

A COVID crisis and its consequences

Madzic Z¹ and Zivanovic N²

President association stoma nurses of Serbia, First surgical clinic, Belgrade, Serbia

Vice President association stoma nurses of Serbia, First surgical clinic, Belgrade, Serbia

*Corresponding author:

Zivka Madzic,

President association stoma nurses of Serbia, First surgical clinic, Belgrade, Serbia, Tel: +381638426553;

E-mail: stomasestre@yahoo.com

Received: 27 Apr 2022

Accepted: 11 May 2022

Published: 17 May 2022

J Short Name: JJGH

Copyright:

©2022 Madzic Z, This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and build upon your work non-commercially.

Citation:

Madzic Z. A COVID crisis and its consequences. J Gastro Hepato. V8(17): 1-2

Editorial

Dear colleagues, my name is Zivka Madzic, I am president of society of enterostomal therapists and I work as nurse on a colorectal department in the First Surgical Clinic.

Serbia's population numbers approximately seven million and its capital, Belgrade, ranks among the largest and oldest cities in southeastern Europe.

The first case of COVID positive patient in Serbia was registered on March 6th and the second one three days after. At that time, in Italy, country with most COVID cases in European Union, more than 4600 patients were registered with almost 200 deaths.

Coached by Chinese and particularly Italian experience, where sudden and extraordinary increase of new cases and deaths highly stressed their health care system, on March 15th the President of the republic of Serbia declared the state of emergency. At that time, nine days after the initial positive patient, there were 41 confirmed cases and still no deaths from COVID in Serbia. State of emergency implied that all nonessential business, industry and services were shut down together with schools, restaurants, shopping malls, public transportation etc. Borders were closed and rigorous restrictions of public movement were initiated. All persons older than 65 years were not allowed to leave their houses at any time. Volunteers and other public services were included to help them in basic procurement. Younger than 65 were not allowed to leave their apartments from 8pm to 5am during business days and weekends, except those with special permissions /police, healthcare workers, food markets, etc./.

As the number of positive cases increased, movement restrictions were extended from 5pm to 5am and during all weekends and public holidays. All public manifestations were suspended, and a policy of distance of at least 2 meters, with obligatory face masks and gloves in

closed areas were introduced. Authorities repeatedly asked and urged for collective support of policy to keep distance and stay at home whenever possible. In schools and high schools on line teaching platforms were created under the auspices of the government. During movement restrictions our towns looked like ghost towns.

At the same time, healthcare institutions faced dramatically changes. All public hospitals had to comply rapidly with this sudden and not expected circumstances with possibility of admission of infected patients. Green and red zones were created in hospitals in order to completely separate infected and non-infected patients while some public hospitals were entirely converted into COVID facilities and were prepared for massive admission of infected patients. Capacity of intensive care units was enlarged whenever possible and all available equipment and respirators in public hospitals were mobilized and redistributed. A lot of new respirators were purchased namely for COVID hospitals. At the same time, other, non-hospital facilities were also prepared for admission of COVID positive patients with mild or no symptoms in order to prevent virus transmission and spare hospital beds for more severe cases. One of Belgrade fair halls was temporarily converted into a COVID facility and the same policy was followed in other towns where large objects and sport facilities were used for COVID patients. Private hospitals were not included in treatment of COVID positive patients and in fact most of them were temporarily closed during pandemic. In the outpatient setting, most of regular visits were rescheduled.

At the very beginning of pandemic, like in most countries, we had limited equipment and protective gear in stock, so we had to use it very carefully, but fortunately, this was improved soon. In order to spare hospital beds and facilities, all elective non oncologic operations were cancelled as well as most of diagnostics. Only urgent

operations were performed while elective oncological operations were reduced more than 50% due to anesthesiologist shortage since some of them were relocated to COVID hospitals. At the beginning of pandemic, all patients had epidemiological survey and body temperature measurement prior to admission to hospital. At that time we dramatically reduced number of laparoscopic operations in order to diminish virus transmission. Standard protective gear was used in operating theatres because we had no COVID positive patients requiring operation in my hospital. However, complete protective suits were available in OR in case of COVID positive patient. At present, every patient must have negative COVID test not older than 3 days prior to admission to hospital.

