



Please find below 30 papers relating to Essential Health Services and COVID-19, up to 23 November 2020. To comment on any paper, please email the HIFA forum: hifa@hifaforums.org

With thanks to HIFA Literature Search expert John Eyers

1. Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) <1946 to November 23, 2020> Searched 24th November 2020

- 1 health services accessibility/og or "Delivery of Health Care"/og or exp preventive health services/og or health services needs/og or Continuity of Patient Care/ (83416)
- 2 ((access* or need* or maintain* or maintenance or deliver* or disrupt*) adj2 (health service* or preventive health or health care or healthcare)).ti,kw. (15133)
- 3 or/1-2 (97242)
- 4 covid*.ti,kw. or coronavirus infections/ (74869)
- 5 3 and 4 (756)
- 6 "Systematic Review"/ or "Review"/ or review.ti. (2936884)
- 7 5 and 6 (117)
- 8 ((essential or preventive or wellbeing or well being) adj health adj2 (impact or effect* or disrupt* or maintenance or maintain*)).ti,ab,kw. (127)
- 9 4 and 8 (8)

1.

Essential health services delivery in Zimbabwe during the COVID-19 pandemic: perspectives and recommendations.

Murewanhema G; Makurumidze R.

The Pan African medical journal. 35(Suppl 2):143, 2020.

[Journal Article]

UI: 33193958

Zimbabwe reported its first case of COVID-19 on 20 March 2020, and since then the number has increased to over 4000. To contain the spread of the causative SARS-CoV-2 and prepare the healthcare system, public health interventions, including lockdowns, were imposed on 30 March 2020. These resulted in disruptions in healthcare provision, and movement of people and supply

chains. There have been resultant delays in seeking and accessing healthcare by the patients. Additionally, disruption of essential health services in the areas of maternal and child health, sexual and reproductive health services, care for chronic conditions and access to oncological and other specialist services has occurred. Thus, there may be avoidable excess morbidity and mortality from non-COVID-19 causes that is not justifiable by the current local COVID-19 burden. Measures to restore normalcy to essential health services provision as guided by the World Health Organisation and other bodies needs to be considered and implemented urgently, to avoid preventable loss of life and excess morbidity. Adequate infection prevention and control measures must be put in place to ensure continuity of essential services whilst protecting healthcare workers and patients from contracting COVID-19.

Copyright: Grant Murewanhema et al.

Version ID

1

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Status

MEDLINE

Authors Full Name

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Makurumidze, Richard. Institute of Tropical Medicine, Antwerp, Belgium.

Makurumidze, Richard. Faculty of Medicine and Pharmacy, Free University of Brussels (VUB), Brussels, Belgium.

MeSH Heading

*Betacoronavirus. Chronic Disease/ep [Epidemiology]. Communicable Disease Control/og [Organization & Administration]. Continuity of Patient Care. *Coronavirus Infections/ep [Epidemiology]. Coronavirus Infections/pc [Prevention & Control]. *Delivery of Health Care. Guidelines as Topic. Health Resources/sd [Supply & Distribution]. Health Services Accessibility. Humans. Medically Uninsured. Medicine. Models, Theoretical. Mortality. Neoplasms/th [Therapy]. Pandemics/pc [Prevention & Control]. *Pandemics. Patient Acceptance of Health Care. Personal Protective Equipment/sd [Supply & Distribution]. *Pneumonia, Viral/ep [Epidemiology]. Pneumonia, Viral/pc [Prevention & Control]. Reproductive Health Services/sd [Supply & Distribution]. World Health Organization. Zimbabwe/ep [Epidemiology].

Keyword Heading

COVID-19 Zimbabwe
delays
health services delivery.
Rare Disease Supplementary Concept
COVID-19
Year of Publication
2020

2.

Implementation of Early Detection Services for Cancer in India During COVID-19 Pandemic.

Khanna D; Khargekar NC; Khanna AK.

Cancer Control. 27(1):1073274820960471, 2020 Jan-Dec.

