has enabled the country to be COVID-19 free up at the date of this publication. The testing of suspected cases is progressing [9].

The National Parliament of PNG extended the SOE for two months starting 2 April 2020. The SOE Controller issued the following emergency orders on 7 April 2020 for immediate implementation: “*continued restrictions on all incoming international flights; limited/restricted domestic flights; only essential services to be continued; cancellation of churches and mass gatherings during the SOE; and closure of schools until 27 April 2020*” [10]. On 7 April, PNG joined the rest of the world to commemorate the World Health Day honouring the contribution of the nurses, midwives and health workers in the COVID-19 pandemic response, putting their own health at risk to protect the broader community [10].

We join the chorus of voices calling for prudent implementation of the ever evolving WHO guidance to bring an end to the pandemic sooner rather than later.

REFERENCES:

1. World Health Organization, 2019-nCoV Situation Report-22 on 12 February, 2020. <https://www.who.int/docs/defaultsource/coronaviruse/situation-reports/>
2. WHO: Naming the coronavirus disease (COVID-19) and the virus that causes it, [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it) on 25 March 2020.
3. European Centre for Disease Prevention and Control. Novel coronavirus disease 2019 (COVID-19) pandemic: increased transmission in the EU/EEA and the UK – sixth update – 12 March 2020. Stockholm: ECDC; 2020.
4. WHO, 20200121-sitrep-1-2019-ncov, <https://www.who.int/docs/default-source/coronaviruse/situation->

- reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4 on 25 March 2020
5. Safeguard research in time of COVID-19. *Nat Med* (2020). <https://doi.org/10.1038/s41591-020-0852-1>. <https://www.nature.com/articles/s41591-020-0852-1.pdf?origin=ppub>
 6. Coronavirus disease (COVID-19) pandemic <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
 7. Data on COVID-19 testing - Our World in Data, <https://ourworldindata.org/covid-testing>).
 8. Coronavirus Disease (Covid-19) Outbreak: Rights, Roles and Responsibilities of Health Workers, Including Key Considerations for Occupational Safety and Health. <https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid19.pdf?sfvrsn=bcabd401>
 9. Michael Kabuni COVID-19: the situation so far and challenges for PNG. <https://devpolicy.org/covid-19-the-situation-so-far-and-challenges-for-png-20200327/>
 10. Coronavirus disease 2019 (COVID-19) Papua New Guinea Situation Report 16; April 12, 2020: PNG National Department of Health. [https://www.who.int/docs/default-source/wpro---documents/countries/papua-new-guinea/png-situation-report-13-on-preparedness-for-covid-19-\(2020-03-13\)-final.pdf?sfvrsn=d1336cfa_2](https://www.who.int/docs/default-source/wpro---documents/countries/papua-new-guinea/png-situation-report-13-on-preparedness-for-covid-19-(2020-03-13)-final.pdf?sfvrsn=d1336cfa_2)