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Editorial

A web-based survey on primary care providers' assessments of the COVID-19 pandemic treatment

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INTRODUCTION

The 2019 coronavirus disease pandemic, also known as COVID-19, has emerged as the biggest health emergency of our time. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) first surfaced in December 2019 in the Wuhan health commission's reports of pneumonia of unknown aetiology in the Hubei province of China. Since then, the virus has spread to 217 countries, infecting approximately 45 million people and killing over a million of them. SARS-CoV-2 belongs to the beta coronavirus family, which also comprises the MERS and SARS coronaviruses that were previously discovered.

The virus known as SARS-CoV-2 can be transmitted through bodily fluids, fomites, conjunctiva, the fecal-oral pathway, and droplet transmission during breathing, speaking, coughing, or sneezing. Because of the clinical manifestation of pneumonia linked to SARS-CoV-2, COVID-19 was given its name.According to reports, fever, generalised exhaustion, aches in the muscles, dry cough, dyspnea, and pneumonia-related radiographic features are the most typical early symptoms. Other less frequent symptoms include headaches, dizziness, abdominal pain, vomiting, diarrhoea, and nausea. Damage to lung tissue in more severe stages of the illness can cause acute respiratory distress syndrome, which raises the risk of septic shock and death following. The virus's ability to spread has also received a lot of attention. Because of their higher levels of viral shedding, people who exhibit clinical symptoms represent the biggest risk for viral transmission. Additionally, information about asymptomatic carriers and their potential for transmission has surfaced. Up to 50% of individuals with COVID-19 positive showed signs of asymptomatic infection, according to a recent comprehensive study.of asymptomatic samples and 20% or so for asymptomatic carrier transmission rates.

It is increasingly important to adhere to mitigation standards in light of the confirmed high levels of infectivity and transmission potential. As the principal point of contact for COVID-19 guidelines in the US, the Centres for Disease Control (CDC) has come under fire recently over allegations of political meddling in the organization's agenda. The CDC now lists a number of initiatives to reduce the risk of transmission on their website. They give background information on the illness, explain how it spreads, and discuss what each person can do to halt its spread. The website emphasises the importance of regularly checking one's health, washing hands properly, keeping one's distance from people, covering one's face when in public, and sanitising touched surfaces. Additionally, the website recently incorporated recommendations pertaining to the Thanksgiving is a celebration of gratitude. It's interesting that they don't specifically say "don't host parties," but they do offer suggestions for gatherings, like keeping the number of attendees to a minimum, avoiding food and drink sharing, and celebrating outside whenever possible, in addition to providing alternatives to conventional gatherings like hosting virtual Thanksgivings.

COVID-19 has had significant and wide-ranging effects. Apart from the immense mortality toll, this pandemic is having major and enduring psychosocial repercussions. Small business owners are more dependent on in-person interactions and are

under more pressure to meet demands and weather economic hardships. People who are forced to isolate themselves may experience loneliness, a loss of purpose, and a possible rise in the prevalence of mental illness. Notably, it is extremely clear how much work healthcare professionals are under right now. The risk of developing sub-clinical or clinical mental illnesses like anxiety, depression, or post-traumatic stress disorder increases in tandem with increased occupational stress. Now more than ever, it is essential to support and promote initiatives that will bolster the public's and healthcare professionals' resilience. This endeavour has benefited from the establishment of end-of-day reflection groups, expanded access to mental health specialists, and early detection of mental health illnesses through the use of standardised patient questionnaires. The importance of exercise and mindfulness in fostering resilience cannot be understated. The lack of a clear mention of the connection between fat and illness and death rates in this nation in public messaging has disappointed me. If we want to continue being a worldwide leader, we as a nation need to get healthy. While long-term improvements will necessitate structural changes in agriculture and the commercialization of food, promoting mindfulness training could result in better decisions made on an individual basis. supporting the advancement of systemic change. Particularly in this divisive period, a straightforward public service announcement explaining the advantages of spending ten minutes a day on meditation and thirty minutes exercising could prove to be extremely beneficial to society.

Particular to our current crisis, widespread misinformation about the pandemic has been spread due to easier access to unreliable, journalistically dishonest information sources via social media and websites. One of the first instances of this occurred in March 2020, when a rumour on the internet that a mandatory two-week national quarantine was in place caused major disruptions to supply chains and an influx of citizens attempting to reenter the nation. This eventually led to the National Security Council issuing a formal statement refuting the rumour. The dissemination of factual, consistent, and precise information is perhaps the most important factor in mitigating the coronavirus's spread and ultimate eradication. On this front, numerous attempts have been made, some involving collaboration between governmental and private companies, to halt the dissemination of "fake news." Most notably, the World Health Organisation prioritised and elevated authoritative content from official sources in an attempt to fight fraud and misinformation. To this end, the organisation cooperated with various technological and social media companies, including Facebook, Twitter, YouTube, Google, and Microsoft. Thankfully, the notion that masks were ineffective or even the source of the illness has mostly been disproven. But in more recent times, test avoidance has grown in importance, largely because of psychological issues including dread of being alone or in a quarantine, as well as humiliation in front of others.