[Editorial]

UI: 32938229

Early detection of cancer greatly increases the chances of better survival. The emergence of COVID-19 pandemic has disrupted several essential health services globally and early detection of cancer services is one of them. The routine cancer screenings have plummeted in many developed countries since the crisis. India has highest estimated lip and oral cavity cancer cases worldwide (119,992, 33.8%) and the second highest number of breast (162,468, 17.8%) and cervix uteri (96,922, 30.7%) cancers in Asian sub-continent. Not only India has high burden of cancer, but the majority (75-80%) of patients have advanced disease at the time of diagnosis. Hence is it imperative that early detection services should be kept functional at out-patient settings so that at least the patients coming to hospitals with early signs and symptoms can be diagnosed as early as possible. Strategies need to be adopted to continue early detection services and ensure safety of patients and health care workers from COVID-19 transmission.

Version ID

1

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Status

MEDLINE

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Khanna, Ajay Kumar. Department of General Surgery, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India.

MeSH Heading

Betacoronavirus. Coronavirus Infections/co [Complications]. *Coronavirus Infections/ep [Epidemiology]. *Early Detection of Cancer. Humans. India/ep [Epidemiology]. *Mass Screening/mt [Methods]. Neoplasms/co [Complications]. *Neoplasms/di [Diagnosis]. Neoplasms/ep [Epidemiology]. *Pandemics. Pneumonia, Viral/co [Complications]. *Pneumonia, Viral/ep [Epidemiology].

Keyword Heading

COVID-19 cancer control

early diagnosis

screening.

Rare Disease Supplementary Concept

COVID-19

Year of Publication

2020

3.

Remote consultations in the era of COVID-19 pandemic: Preliminary experience in a regional Australian public acute mental health care setting.

Kavoor AR; Chakravarthy K; John T.

Asian Journal of Psychiatry. 51:102074, 2020 Jun.

[Journal Article]

UI: 32294583

In the wake of the recent pandemic of Corona Virus Disease 2019 (COVID-19), with confirmed cases having crossed 750,000, health systems across the world are getting overwhelmed; making it strenuous to maintain essential health services. Several changes were implemented in our acute mental health care service using a collaborative approach to maintain a balance between preventive measures to 'flatten the curve' and to provide care to those who were in need. Mode of service delivery was changed predominantly to tele-medicine, amongst others. It was found to be a workable model, albeit further follow up will be required to better understand its viability and feasibility to withstand the COVID-19 cataclysm.

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Version ID

1

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Status

MEDLINE

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John, Thomas. Queensland Health, Australia; University of Queensland, Australia. Electronic address: Thomas.John@health.qld.gov.au.

MeSH Heading

Australia. *Coronavirus Infections. Humans. *Mental Disorders/th [Therapy]. *Mental Health Services/og [Organization & Administration]. *Pandemics. *Pneumonia, Viral. *Remote Consultation/og [Organization & Administration].

Keyword Heading

Acute Mental Health Care during COVID-19 COVID-19

COVID-19 response

Corona Virus

Psychiatry

Telepsychiatry.

Rare Disease Supplementary Concept

COVID-19

Year of Publication

2020

4.

The effects of coronavirus disease 2019 pandemic on the South African health system: A call to maintain essential health services.

Nyasulu J; Pandya H.

African Journal of Primary Health Care & Family Medicine. 12(1):e1-e5, 2020 Jul 22.

[Journal Article]

UI: 32787396

South Africa had its first coronavirus disease 2019 (COVID-19) case on 06 March 2020 in an individual who travelled overseas. Since then, cases have constantly increased and the pandemic has taken a toll on the health system. This requires extra mobilisation of resources to curb the disease and overcome financial losses whilst providing social protection to the poor. Assessing the effects of COVID-19 on South African health system is critical to identify challenges and act timely to strike a balance between managing the emergency and maintaining essential health services. We applied the World Health Organization (WHO) health systems framework to assess the effects of COVID-19 on South African health system, and proposed solutions to address the gaps, with a focus on human immunodeficiency virus (HIV) and expanded programme on immunisation (EPI) programmes. The emergence of COVID-19 pandemic has direct impact on the health system, negatively affecting its functionality, as depletion of resources to curb the emergency is eminent. Diversion of health workforce, suspension of services, reduced health-seeking behaviour, unavailability of supplies, deterioration in data monitoring and funding crunches are some of the noted challenges. In such emergencies, the ability to deliver essential services is dependent on baseline capacity of health system. Our approach advocates for close collaboration between essential services and COVID-19 teams to identify priorities, restructure essential services to accommodate physical distancing, promote task shifting at primary level, optimise the use of mobile/web-based technologies for service delivery/training/monitoring and involve private sector and non-health departments to increase management capacity. Strategic responses thus planned can assist in mitigating the adverse effects of the pandemic whilst preventing morbidity and mortality from preventable diseases in the population.

