

Protecting frontline workers during a Pandemic: lessons from today for the future

Dr Emma Kwegyir-Afful, University of Salford, School of Health and Society. M6 6PU, Manchester.

Contact Email: E.Kwegyir-Afful@salford.ac.uk

Professor Jacqueline Leigh, University of Salford, School of Health and Society. M6 6PU, Manchester

In December 2019, the entire world had a rude awakening by a strange illness mainly in Wuhan, the capital of Hubei province in China, the epicentre at the time. Gloomy pictures and videos of very ill Chinese nationals amidst fatalities came through various social media platforms. Little was known about the virus until 11th February 2020, when the International Committee on Taxonomy of Viruses announced the name of the virus causing the current infection as “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)” (WHO 2020a). Although of a similar genetic property to the family of coronaviruses including the one implicated in the SARS outbreak of 2003, virologists have reported some differences making the current a novel coronavirus.

By mid-February, an infection dubbed “Chinese disease” in reference to a statement by President Donald Trump of the USA, had crossed borders to other parts of the world especially Europe. Leading to the World Health Organization (WHO) declaring COVID-19 a pandemic of “Public Health Emergency of International Concern” on 30th January 2020 (WHO 2020b)

In a global quest to find the mode of transmission of the virus causing COVID-19, it has been reported that some victims are asymptomatic whilst others have varied symptoms. Importantly, except for severe pneumonia-like symptoms, there are semblance to symptoms of common flu. Therefore, infected persons may unknowingly spread the virus to others including healthcare workers. A grimmer scenario is from a report by Wei et al (2020) that a source patient can spread the virus 1-3 days prior to being symptomatic.

As frontline workers, doctors, nurses, midwives and other healthcare professionals stand a potential risk of getting infected in line of duty. This becomes more dire due to the mystery surrounding how coronavirus spreads from one person to the other (CDC, 2020). Yes, it is somehow concluded that coronavirus spreads from person-to-person through respiratory droplets (CDC, 2020). But is it airborne? That is a puzzle yet to be solved. As reported by the CDC (2020), “COVID-19 is a new disease and we are still learning about how it spreads and the severity of illness it causes”. However, no matter how the virus spreads, it is in every country’s interest to protect frontline workers especially now.

Since COVID-19 was declared a pandemic, there has been a global outcry from healthcare personnel about lack of personal protective equipment (PPE). This cry for PPEs sounds loudest from high-income countries like the UK and USA. In March 2020, the New York Post (Bowden et al. 2020), reported that nurses were improvising trash bags as protective gowns at the Mount Sinai West Hospital. In a France 24 news of 3rd April 2020, Sasha Winslow, a nurse and other colleagues staged a protest for lack of PPEs. In the global war against the mysterious coronavirus, frontline workers are the soldiers the world is looking up to, to fight the common enemy and to bring victory. But, wait a minute, are the military personnel “being sent into battle fields” without their full armour? What are the expectations if the soldiers go into battle without PPEs, facial masks, goggles and gloves?

As at 9th April 2020, 100 doctors had died of COVID-19 in Italy. In the UK, 100 fatalities were reported among National Health Service (NHS) workers by the BBC on 28th April (BBC 2020). These are not just numbers but individuals who were cherished family and community members. Some were the sole breadwinners for their families as well as role models in communities. There could be economic recovery after COVID-19 but certainly, these lives have been lost forever.

Apparently, some of these deaths among frontline workers were avoidable. The crux of the matter is, did the world disappoint these frontline workers? Did any of them meet their untimely death because there were no PPEs? Has the world learnt from this tragedy? Is there still a shortage of PPEs for our surviving soldiers?

In 2002 it was SARS coronavirus (SARS-CoV), in 2014 it was Ebola and today, in 2019-2020 it is COVID-19. This article has provided the timeline of COVID-19 and its impact on healthcare workers globally. Lessons from yesterday and today for tomorrow in an event of an emerging or re-emerging infection include acting with the speed of light in the event of an infection, improving and sustaining protection for all frontline workers.

References

BBC (2020). <https://www.bbc.com/news/health-52242856> (Accessed 19th May 2020)

Bowden E., Campanile C. and Golding B. (2020) Worker at NYC hospital where nurses wear trash bags as protection dies from coronavirus. New York Post, 25 March 2020.

France 24 (2020). <https://www.france24.com/en/20200409-italy-says-number-of-doctors-killed-by-coronavirus-passes-100> (Accessed 19th May 2020)

Wei WE, Li Z, Chiew CJ, Yong SE, Toh MP, Lee VJ. (2020) Presymptomatic Transmission of SARS-CoV-2 - Singapore, MMWR Morb Mortal Wkly Rep, 69(14):411-5.

WHO (2020a) [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). (Accessed 19th May 2020).

WHO (2020b) <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen> (Accessed 19th May 2020).