

COVID-19 Pandemic Management and Reflections on Antipandemic Response

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Abstract: SARS-COV-2 infection appeared at the end of 2019 and in a few weeks the World Health Organization was forced to declare it as global pandemic. The idea that being in a modern medicine could prevent infectious injuries didn't work. Although most high-income countries have powerful health systems, they often lacked sufficient capacity to treat large numbers of Covid-19 patients. Albania managed to do a very good period of quarantine, which gave her time to fit in and face with the new conditions. According to the Albanian government's national strategy, other hospitals were opened for the treatment of covid-19 patients. We all know that the world after the COVID-19 pandemic will not be and cannot be the same. The social, economic, psychological consequences will certainly be dramatic and force everyone to rethink their way of life.

Keywords: COVID-19, pandemic, management, reinvestment

SARS-COV-2 infection appeared at the end of 2019 and in a few weeks it took a worldwide spread, so that the World Health Organization (WHO) was forced to declare the Global Pandemic. This pandemic resulted to be "a giant viral meteor" that suddenly and violently pervaded our globe causing a multidimensional disaster of unpredictable and memorable historical dimensions (1).

It may be comparable to the 1957 flu pandemic, but it failed to have those catastrophic proportions as Spanish flu a century ago. The virus, within a very short period, was spread all over the world how much the WHO was forced to declare the pandemic state in early 2020 (2). The health system was found unprepared for such a dramatic situation. The idea that being in a modern medicine could prevent infectious injuries didn't work. Even the states with potential and an advanced health system presented a lot of problems in pandemic management; especially in the first few months where they were often quite close to collapse. Doctors and health facilities were found in front of a situation unseen before and invariably the initial major problems, those with their work managed to fit in with the new conditions and increased pressure (1, 3). Communication, appropriateness, co-operation and self-employed work of all structures were the main key in the performance of this pandemic. Albania managed to do a very good period of quarantine, that gave her time to fit in and face with the new conditions. The first case in Albania was identified on March 8, 2020 (1). Covid-19 showed once again that infectious diseases have no borders, they even spread with a fast and often insidious speed. Free movement of people, emigration, wars, the expulsion of goods and services has contributed to the spread of infectious diseases (4, 5). While in the pandemic we are talking, till now we have 334, 633 infected cases 3, 602 death (6).

SARS-CoV-2 spreads mainly through the splashes of saliva during close contact face to face. Infection can spread from asymptomatic, pre symptomatic and symptomatic carriers. The average time from exposure to onset of symptoms is 5 days, and 97.5% of people develop symptoms within 11.5 days (5, 7, 8). The most common symptoms are fever; dry cough and difficulty in breathing (9). Physical distance, the

application of masks and hand hygiene were the major factors of non-spreading of the disease. Albania made one of the most perfect quarantines in the first weeks of the beginning of the pandemic which was characterized by few cases and low mortality. This situation was not respected in the following months. However, we learned that the health system, political leaders should always be alert about infectious diseases. Those, in the world we live in today, can spread more quickly. While preventive measures such as quarantine serve to give time to the health system to prepare and on the other hand the use of masks and personal hygiene combined with physical distance remain the key factors in the non-spread of infectious diseases.

Confronting with situation

Although most high-income countries have powerful health systems, they often lacked sufficient capacity to treat large numbers of Covid-19 patients, or to protect health workers from infection especially at the beginning of the pandemic. Here we can mention the high number of cases accompanied by loss of life in nearby Italy or in the USA and Brazil (10–12). Health systems demonstrated the inability to give people access to the necessary treatment and screening strategies due to the depletion of resources in facing the initial crisis. In fact, no health care system was prepared for such a large increase in cases that required hospital conditions, not those with major problems. Doctors made many visits during work schedules that often passed their capacities to manage them. In the first days and weeks even the possibility of testing or diagnosis of cases had problems. But despite from the uncertainties of the beginning, the health system began to act faster and more unified in continuation (3, 13). So not all patients got the right treatment. Several times they changed medication protocols starting with Hydroxychloroquine in combination with Azitromycine, followed by sophisticated preparations such as antivirals, IL-6 antagonists, monoclonal antibodies, corticotherapy and supplementary therapy (14–16). Meanwhile a major problem, especially in Albania, was the treatment of patients in outpatient conditions. Even often with oxygenotherapy at home. The latter had two sides of the medal. First, it helped hospitals for not having an unmanageable flow that could collapse, but on the other side

often these patients were followed outside medical protocols and based on the personal experiences of clinicians.

While it was an almost unknown illness, misinformation hid inside even a bit of fear or hesitation in contact with patients. The pandemic of (COVID-19) was an unprecedented health care crisis that challenged not only health institutions but also health personnel. It created anxiety and fear in health care providers, doctors, nurses and first-line professionals. Often they felt guilty that they were unable to save all patients. We even adopted the phrase "We will succeed", but we knew that none of us would survive unharmed at the end of this pandemic.

Lethality

Being a disease with rapid spread and problematic touches especially in third ages and in patients with other pathologies, mortality was in high numbers. Even the biggest problem was the loss of human lives within a short period. Doctors and the other health personnel such as nurses and coordinators had not been faced with such a large number of deaths in a day (3, 17, 18). The biggest failure of the health system has been and continues to be the inability to adequately protect its workers. The entire hospital facility, but especially the nurse and health staff, was the first to be in the first line with infection. Cases of loss of health personnel's lives have also been in cases of hemorrhagic fever or Ebola epidemic (19–22). Thousands of health care workers have been infected and a good part of them have also lost their lives, as a result of difficult working conditions. Instead, they must be among the most protected. A big problem especially for developing countries is the departure of young doctors to better-income countries. This also had its worst as doctors had to deal with a greater influx of cases. As a result of physical and psychoemotional fatigue, doctors and health personnel were often exhausted (23, 24).

Reinvestment

The last pandemic resized the social aspect in many dimensions. It was the beginning of the pandemic in March where the Service of Infectious Diseases near Tirana University Hospital Center was closed to become a primary covid hospital. According to the Albanian government's national strategy, other hospitals were opened for the treatment of covid-19 patients. These centers belonged to state structures. At that time, the national recommendation was to transfer each patient confirmed with COVID-19 to a national reference centre, to keep other hospitals "COVID-19 free". Patients who were tested and needed to be hospitalized were taken from their homes or regional hospitals and through the service of the national medical emergency were brought to hospitals dedicated to treating these patients. Patients with infectious diseases were transferred to other services according to the problems and organs affected. The remodulation of infectious service, which opened in early March, lasted for a very short period, witnessing the sustainability of the structure and technical teams. The hospital was immediately modeled with facilities for patients with covid such as CT scan, respiratory monitors, dialysis ward, etc. The addition of medical staff was also made possible. Adapting to this constantly changing situation would be completely impossible without

the total investment of all facilities in the hospital system. This epidemic has brought to light many individual and collective abilities that we had sometimes forgotten. The spread of COVID-19 has deeply tested the adaptive ability and resilience of our health care system.

As a result, we can say that the involvement of health care workers in hospital management must be steadily increased. We all know that the world after the COVID-19 pandemic will not be and cannot be the same. The social, economic, psychological consequences will certainly be dramatic and force everyone to rethink their way of life.

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