Version ID

1

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Status

MEDLINE

Authors Full Name

Nyasulu, Juliet; Pandya, Himani.

Institution

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MeSH Heading

*Coronavirus Infections/ep [Epidemiology]. *Delivery of Health Care/og [Organization & Administration]. Humans. *Pandemics. *Pneumonia, Viral/ep [Epidemiology]. South Africa/ep [Epidemiology].

Keyword Heading

COVID-19 pandemic EPI

HIV

WHO health systems framework building blocks

essential services

health systems.

Rare Disease Supplementary Concept

COVID-19

Year of Publication

2020

5.

Considerations for the otolaryngologist in the era of COVID-19: a review of the literature. [Review]
Miller LE; Shaye DA; Lee LN.

Current Opinion in Otolaryngology & Head & Neck Surgery. 28(4):228-234, 2020 Aug.

[Journal Article. Review]

UI: 32628416

PURPOSE OF REVIEW: The SARS-CoV-2 coronavirus pandemic, referred to as COVID-19, has spread throughout the globe since its first case in China in December 2019, leaving a significant

number of people infected and clinically ill. The purpose of this review is to provide the current known clinical characteristics of and management for COVID-19 as it relates to otolaryngology. RECENT FINDINGS: COVID-19 is a highly transmissible respiratory disease with common presenting symptoms of fever, cough, and fatigue. In the absence of available vaccines or antiviral therapies, symptomatic and respiratory support is the current standard of therapy. Measures to prevent further transmission have been enacted globally including social distancing and cancellation of public events. Given elevated viral load in the upper aerodigestive tract, extra precautions in patients with otolaryngology needs have been recommended for protection of both healthcare workers and patients.

SUMMARY: Otolaryngologists face unique risk from COVID-19. Maintaining appropriate preventive health measures and remaining updated on institutional clinical guidelines is paramount for both caretaker safety and patient care.

Version ID

1

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Status

MEDLINE

Authors Full Name

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MeSH Heading

Betacoronavirus. China. *Coronavirus Infections/ep [Epidemiology]. Coronavirus Infections/pc [Prevention & Control]. *Disease Transmission, Infectious/pc [Prevention & Control]. Female. Humans. *Infection Control/og [Organization & Administration]. Male. *Occupational Health. Otolaryngologists/sn [Statistics & Numerical Data]. Pandemics/pc [Prevention & Control]. *Pandemics/sn [Statistics & Numerical Data]. Patient Safety. *Personal Protective Equipment/sn [Statistics & Numerical Data]. *Pneumonia, Viral/ep [Epidemiology]. Pneumonia, Viral/pc [Prevention & Control]. Secondary Prevention/og [Organization & Administration].

Rare Disease Supplementary Concept

COVID-19

Year of Publication

2020

6.

Considerations for the otolaryngologist in the era of COVID-19: a review of the literature.

Miller LE; Shaye DA; Lee LN.

Current Opinion in Otolaryngology & Head & Neck Surgery. 2020 Jun 28.

[Journal Article]

UI: 32618844

PURPOSE OF REVIEW: The SARS-CoV-2 coronavirus pandemic, referred to as COVID-19, has spread throughout the globe since its first case in China in December 2019, leaving a significant number of people infected and clinically ill. The purpose of this review is to provide the current known clinical characteristics of and management for COVID-19 as it relates to otolaryngology.