It is imperative to address the issue of media fatigue, as there is a possibility that individuals who receive excessive news about the coronavirus may become disoriented and neglect to adhere to fundamental healthy behaviours like donning masks, washing their hands, and avoiding social situations.

It is our duty as medical professionals to stay current on research on disease epidemiology, treatments, and preventative measures. Physicians also need to be aware of the variations in national, regional, and local data on infection rates, travel restrictions, and quarantining procedures. As a result, we will be able to correct any misinformation we may come across in addition to being able to give accurate information to our patients, relatives, and friends.

As doctors, it is our honour and duty to serve as role models for our neighbours and fellow citizens when it comes to public health initiatives. To put it plainly, if we want to preserve the trust that we have cultivated with society over many generations of shaky but persistent work, we need to do as we preach. Despite the fact that every doctor has a distinct and inspirational tale to share, most people view us as a monolith, for better or worse. This implies that when a few of us do something that is viewed as improper or wrong, the profession as a whole suffers the consequences, and it is our joint responsibility to regain the lost trust. Especially at this point, Maintaining public confidence in the medical sector is more important than ever. Physicians must band together to be the ethical and scientific leaders in the fight to eradicate COVID-19. Only then will this be possible.

References

1. Rauf A, Abu-Izneid T, Olatunde A, Khalil AA, Alhumaydhi FA, et al. (2020) COVID-19 Pandemic: Epidemiology, Etiology, Conventional and Non-Conventional Therapies. Int J Environ Res Public Health 17: 8155.

2. Ong SWX, Tan YK, Chia PY, Lee TH, Ng OT, et al. (2020) Air, Surface Environmental, and Personal Protective Equipment Contamination by Se-vere Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) From a Symptomatic Patient. JAMA 323: 1610-1612.

3. Huang C, Wang Y, Li X, Ren L, Zhao J, et al. (2020) Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet 395: 497-506.

4. Wang Z, Chen X, Lu Y, Chen F, Zhang W (2020) Clinical characteris-tics and therapeutic procedure for four cases with 2019 novel coronavirus pneumonia receiving combined Chinese and Western medicine treatment. Biosci Trends 14: 64-68.

5. Kakodkar P, Kaka N, Baig MN (2020) A Comprehensive Literature Re-view on the Clinical Presentation, and Management of the Pandemic Coro-navirus Disease 2019 (COVID-19). Cureus 12: 7560.

6. Zou L, Ruan F, Huang M, Liang L, Huang H, et al. (2020) SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients. N Engl J Med 382: 1177-1179.

7. Yanes-Lane M, Winters N, Fregonese F, Bastos M, Perlman-Arrow S, et al. (2020) Proportion of asymptomatic infection among COVID-19 posi-tive persons and their transmission potential: A systematic review and me-ta-analysis. PLoS One. 15: 0241536.

8. Dearen N, Stobbe M, Lardner R (2020) White House puts 'politicals' at CDC to try to control information it releases about the coronavirus pan-demic. Chicagotribune, USA.

9. Centers for Disease Control and Prevention Protect Yourself 2020. Centers for Disease Control and Prevention, USA.

10. Centers for Disease Control and Prevention (2020) Celebrating Thanks-giving. Centers for Disease Control and Prevention, USA.

11. Armour C, McGlinchey E, Butter S, McAloney-Kocaman K, McPherson KE (2020) The COVID-19 Psychological Wellbeing Study: Understand-ing the Longitudinal Psychosocial Impact of the COVID-19 Pandemic in the UK; a Methodological Overview Paper. J Psychopathol Behav Assess.1-17.

12. Benham TL, Hart A, Bortolin M, Court M, Groves J, et al. (2020) Prepar-ing for the Second Surge: Preventing Posttraumatic Stress Disorder and Building Resilience for Healthcare Workers in the Face of COVID-19. Disaster Med Public Health Prep 13: 1-14.

13. Spencer SH (2020) False claims of nationwide lockdown for COVID-19. FactCheck, USA.

14. Statt N (2020) Major tech platforms say they're 'jointly combating fraud and misinformation' about COVID-19. Theverge, USA.

15. Neil SJD, Campbell EM (2020) Fake Science: XMRV, COVID-19, and the Toxic Legacy of Dr. Judy Mikovits. AIDS Res Hum Retroviruses 36: 545-549.

16. Rubin R (2020) First It Was Masks; Now Some Refuse Testing for SARS-CoV-2. JAMA PMID: 33156334.

17. Tasnim S, Hossain MM, Mazumder H (2020) Impact of Rumors and Mis-information on COVID-19 in Social Media. J Prev Med Public Health 53: 171-174.