

COVID-19 – Sharing Experiences of Medical Universities: Report on an International Seminar on 12 May 2020

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The setting of the seminar

The Medical University of Karakalpakstan in Nukus, Uzbekistan, as host, in collaboration with the Medical University of Vienna, Austria, and the Saint-Petersburg State Pediatric Medical University from Russia, in May 2020 organized an online seminar with the title “COVID-19 – sharing experiences of Medical Universities”. Indeed the pandemic has hit many countries throughout the world with unexpected force and healthcare systems often were not prepared. That experience clearly showed the need for international cooperation and coordination. It was a sad observation that instead often mistrust and national egoism prevailed.

Organising a seminar bringing together expertise and experiences from different parts of the Eurasian Continent was a challenge but also proved very successful. Often more than one participant per computer and nearly 100 computers participated in that well attended seminar. Speakers came from clinical practice and from public health, from therapeutic and from epidemiological research and from very different cultures. Thus the seminar clearly also was a token against national egoisms.

Uzbekistan is a country located in the centre of the Eurasian Continent and has served as a hub for exchanging goods and products via the ancient Silk Road between East and West, but also of cultural and scientific ideas. This was not only a passive transport but also included digesting, translating and combining ideas and thus generating new concepts. It is good that this old role of linking East and West has re-emerged, not only in terms of trade and commerce, but also in terms of knowledge exchange. But it should not be forgotten that the old commercial routes also enabled the spread of the pandemics of antiquity and of medieval times like the bubonic plague [1-2]. Thus the host country was well

chosen for more than one reason.

COVID-19 is an infectious disease caused by a novel Corona virus (termed SARS-CoV-2) that first appeared in China late in 2019 [3] and reached pandemic distribution early in 2020 [4]. After metagenomic RNA sequencing had been performed the genome sequences were deposited in an open access database. Indeed in this early phase before the global spread of the virus the information necessary for PCR testing and surveillance was thus successfully and efficiently distributed to many labs worldwide [5-6]. But policy makers outside of South-East Asia were slow in recognising the new threat and were also slow in offering support to China and its neighbours.

When countries were hit by the new disease after a phase of shock and denial most experienced a steep learning curve and implemented different public health measures [7]. But it soon also became necessary to warn against an uncritical use of disinfectants [8] that might, if wrongly applied, not only be useless, but also harmful. Therefore that seminar bringing together so many different points of view both geographically and from different scientific disciplines was very timely.

COVID-19: different countries – different experiences

The seminar started with the Austrian experience reported [9] by H. Moshhammer and F. Heger. They described the public health measures that met quite some opposition at first, but turned out to be very effective. In the second part the Austrian surveillance and testing system was explained as it was gradually established in response to the public health crisis.

The Russian colleagues from the Saint-Petersburg Pediatric Medical University gave first two talks about clinical aspects of COVID-19. The first was on COVID-19 infections in children by S.L. Bannova and V.G. Puzyrev

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[10]. Children only rarely experience a severe course of disease. But although patients without symptoms will likely not spread a large viral load they are very relevant for viral transmission because of many contacts in the asymptomatic state.

Next D.V. Zabolotsky, together with V.A. Koryachkin and V.G. Puzyrev reported on COVID-19 effect on haemostasis and hematological markers [11]. These markers have some diagnostic as well as prognostic value.

The Russian contribution was concluded by an overview of the epidemiological situation by E.Y. Lapina and V.G. Puzyrev on the COVID-19 morbidity structure and control measures in Russia [12]. The purpose of their review was to define the main steps of COVID-19 spread in Russia and analyse the effectiveness of control measures.

Finally inputs from the host country were presented. First G.A. Yusupalieva and U.S. Ismailov from the Ministry of Health reported on the organization of assistance and training for health personnel in medical facilities for responding to COVID-19 in Uzbekistan [13].

Next O.A. Ataniyazova spoke about COVID-19: High risk groups for COVID-19 and challenges for Medical Universities [14]. While Uzbekistan in general was not very heavily hit by the pandemic some parts of that country, notably the Republic of Karakalpakstan, generally suffer from poor health conditions. The crisis area around the former Aral Sea is affected by adverse climatic conditions and chronic environmental pollution such as pesticides, poor drinking water, or dust pollution leading to a high incidence of various diseases also rendering people more susceptible to infectious disease [15].

The seminar was closed by a presentation of N. Kasymova, representative of WHO Uzbekistan, on the capacity-building and technical support as the WHO response to COVID-19 in Uzbekistan [16]. She provided also a very instructive list of web-based resources for the medical doctors and health workers.

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