RECENT FINDINGS: COVID-19 is a highly transmissible respiratory disease with common presenting symptoms of fever, cough, and fatigue. In the absence of available vaccines or antiviral therapies, symptomatic and respiratory support is the current standard of therapy. Measures to prevent further transmission have been enacted globally including social distancing and cancellation of public events. Given elevated viral load in the upper aerodigestive tract, extra precautions in patients with otolaryngology needs have been recommended for protection of both healthcare workers and patients.

SUMMARY: Otolaryngologists face unique risk from COVID-19. Maintaining appropriate preventive health measures and remaining updated on institutional clinical guidelines is paramount for both caretaker safety and patient care.

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From MEDLINE, a database of the U.S. National Library of Medicine.

Status

Publisher

Authors Full Name

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Miller, Lauren E. Department of Otolaryngology - Head and Neck Surgery. Shaye, David A. Department of Otolaryngology - Head and Neck Surgery.

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Year of Publication

2020

7.

Essential health services delivery in Zimbabwe during the COVID-19 pandemic: perspectives and recommendations.

Murewanhema G; Makurumidze R.

The Pan African medical journal. 35(Suppl 2):143, 2020.

[Journal Article]

UI: 33193958

Zimbabwe reported its first case of COVID-19 on 20 March 2020, and since then the number has increased to over 4000. To contain the spread of the causative SARS-CoV-2 and prepare the healthcare system, public health interventions, including lockdowns, were imposed on 30 March 2020. These resulted in disruptions in healthcare provision, and movement of people and supply chains. There have been resultant delays in seeking and accessing healthcare by the patients. Additionally, disruption of essential health services in the areas of maternal and child health, sexual and reproductive health services, care for chronic conditions and access to oncological and other specialist services has occurred. Thus, there may be avoidable excess morbidity and mortality from non-COVID-19 causes that is not justifiable by the current local COVID-19 burden. Measures to restore normalcy to essential health services provision as guided by the World Health Organisation and other bodies needs to be considered and implemented urgently, to avoid preventable loss of life and excess morbidity. Adequate infection prevention and control measures must be put in place to ensure continuity of essential services whilst protecting healthcare workers and patients from contracting COVID-19.

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Version ID

1

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Status

In-Process

Authors Full Name

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Makurumidze, Richard. Faculty of Medicine and Pharmacy, Free University of Brussels (VUB), Brussels, Belgium.

Keyword Heading

COVID-19 Zimbabwe

delays

health services delivery.

Year of Publication

2020

8.

Leveraging Telemedicine for Chronic Disease Management in Low- and Middle-Income Countries During Covid-19.

Hoffer-Hawlik MA; Moran AE; Burka D; Kaur P; Cai J; Frieden TR; Gupta R.

Global heart. 15(1):63, 2020 Sep 15.

[Journal Article]

UI: 33150128

In response to the Covid-19 pandemic, many low- and middle-income countries (LMICs) expanded access to telemedicine to maintain essential health services. Although there has been attention to the accelerated growth of telemedicine in the United States and other high-income

countries, the telemedicine revolution may have an even greater benefit in LMICs, where it could improve health care access for vulnerable and geographically remote patients. In this article, we survey the expansion of telemedicine for chronic disease management in LMICs and describe seven key steps needed to implement telemedicine in LMIC settings. Telemedicine can not only maintain essential medical care for chronic disease patients in LMICs throughout the Covid-19 pandemic, but also strengthen primary health care delivery and reduce socio-economic disparities in health care access over the long-term.

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Version ID

1

Record Owner

From MEDLINE, a database of the U.S. National Library of Medicine.

Status

In-Process

Authors Full Name

Hoffer-Hawlik, Michael A; Moran, Andrew E; Burka, Daniel; Kaur, Prabhdeep; Cai, Jun; Frieden, Thomas R; Gupta, Reena.

Institution

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Keyword Heading

Covid-19 chronic diseases

global health

telemedicine.

