

SARS-CoV-2 docet

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One year has passed since the Sars-CoV-2 infection diagnosis was made in a patient hospitalized in Codogno unveiling the outbreak of coronavirus in Italy and the start of one of the worst pandemics in history. Today, we know a lot more about Covid-19 infection than we did a year ago. We know that the fight against the spread of the virus, when not correctly done, favours the development of variants of the original Covid-19 strain and, we also know that these variants especially the one defined as the “English” variant, has the ability to spread much more and more quickly than the original strain. We know that people, even at lethal risk of complications, are especially old aged, but we also know that those who are oligosymptomatic or asymptomatic patients can spread the infection. Grossi E. et al. report in the following pages the results of a research conducted on pregnant women which shows how the risk of contracting the infection is higher in pregnancy although in an asymptomatic form and that the risk is also transmitted to the unborn child. This data makes the report here provided by Intraccolo U. et al. even more interesting according to which the Italian female population tends to excessively medicalise low-risk pregnancies.

One year after the pandemic we also know that this tragic event has led to new care needs even for those who do not contract the infection. Cervellione B. et al. here report how psychological interventions, which proved to be indispensable during the pandemic must be timely and aimed not only at the affected people but also at the general population. Furthermore, healthcare workers are not exempt from these care needs as documented by the work of Vitale E. et al. from which it emerges that episodes of anxiety and depression among nurses are much more frequent in

this period, especially among younger health personnel. The study by Lupo R. et al. reveals that the risk of stress and burnout is higher in hospitals in southern Italy while Cosentino C. et al. argue that expressive writing supports healthcare professionals in alleviating the burden of traumatic episodes and in ordering associated thoughts and emotions. Awareness of the need for psychological assistance once again highlights that the skills required to provide adequate health care are necessarily interdisciplinary. The observations reported in these pages by Raciti L. et al. and by Santini et al. confirm such position.

One year later we are again witnessing an increase of infections and the emergency for hospitals and intensive care is back. However, we know that coronavirus infection can finally be countered. In fact, we have numerous vaccines available that have proven to be safe and very effective not only in preventing the onset of serious forms of the disease, but also in preventing its transmission. We are talking about a great success of science: up to a year ago, it was absolutely unthinkable that in less than 10 months a series of safe and effective vaccines against Sars-CoV-2 would be put into circulation. All this was possible thanks to the sharing of scientists’ work from all over the world including the participation of scholars from different disciplines. In addition, never as today, there has been the willingness on the part of public opinion to welcome the experiments necessary for the validation of vaccines.

This positive finding unfortunately contrasts with the data reported here by Paci M. et al. which highlights how the scientific productivity of healthcare professionals in Italy is still very low. Although

science has shown efficiency and effectiveness there is still a minority of sceptics who reject the idea that this is a serious pandemic and announce to refuse the administration of vaccines and, among them there are also in general doctors, nurses and health personnel, unfortunately. In an interesting article published in this journal Guillari A. et al. documented that several health workers did not even join the flu vaccination campaigns and the reasons that emerged were mainly ignorance, laziness and erroneous beliefs.

While waiting for an adequate production of the various vaccines that allows mass vaccination and the consequent “herd immunity (1)”, unfortunately, hospital beds are once again occupied by numerous Covid-19 patients, intensive care units are overloaded and the ordinary wards are converted into Covid wards. The normal functioning of hospitals is obviously suffering. Covid-19 is putting at risk care continuity. Check-ups for chronically ill patients have significantly decreased, non-urgent surgical interventions are postponed, people affected by neoplasia suffer particularly from this situation which also negatively affects the psycho-social aspects of the disease. Such latter aspects, as Belloni S et al. and Miraglia Ranieri A et al. argue in these pages, are important to patients as much as physical symptoms are. In addition, the literature also documents how the path of coronavirus infection in this population is even worse (2).

During the past year we have learned how necessary it is to intervene equally in every part of the world in order to fight and eliminate the pandemic. In fact, if the virus continues to circulate in a country it will soon spread with its variants even in those countries that have achieved a fall in the number of infections through mass vaccination. The evolution of the pandemic is therefore worrying in the poorest countries in the world where the vaccine cannot be purchased and in those countries where precarious political situations favour the spread of the infection. This is the case of Myanmar where an already precarious health situation is worsening, considerably due to the military coup that brought the country back to the situation it was in 40 years ago. Many members of the board of this supplement have collaborated with health institutions in this country in the belief that health brings peace and fosters the development of democracy. The collaboration

continued even after the start of the pandemic with exchanges of health information. The Myanmar health system had proved to be able to contain the infection and start a vaccination plan. The military coup has swept away the good that had been done and the risk the population of this unfortunate country is running, is also that of witnessing a sharp increase in infections and mortality. In an article published in the *Lancet* (3), the new health minister of Myanmar, appointed by the democratically elected parliament, asked the world scientific community to help his country deal with the health emergency even in this tragic political situation. The writer of this article is supporting this request, and joining the content published in a letter (4) in the *Lancet* whose authors ask for humanitarian protection for health professionals of Myanmar joining the civil disobedience movement (CDM) against the military coup, in compliance with United Nations resolution 2286.

Undoubtedly, another aspect relevant to the healthcare world that the pandemic has greatly influenced is education. Primary and secondary schools have been negatively affected due to closing for long periods and the university world has been forced to change teaching methods with a sudden transition from classroom to online teaching. Consequently, postgraduate training systems for healthcare professionals have also been influenced by such change. Numerous contributions on this magazine issue (Autelitano C. et al.; Ferri P. et al.; Guasconi M. et al., La Sala R. et al., Caminati G. et al.; Magnaghi C. et al.) as well as in previous issues (5), prove the importance that post-graduate training covers for the professional life of health professionals. For the latter, the abrupt change in teaching methods was added to the abrupt change in work demands and lifestyle determined by social restrictions thus influencing decisively what is now defined: quality of teaching life (6).

Finally, the most important lesson that the pandemic has perhaps given to the world of health as we would like to emphasize, is that a health system labelled as high quality level cannot neglect local assistance, more specifically that of territorial medicine that has been heavily downsized in Italy in recent years.

Conflict of interest: Each author declares that he or she has no commercial associations (e.g. consultancies, stock ownership, equity interest, patent/licensing arrangement etc.) that might pose a conflict of interest in connection with the submitted article

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