EDITORIAL

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The unexpected visitor stayed with us
El visitante inesperado se quedó con nosotros

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By mid-December 2020, an unexpected, unwelcome visitor who stayed on our planet – the SARS-CoV-2 – has caused 74 million confirmed cases of infected people and more than 1,600,000 deaths in the world, mainly in the US, India, Europe and Latin America[1]. And it will probably remain with us for many years. A few months ago, Peru was considered the fifth country with the most coronavirus infections in the world and the country with the highest death rate per 100,000 inhabitants[2]. However, due to the renewed force of the pandemic in other countries, it now ranks as the 16th country with the most infections, soon to reach one million infected, and with around 37,000 deaths[1].

The first case of coronavirus detected in the world is considered to have occurred on November 17, 2019 in Wuhan, China[3], and as of February 2020, the virus spread rapidly outside of China to the world. The first confirmed coronavirus case in the U.S. was reported on January 19 in a Washington man after returning from Wuhan, China. However, studies in blood donors have confirmed the presence of the coronavirus in Washington, USA, at least since December 13, 2019[4]. And, according to the Milan Tumor Institute and the University of Siena, the virus was already circulating in Italy in September 2019, in apparently asymptomatic patients[5].

In some countries such as Peru, the diagnosis of infected people has been managed with rapid serological tests, initially from manufacturers not recognized by the World Health Organization, with countless false positives and negatives. So far, the number of molecular tests carried out in Peru is low, so the numbers of those infected by COVID-19 must be higher than those officially published. In addition, the SINADEF – National Information System of Deaths of the Ministry of Health – has published the number of confirmed and suspected deaths from COVID-19 accumulated as of December 4, 2020. The confirmed death toll was of 36,231. However, the same table showed 78,825 deaths suspected from COVID-19 until that date[6].

Research early in the pandemic suggested that the rate of asymptomatic infections could be as high as 81%. But a recent meta-analysis[7], which included 13 studies involving 21,708 people, calculated the rate of asymptomatic presentation to be 17%. Evidence suggests that most people develop symptoms in 7–13 days, and the risk of an asymptomatic person passing the virus to others in their home is about one-quarter of the risk of transmission from a symptomatic person[8]. The findings of another systematic review in 79 studies suggest the overall estimate of the proportion of people who become infected with SARS-CoV-2 and remain asymptomatic throughout infection is 20%. There is some evidence that biases in the selection of participants influenced the estimate[9].

Much remains to be learned regarding coronavirus immunity in general and SARS-CoV-2 immunity in particular, including the protective immunity induced by vaccines and the maintenance of immunity against this virus[10]. The SARS-CoV-2 seroprevalence has remained below 20% even in the most adversely affected areas globally, such as Spain and Italy[11], which is important for epidemiological studies and vaccine implementation. In the US, fewer than 10% of people had detectable SARS-CoV-2 antibodies[12]. More than 60%, and perhaps up to 80%, of the population may need immunity for the viral replication rate to drop below 1, enabling a modest level of disease control[11].

The humoral immunity against SARS-CoV-2 may not be long lasting in persons with mild illness, who compose the majority of persons with Covid-19[13]. In Iceland, antiviral antibodies against SARS-CoV-2 did not decline within 4 months after diagnosis. Estimation of risk of death from infection was 0.3% and 44% of persons infected with SARS-CoV-2 were not diagnosed by qPCR[14].

Pfizer and BioNTech vaccines, based on mRNA, have begun to be applied in England, USA, Canada, Mexico, with 95% efficacy against COVID-19 and serious adverse reactions in less than 4.6% of the participants of the analysis[15]. People with a significant history of allergic reactions should not receive the vaccine. The Moderna vaccines (mRNA-1273) would have similar efficacy and does not need refrigeration at -70°C; but its effectiveness is lower in older adults. And the vaccine has not yet been experimented with pregnant women, nursing mothers and children under 16 years of age. The administration of this vaccine is complicated for several reasons: the immensity of the population to be vaccinated in a short amount of time; transportation problems as well as conservation problems in the Pfizer vaccine; the lack of appropriate health facilities; most countries suffering from a lack of human resources in healthcare and suffering economic crises. We hope that our governments carry out an intelligent and appropriate management that reaches the objectives set.

Regarding SARS-CoV-2, we hope the new year 2021 will bring an effective, efficient, harmless vaccine with long lasting immunity, as well as an effective treatment for those who are moderately or severely infected. The questions continue, the future is still uncertain. Infections rise astronomically in the US, a second outbreak occurs in Europe and Asia and is expected in Latin America, where the number of infected and deceased was decreasing a few weeks ago. In Latin America, Peru would not have the vaccine for the entire population until 2022, due to political and economic mismanagement reasons.

Furthermore, the few reinfections found previously[16] are now being encountered more frequently in the world, including one confirmed case in a child and 26 other probable cases in Peru[17].

As for our Journal, the pandemic brought both crisis and opportunities. The Peruvian Journal of Gynecology and Obstetrics is the official organ of the Peruvian Society of Obstetrics and Gynecology, which, like all private entities, has suffered a decrease in its own income and sponsorship. The Journal, however, has increased its scientific production – particularly due to international contributions – it remained permanent and punctual, with advance publication of articles referring to the pandemic and to the health of women and pregnant women. Since the second issue of 2020, all articles have been published in Spanish and English, which will undoubtedly increase our visibility. External reviewers have collaborated efficiently and quickly and the Editorial Committee has been able to continue meeting virtually. It is our plan to modernize the OJS page, activate the previous DOI and continue indexing. Furthermore, we will continue our pursuit to attract researchers and their investigations on women's health, adolescence, pregnancy, reproductive problems, sexual and reproductive health and how the COVID-19 pandemic affects women, pregnant women and their child.

To our editorial committees, researchers, authors and contributors, readers and friends: we wish you a Merry Christmas and a Better New Year 2021.

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