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COVID-19 Pandemic: A Tsunami in Medical Practice and Research

In December 2019, the outbreak of the novel coronavirus disease (COVID-19) in China spread worldwide, becoming an emergency of primary international concern. The SARS-CoV-2 infection causes clusters of severe respiratory illness, similar to severe acute respiratory syndrome coronavirus. Human-to-human transmission via droplets, contaminated hands or surfaces has been described, with incubation times of 2-14 days. Early diagnosis, quarantine, and supportive treatments are essential to cure patients.[1]

COVID-19 continues to spread in communities around the world. COVID had a devastating effect on communities, professions, and academia.[2] Globally, by 21 June 2020, 8,708,008 confirmed cases of COVID-19, including 461,715 deaths, had been reported to the World Health Organization.[3] Confirmed cases are spread all over the world with the highest numbers being reported in the Americas (4,279,854 cases) followed by Europe (2,527,618 cases), Eastern Mediterranean (897,403 cases), South-East Asia (580,533), Africa (216,999) and the Western Pacific region (204,860 cases). Lower numbers in developing regions could be due to lower testing rates. The pandemic caused significant changes in the patterns in clinical practices at institutional and individual levels. Many health-care professionals were deployed on the front lines of this pandemic, seeing patients, and developing treatment and research protocols in real-time. Perhaps, the most prominent changes in practices were the distant care for chronic medical conditions for established patients whose movement is restricted by the social distancing. For COVID-19 patients, physicians had to learn fairly quickly to practice experimental and evidence-free circumstances with consequent professional, medicolegal and ethical implications. So far, treatments that have been proposed include antiviral agents, chloroquine and hydroxychloroquine, corticosteroids, antibodies, convalescent plasma transfusions, and vaccines.[1,4]

On the academic front, scientists from diverse fields are redirecting their research to help develop diagnostics, therapies, and vaccines. In the last six months, research on COVID-19 has moved quickly to the forefront in the global literature volume. A phenomenal number of articles were published on the subject. A literature search using the combined search term (COVID-19 OR "SARS COV-2") was conducted on 21.6.2020. It retrieved 24,527 records in the PubMed database (NLM) and 19,577records in SCOPUS (Elsevier). Unfortunately, our region's involvement are meager with 685 only detected when the search term was joined with names of all Arabic-speaking countries representing 2.8% the global production.

The urgent need to answer important questions should not allow any deviations for the principles of good practice in scholarly publishing that may amount to academic authorship misconduct.[5] Indeed, interest and the paucity of scientific data on the virus has, as expected, already led to articles being retracted from two of the most prestigious medical publications. The most notable articles were in The Lancet on a multinational registry regarding hydroxychloroquine/chloroquine with macrolide[6] and in the New England Journal of Medicine regarding cardiovascular disease in Covid-19.[7] On the other hand, Misinformation for the general public went 'viral' or what the WHO called a 'massive infodemic'. Here, scientists have a responsibility to counter this, at least in the

more popular news outlets and social media sites. Although this may not be of any career benefit, it could save lives.

We did not expect IJMBS, being a bimonthly publication, to compete with established journals for articles on COVID-19. However, three papers in this issue addressed three essential aspects. We have allocated two of these articles in the newly introduced section, "Current Topics." Elhadi Aburawi reflects on the myocardial Injury in COVID-19 Patients,[8] and Rissardo and Caprara highlight the neurological manifestations of COVID-19 and attempts to propose neuroinvasive pathogenesis in addition to other mechanisms.[9] Both articles put some of the findings in clinical and perspectives and calls for further elucidations. Among the original articles, Amit Tak and colleagues propose a logistic regression analysis to predict mortality risk in COVID-19 patients from routine hematologic parameters.[10] This may be of particular value in low and middle-income settings. We have a couple more articles under peer review. Despite the burning desire to publish on the subject particularly among young and enthusiastic colleagues, we remind all workers to the paramount importance of strict adherance to the ethical principles in research.[5]

Life does not stop for COVID-19, so we have a few more non-COVID-19 articles in the current issue. The narrative review on diabetes care's individualization during Ramadan fasting addressed issues that may challenge the usual guidelines. The clinical practice review on hyperprolactinemia management aimed to give a balanced approach to such a common clinical problem. Some regional data were included in the section of the original article. As usual, a couple of interesting case reports and letters to the editor are published in the current issues.

We hope the best of health to all our authors, readers, reviewers, and editors. We would like to express our appreciation to the support of all reviewers who maintain the quality of our journals content. We take the opportunity to reiterate our commitment to high-quality scholarly publishing in the open-access model. We welcome useful contributions on COVID-19 related issues, particularly those related to developing regions and all relevant matters in medicine and biomedical sciences.

Authors' contributions

Equal.

Compliance with Ethical Principles

Not applicable.

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