By strict adherence to all procedures we had everyday increase in number of COVID positive patients, but fortunately this increase was in linear and not in exponential mode. Our epidemiologists, at least at the beginning of pandemic, managed to find and quarantine most of contacts of infected patients thus preventing further virus transmission and rapid progression. At the end of March there were 785 COVID positive patients and 13 deaths caused by the virus. Most patients were registered in mid-April with daily increase of up to 445 patients and up to 26 deaths. Maximal number of hospitalized patients was around 3900 while less than 160 were on respirators at the time, so our healthcare system was able to absorb all patients and was way beyond limits.

At the end of the April there were 9205 COVID positive patients and 173 deaths caused by the virus. In the following period, the number of new cases became constant, so the Government decided that there was no longer any reason for state of emergency in Serbia.

As the virus became weaker, the public transport slowly opened for pupils and students too and only finally for the persons over 65 and those with chronic illnesses, with the obligatory use of masks and gloves.

Since the 22th of July we had the new spike. Serbia's new spike continued with 143 cases and in that moment the number of total deaths since the beginning of pandemic was 267.

The highest number of infected was at the 26th of June, there were 467 new cases. During that period, the number of tested people increased, so Serbia became region leader in the number of tested people.

Due to an increased number of coronavirus cases, some of the clinics were returned to the COVID-19 regime of work, and those admitted only COVID-19 patients.

Strong discipline and social distancing were still crucial for curbing spread of coronavirus. New measures to curb coronavirus started from July 17th.

These measures prohibited gatherings of more than ten people in public places indoors and outdoors at the same time. During the stay in public places, there must be a distance of at least 1.5 meters between those gathered, i.e. only one person can be present on every

four square meters.

Wearing a protective mask was (and still is) mandatory in all public places indoors, which means that parents of minor children, as well as of children with special needs, and their guardians are obliged to ensure that their children wear a protective mask.

The government recommended that masks have to be worn in all public places in the open. In places where it is not possible to provide a distance of at least 1.5 meters (queues in front of shops, pharmacies, bus and train stops), wearing masks is mandatory.

From July 29th Number of people infected with coronavirus started declining, and by the 24th of August we had significant reduction in number of new coronavirus infections.

At a press conference of the COVID-19 Crisis Response Team, one of the members pointed out that we had fewer and fewer laboratory-confirmed cases and an increasingly stable epidemiological situation.

However, we still had a significant number of people who were reservoirs of infection, as well as those who are asymptomatic, which is why it was important that we all adhere to general preventive measures.

Even though the epidemiological situation in Serbia is relatively stable, but it is strongly recommended that people do not let their guard down as the number of active coronavirus cases in Belgrade is increasing.

Our community is slowly opening, life is coming back to our towns and streets, but we still have to be very careful and meticulously follow daily trends and initiate restrictions again if needed. We still have to keep distance, avoid contacts and stay responsible in order to stay safe and save our and others lives.

What next? We have to think now not only about COVID patients but also about those NONCOVID, NONURGENT and NONONCOLOGIC patients who were I am afraid losers in this pandemic because they could not seek and get adequate medical help. The same applies to some oncologic patients who may suffer disease progression due to delays in diagnostic and definitive treatment. They are for sure a collateral damage of this pandemic, so far they were almost nonvisible to medical radar due to COVID noise but future will show us how huge this collateral damage was. We should try to give these patients the best possible treatment as soon as possible.

In addition, I strongly believe that the most important result of this pandemic should be that in the future we should help each other much more by generously sharing knowledge, experience, human and technical resources because virus does not respect borders.

I believe that no matter how hard, we learned some lessons as a consequence of this pandemic and I hope that we will, together, as a community, and as a humankind come out even stronger and more dedicated as many times before.