Year of Publication
2020

2. Embase <1980 to 2020 Week 47>Searched 24th November 2020

- 1 ((access* or need* or maintain* or maintenance or deliver* or disrupt*) adj2 (health service* or preventive health or health care or healthcare)).ti,kw. (16312)
- 2 covid*.ti,kw. or coronavirus infection/ (64819)
- 3 1 and 2 (153)
- 4 "Systematic Review"/ or "Review"/ or review.ti. (2885819)
- 5 3 and 4 (25)
- 6 ((essential or preventive or wellbeing or well being) adj health adj2 (impact or effect* or disrupt* or maintenance or maintain*)).ti,ab,kw. (145)
- 7 2 and 6 (6)
- 8 3 or 7 (158)
- 9 limit 8 to exclude medline journals (22)

<1>

Accession Number

2007295180

Title

Management of Canadian Pediatric Patients With Glomerular Diseases During the COVID-19 Pandemic: Recommendations From the Canadian Association of Pediatric Nephrologists COVID-19 Rapid Response Team.

Source

Canadian Journal of Kidney Health and Disease. 7 (no pagination), 2020. Date of Publication: 2020.

Author

Robinson C.; Ruhl M.; Kirpalani A.; Alabbas A.; Noone D.; Teoh C.W.; Langlois V.; Phan V.; Lemaire M.; Chanchlani R.

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Publisher

SAGE Publications Ltd

Subject Headings

adult
article
Canadian
care behavior
child
child care
childhood
chronic kidney failure
*communicable disease
*coronavirus disease 2019
*glomerulonephritis
home monitoring
human
hypertension
immunization
immunosuppressive treatment
kidney biopsy
leadership
*nephrologist
*nephrology
organization

*pandemic
patient education
*pediatric patient
peer review
prevention
*rapid response team

Other Index Terms

adult [m]; article [m]; Canadian [m]; care behavior [m]; child [m]; child care [m]; childhood [m]; chronic kidney failure [m]; *communicable disease [m]; *coronavirus disease 2019 [m]; *glomerulonephritis [m]; home monitoring [m]; human [m]; hypertension [m]; immunization [m]; immunosuppressive treatment [m]; kidney biopsy [m]; leadership [m]; *nephrologist [m]; *nephrology [m]; organization [m]; *pandemic [m]; patient education [m]; *pediatric patient [m]; peer review [m]; prevention [m]; *rapid response team [m]

Abstract

Purpose: The goal of these recommendations is to provide guidance on the optimal care of children with glomerular diseases during the COVID-19 pandemic. Patients with glomerular diseases are known to be more susceptible to infection. Risk factors include decreased vaccine uptake, urinary loss of immunoglobulins, and treatment with immunosuppressive medications. The Canadian Society of Nephrology (CSN) recently published guidelines on the care of adult glomerulonephritis patients. This guideline aims to expand and adapt those recommendations for programs caring for children with glomerular diseases. **Sources of information:** We used the CSN COVID-19 Rapid Response Team adult glomerulonephritis recommendations, published in the Canadian Journal of Kidney Health and Disease, as the foundation for our guidelines. We reviewed documents published by nephrology and non-nephrology societies and health care agencies focused on kidney disease and immunocompromised populations. Finally, we conducted a formal literature review of publications relevant to pediatric and adult glomerular disease, chronic kidney disease, hypertension, and immunosuppression in the context of the COVID-19 pandemic. **Method(s):** The leadership of the Canadian Association of Pediatric Nephrologists (CAPN), which is affiliated with the CSN, identified a team of clinicians and researchers with expertise in pediatric glomerular diseases. The aim was to adapt Canadian adult glomerulonephritis guidelines to make them applicable to children and discuss pediatric-specific considerations. The updated guidelines were peer-reviewed by senior clinicians with expertise in the care of childhood glomerular diseases. **Key Findings:** We identified a number of key areas of glomerular disease care likely to be affected by the COVID-19 pandemic, including (1) clinic visit scheduling, (2) visit types, (3) provision of multidisciplinary care, (4) blood work and imaging, (5) home monitoring, (6) immunosuppression, (7) other medications, (8) immunizations, (9) management of children with suspected COVID-19, (10) renal biopsy, (11) patient education and

support, and (12) school and child care. Limitation(s): There are minimal data regarding the characteristics and outcomes of COVID-19 in adult or pediatric glomerular disease patients, as well as the efficacy of strategies to prevent infection transmission within these populations. Therefore, the majority of these recommendations are based on expert opinion and consensus guidance. To expedite the publication of these guidelines, an internal peer-review process was conducted, which may not have been as rigorous as formal journal peer-review. Implications: These guidelines are intended to promote optimal care delivery for children with existing or newly diagnosed glomerular diseases during the COVID-19 pandemic. The implications of modified care delivery, altered immunosuppression strategies, and limited access to existing resources remain uncertain. Copyright © The Author(s) 2020.

