

PERSPECTIVE

CORONA EXPERIENCE

It's a long war; not over yet!

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Abstract

Corona virus disease has engulfed the globe for well over one year now. Multiple strategies to control the pandemic have been in practice in different countries, ranging from strict curfew like lock down to selective lock down (also called smart lock down) to no lock down at all. Proponents of no lock down favored the hypothesis of 'herd immunity'. In Japan and some other developed countries, the main emphasis has been on identification of positive case through mass testing. Although, if it made any difference in the morbidity or mortality, is anyone's guess. However, the use of mask by all and identification and separation of the infective (not all infected) persons has led Japan to control the spread better than many other countries. The author emphasizes that we shall need to continue our all-out efforts to defeat the virus for many more months if not years.

Key words: Corona virus disease; COVID-19; Pandemic; Isolation

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The history of humans has been also the history of battles against diseases. Infectious diseases have been threatening our lives many times over the centuries. In the 14th century, well over half of the population of Europe was killed by the plague. Even in recent past, the novel influenza pandemic killed approximately five thousand people in 1918.

We are now exposed to the menace of new pandemic of coronavirus disease 2019 (COVID-19). I would like to explain how we Japanese have fought against the COVID-19, and how we should act now.

Pneumonia of unknown cause was first reported in Wuhan, China. Then, it was revealed as a novel coronavirus infection. The infection spread explosively in Wuhan and other large cities in China. Because Chinese celebrate the New Year in February, many people from China went to foreign countries, including Japan. It might have allowed the virus to spread far and wide. The first case in Japan was reported on the 16th of January 2020. During the early

period, the infection was limited to people who came from China or who were in contact with Chinese people. Then, it was transmitted to other people. At first, the infection was limited to East Asian countries, including China, Korea, and Japan. However, it rapidly spread worldwide. At the end of March, the situation seems more severe in Europe and North America than in East Asia. Although the number of infected patients has been increasing, I think the COVID-19 infection is better controlled in Japan than in many other countries.

The Chinese government ordered to stop all activities in Wuhan city, including the movement of people outside their residences. By this approach, the spread of infection was limited, and the number of infected people decreased. China could implement such a tight policy because the Communist Party there controls everything. European countries and the United States are following this approach, called lockdown.

In Japan, we chose another approach. During the first month, all infected patients had been well checked

epidemiologically. Research revealed that nine out of ten infected patients did not transfer the virus to other people. However, one patient out of ten, who was usually young with mild symptoms, transferred the virus. The infection occurred in a specific situation in most cases; a small room, near-distance conversation, and insufficient ventilation were the risk factors. I think that close kinship between people in western countries, including the handshake and hug, might be a risk factor for this infection. Therefore, avoiding such a situation seems to be a good approach. All schools and public institutions, including libraries and museums were closed after this survey. Many big events, including concerts, were canceled. Every person who had close contact with infected patients was checked by the polymerase chain reaction (PCR) method. If the results by PCR were positive, they were isolated in the hospital. Such an approach to track the infectious cluster might be an appropriate method to control the infection when the number of infected patients is small. However, the personal activity of infected patients is checked and disclosed to the public in order to find other close contact people. This might cause some problems in protecting privacy.

I am not sure that this soft approach against the virus will work effectively when this manuscript is published. However, we cannot stop our activity forever in any country. We will have to restore our lives gradually. Therefore, the Japanese experience should be considered in other countries in the near

future.

The second approach in Japan was asking people to stay at home for four days when they might have symptoms. Approximately 80% of infected patients' symptoms are mild and do not require medical intervention. The rush of people to the hospital should be avoided to maintain medical function. The hospital itself is also a high-risk place for infection. Moreover, medical resources should be reserved for severely ill patients who require ventilator support or extracorporeal membrane oxygenation to decrease the number of deaths. In this pandemic, diagnosis of the disease is not so important, and we should consider maintaining hospital function to treat severely ill patients. In this sense, the number of infected people is not so important. We should focus on decreasing the number of patients who die.

I would like to say that please keep cool during the pandemic. Many people rush to store to buy daily essentials by the fake news on SNS post in Japan. I feel that the virus is certainly fearful, but the human who fears the unknown threat is also fearful in this situation.

With the development of traffic and information systems, the world has become too close. A disaster in one country is easily transmitted worldwide. However, we can also share our knowledge and experience easily. Let us fight against this pandemic together. The long war has just started. We have to fight and win it by all means together!