

## Big Problem: The Coronavirus Mediso HV\*

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**Received:** July 01, 2020, **Accepted:** July 15, 2020, **Published:** July 30, 2020

### Editorial

The search seems to bloom like weeds in spring. Studies can come from anywhere, grow from anywhere, sometimes become important and sometimes die.

Unfortunately, most of the studies published so far by "COVID-china" have been small, without control groups or randomization and often in a single centre.

Unfortunately, this leads to thousands of people being treated without the scientific knowledge normally required, for example with chloroquine.

The number of patients in hospital is excessive and one of the most important principles of medicine. In addition to the problem of treatment, the world has had to deal with a logistical problem when most transport logistics have been disrupted [1]. This led to a shortage of essential medicines in intensive care wards in some countries. Some people reacted selfishly, first my hospital, then our hospital area, then our country, then the rest of Europe and finally the rest of the world. This has led to reactions from some countries that have closed their export borders to certain medicines. The nine leading academic hospitals of the European University Hospital Alliance (EUHA), led by the European Commission, have published a letter inviting them to think of Europe as a whole, not as a selfish reflection [2].

To return to therapeutic research, I hope that the extensive research already underway in some European countries will not lead to incomplete clinical trials that are not significant enough to address important therapeutic issues. The future will show whether we are better than China in Europe [3,4]. The journal has published a protocol document describing observational studies across Europe. The current data is available at the time of writing this brief article. However, more than 60 hospitals in 13 European countries are working together on the study.

In addition to the therapeutic effects, the overwhelming response via email, LinkedIn and phone calls from across Europe has given us an energy comparable to an Olympic medal. This makes me believe even more in the power of collaboration. Together we are strong [5].

In a film about the American Apollo 13 mission, the famous phrase "Houston is in trouble" is actually a misquote by John Swigert about NASA's mission control statements. He actually said, "Houston, we have a problem." He had reported that an

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**Citation:** Mediso HV (2020) Big Problem:  
The Coronavirus. J Hosp Med Manage. Vol.6  
No.3:258

oxygen tank had exploded on Apollo 13, the spacecraft that was supposed to land on the moon in 1970. Then began the challenge of how to deal with the emergency. Surprisingly, the entire crew returned safely to Earth after the aborted lunar landing. Such an event leads to a paradigm shift, and many of the previous values are no longer valid [6,7].

Similarly, we are experiencing a paradigm shift as we face a life-threatening situation with a new coronavirus, which was first reported in China in late January. Chinese cities have been sealed off and international travel restricted. Many travellers are stranded, unable to return home and at risk of contracting the deadly disease.

When this letter was written at the beginning of February, some 20,000 people around the world had been infected with the virus and over 400 deaths were reported. Most of the outbreak occurred in Wuhan, China, but cases have been confirmed in over a dozen other countries [8].

The incubation period is currently estimated at 2-10 days, with an average of 5.2 days. Men appear to be more susceptible, with the average age of patients ranging from 49 to 59 years. Clinical symptoms are similar to viral pneumonia and can range from mild to severe. Currently, most people appear to be slightly ill. About 20% of cases become severe and occur more frequently in the elderly and in people with underlying diseases [9].

The most common symptoms are fever, cough and difficulty breathing. The most common symptoms are fever, cough and shortness of breath; other symptoms include muscle pain, fatigue, expectoration, confusion, headache, sore throat, nosebleed, chest pain, cough, diarrhoea, nausea and vomiting [10,11]. About 90% of patients have two or more symptoms, 15% have fever, cough and difficulty breathing. Some patients are considered asymptomatic.

What does this mean for hospital pharmacists? Pharmacists should be kept informed, but it is advisable to appoint a reference person, preferably a clinical pharmacist with experience in respiratory diseases.

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