<2>

Accession Number

2007852765

Title

Challenges in Delivering Optimal Healthcare to COVID-19 Patients: Focus on Delhi, India.

Source

Journal of Clinical and Diagnostic Research. 14 (9) (pp AB01-AB03), 2020. Date of Publication: September 2020.

Author

Bharati K.; Garg A.; Das S.

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(Bharati) Public Health Consultant, New Delhi, India

(Garg) Journal of Clinical and Diagnostic Research, New Delhi, India

(Das) Editorial Services, Journal of Clinical and Diagnostic Research, New Delhi, India

Publisher

Journal of Clinical and Diagnostic Research

Subject Headings

*coronavirus disease 2019

government

*health care delivery

health care personnel

hospital bed capacity

hospital waste
housekeeping
human
India
intensive care unit
nuclear magnetic resonance imaging
oxygen supply
paramedical personnel
patient monitoring
patient transport
personnel shortage
point of care testing
polymerase chain reaction
power supply
review
screening
waste disposal
oximeter
oxygen concentrator

Device Index Terms

oximeter; oxygen concentrator

Other Index Terms

*coronavirus disease 2019; government; *health care delivery; health care personnel; hospital bed capacity; hospital waste; housekeeping; human; India; intensive care unit; nuclear magnetic resonance imaging; oxygen supply; paramedical personnel; patient monitoring; patient transport; personnel shortage; point of care testing; polymerase chain reaction; power supply; Review; screening; waste disposal

<3>

Accession Number

632897995

Title

COVID-19: Technology-Supported Remote Assessment of Pediatric Asthma at Home.

Source

Frontiers in Pediatrics. 8 (no pagination), 2020. Article Number: 529. Date of Publication: 08 Sep 2020.

Author

van der Kamp M.R.; Tabak M.; de Rooij S.E.J.A.; van Lierop P.P.E.; Thio B.J.

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(van Lierop) Medical Director Pediatric Department, Medisch Spectrum Twente, Enschede, Netherlands

Publisher

Frontiers Media S.A. (c/o Michael Kenyon, ch. de la Pecholettaz 6, Epalinges 1066, Switzerland.

E-mail: info@frontiersin.org)

Subject Headings

article

*asthma/dt [Drug Therapy]

breathing rate

case report

child

clinical article

*coronavirus disease 2019

coughing

disease exacerbation

dyspnea

forced expiratory volume

health care delivery

*home monitoring

human

hyperinflation

lung flow volume curve

male

rhinorrhea
school child
*telehealth
salbutamol/dt [Drug Therapy]
salbutamol/pv [Special Situation for Pharmacovigilance]

Drug Index Terms

salbutamol / drug therapy / special situation for pharmacovigilance

Other Index Terms

Article; *asthma / *drug therapy; breathing rate; case report; child; clinical article; *coronavirus disease 2019; coughing; disease exacerbation; dyspnea; forced expiratory volume; health care delivery; *home monitoring; human; hyperinflation; lung flow volume curve; male; rhinorrhea; school child; *telehealth

Abstract

The COVID-19 crisis has pressured hospital-based care for children with high-risk asthma as they have become deprived of regular clinical evaluations. However, COVID-19 also provided important lessons about implementing novel directions for care. Personalized eHealth technology, tailored to the individual and the healthcare system, could substitute elements of hospital care and facilitate early and appropriate medical anticipation in response to imminent loss of control. This perspective article discusses new approaches to the clinical, organizational, and scientific aspects of the use of eHealth technology in pediatric asthma care in times of COVID-19, as illustrated by a case report of an acute asthma exacerbation possibly caused by COVID-19 infection. © Copyright © 2020 van der Kamp, Tabak, de Rooij, van Lierop and Thio.

<4>

Accession Number

2005102496

Title

Offer and use of oral health in primary care before and after the beginning of the COVID-19 pandemic in Brazil.

