

EDITORIAL

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The COVID-19 pandemic and its impact on life on Earth

La pandemia por COVID-19 y cambios en el vivir sobre la tierra

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We did not expect the transformation we have undergone in the way we live, think, act, distance and take care of each other since the beginning of the year. All due to the emergence of a compound of proteins and nucleic acids that requires living cells to reproduce, a coronavirus, related to other known viruses that have caused health problems and deaths all around the world. Its unexpected presence has revealed that very few countries have reinforced the health knowledge and practices of their population, and that the health systems and institutions of nations like ours are not prepared. We verified that the investment in education, water, basic services, cleaning, nutrition, wellbeing, hospitals and health is insufficient. In the same way, no leaders, managers nor economists have been prepared for such times of emergency.

Medicine faces a no-return point regarding healthcare and medical training: newly incorporated virtual communications. Telehealth, telemedicine and tele-education are terms that do not appear in the dictionary of the Royal Spanish Academy yet⁽¹⁾. Telehealth⁽²⁾ refers to using information and communications technology to provide healthcare remotely, and telemedicine is the exchange of medical information between two physicians or between physician and patient (medical attention). On the other hand, tele-education means teaching and learning in a fast, flexible and personalized way using new techniques and virtual platforms.

The current crisis has also affected medical publications. With the physical printing of books and journals on hold, scientific communications have transformed to massively issue articles on the internet. Presently, they are mainly related to the dreaded COVID-19 and distributed free of charge, as disposed by the corresponding editorial boards.

Starting this number, as agreed by our Editorial Committee and the Directive Council of the Peruvian Society of Obstetrics and Gynecology, the Peruvian Journal of Gynecology and Obstetrics (RPGO) is of electronic publishing only. Our texts will be available in Spanish and in English, in order to reach our readers all over the world. Besides, we will optimize the virtual space of the journal, and continue publishing articles online immediately after they have been diagrammed, before the full trimestral issue is digitally distributed.

In this second issue of the RPGO in the year 2020, we have highlighted papers related with the COVID-19 pandemic, caused by SARS-CoV-2; these articles report the first experiences managing this disease overseas and in our country. Dr. Jorge Alarcón, in an editorial, elaborates on the coronavirus as the cause of the pandemic, which, as of June 7, 2020, has caused over 7 million confirmed cases and over 400 000



deaths worldwide, with the highest numbers in the United States, the United Kingdom, Brazil, Italy, France, Spain, Mexico. In Peru, confirmed cases exceed 200 000 (ca. 9 000 cases per day), 61% of which are in Lima; this compromise places us as the eighth most infected country in the world. With over 5 500 deaths, Peru is the first country in Latin America in deaths per million inhabitants⁽³⁾. Furthermore, the number of confirmed cases of COVID-19 varies depending on the type of test taken; if this distinction had been considered since the beginning of the pandemic, the number of infected people would have had a five to tenfold increase. In addition, the number of deaths is underestimated by up to 81% in Peru, according to *Financial Times*⁽⁴⁾. This would happen because, generally, the only deaths included in the statistics are those certified with the final diagnosis of COVID-19, while a larger number of certificates have other diagnoses, given the lack of reliable proof to assert that the death has in fact been due to COVID-19. Besides, many deceased are buried informally, due to the insufficient number of funeral establishments and cremation facilities, the high costs and the remote regions of Peru.

Our knowledge about how SARS-CoV-2 acts has evolved during its seven-month existence. More information about how it affects the human body has been obtained, especially in both the apparently healthy (asymptomatic) person and in the person with comorbidities, as well as in people of varying ages, including children and adolescents. COVID-19 occurs less frequently and less severely in young people and in women, and its activity varies according to geographical area and social and wealth differences. Although there are abundant scientific publications for the general audience, widespread disinformation (fake news) by pseudoscientists and irresponsible people compels the prudent physician to read clinical observations and results in indexed, peer-reviewed medical journals. These present cases and short communications about patients with severe disease who receive intensive care with oxygen and ventilators, as well as various medicines that are optimally prescribed with the hope of saving lives. The outcomes of the patients who recovered remain unknown. So far, we only know that their immunity would be variable, that they could become re-infected, and that a person who recovered from COVID-19

can shed the virus for 19 days, while the asymptomatic person sheds it for 8 days⁽⁵⁾.

Fortunately, the experiences in pregnant women, usually asymptomatic, and their newborns, have been rather positive. Frequent problems they have are stress, preoccupation and insomnia during pregnancy and in the postpartum⁽⁶⁾. However, in patients with comorbidities, the virus acts more severely, and may even cause death⁽⁷⁾. Mandatory distancing measures dictate that prenatal control should be provided through telemedicine; they have also caused the delivery rooms to be transformed into specially equipped areas that can prevent possible contagion to healthcare providers in the same room and in the hallways.

In the current issue of the RPGO, our readers will find the initial clinical experiences of a hospital that belongs to the Peruvian Institute of Social Security, with an environment dedicated to attending pregnant women with COVID-19, and a case report of a delivery in a private clinic, where protective measures for the pregnant woman, her newborn and the healthcare team were followed, according to the pertinent guidelines. Besides, we include a compilation of recommendations by important international institutions in Gynecology and Obstetrics, questions about what is left to learn, as well as the conclusions of a systematic review by Panamanian experts. Also, due to its importance, we publish the algorithm developed by the American College of Obstetricians and Gynecologists, which we belong to; our country's section is part of ACOG's District VI.

We hope that, by our next issue, the immense outbreak of infections and deaths by COVID-19 will have decreased, that the medical response to it will be more efficient and safer for the patient, and that we will be closer to developing an appropriate treatment and vaccine against SARS-CoV-2. Nevertheless, the current prospects are discouraging.

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