Source

Pesquisa Brasileira em Odontopediatria e Clínica Integrada. 20 (Supplement 1) (pp 1-6), 2020.

Article Number: e0139. Date of Publication: 2020.

Author

de Lucena E.H.G.; Freire A.R.; Freire D.E.W.G.; de Araujo E.C.F.; Lira G.N.W.; Brito A.C.M.; Padilha W.W.N.; Cavalcanti Y.W.

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Publisher

Association of Support to Oral Health Research (APESB) (E-mail: pboci.editoria@gmail.com)

Subject Headings

article

Brazil

*coronavirus disease 2019

cross-sectional study

*dental health

health insurance

human

major clinical study

observational study

*pandemic

*primary medical care

tooth abscess

tooth pain

Other Index Terms

Article; Brazil; *coronavirus disease 2019; cross-sectional study; *dental health; health insurance; human; major clinical study; observational study; *pandemic; *primary medical care; tooth abscess; tooth pain

Abstract

Objective: To compare the offer and use of oral health services in primary care, before and after the beginning of the COVID-19 pandemic in Brazil. Material(s) and Method(s): An observational

study with a cross-sectional ecological design, using data from the Health Information System for Primary Care. Data regarding the number of Oral Health Teams (OHT), Oral Health Coverage in Primary Care (OHC), number of First Programmatic Dental Consultations (FPDC), and number of visits due to dental abscess and toothache were collected. Data regarding the 26 Brazilian states and Federal District were collected, as consolidated of the first quarter (January to April) of 2019 and of 2020. The median of the difference (MD) and the percentage of variation (%V) were obtained for each variable and were compared by Wilcoxon test ($\alpha < 0.05$). Result(s): An increase in the number of OHT was observed in 25 states (MD=45; %V=6.13; $p < 0.001$), whilst the OHC increased in 17 states (MD=1.01; %V=1.62; $p = 0.035$) between the 2019 and 2020. We also verified a significant reduction in the number of FPDC (MD=-42.806; %V=-38.70; $p < 0.001$), as well as in the number of visits due to dental abscess (MD=-1.032; %V=-29.04; $p = 0.002$) and due to toothache (MD=-14.445; %V=-32.68; $p < 0.001$). Conclusion(s): Although an expansion of OHT and OHC between 2019 and 2020 was verified, the offer and use of oral health services in primary care has decreased due to the COVID-19 pandemic. Copyright © 2020, Association of Support to Oral Health Research (APESB). All rights reserved.

<5>

Accession Number

2005235599

Title

Disruption of healthcare amid covid-19 pandemic in bangladesh.

Source

Open Public Health Journal. 13 (1) (pp 438-440), 2020. Date of Publication: 2020.

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Publisher

Bentham Science Publishers

Subject Headings

adult

*Bangladesh

clinical article

*coronavirus disease 2019

critically ill patient

female

government

health care system

human

letter

male

medical care

*pandemic

Other Index Terms

adult [m]; *Bangladesh [m]; clinical article [m]; *coronavirus disease 2019 [m]; critically ill patient [m]; female [m]; government [m]; health care system [m]; human [m]; letter [m]; male [m]; medical care [m]; *pandemic [m]

Abstract

The world is experiencing an unrestrained devastating power of COVID-19. Lack of experience in combating such a pandemic, insufficient medical equipment and professionals, and above all, poor management have led to failure in controlling disease transmission to a large extent in Bangladesh. Therefore, an incredibly high percentage of people may need medical intervention. However, most of the hospitals in the country are not fully ready to cope with the expected surge in critically ill COVID-19 patients. The majority of the private hospitals and some government hospitals are not providing necessary medical care to both COVID-19 and non-COVID-19 patients. Therefore, it is of utmost importance to reinstate the healthcare system to full function to ensure proper treatment to the ailing patients of both COVID-19 and non-COVID-19. Copyright © 2020 Reza et al.

<6>

Accession Number

2006995106

Title

Low incidence of COVID-19 in the West African sub-region: mitigating healthcare delivery system or a matter of time?.

Source

Journal of Public Health (Germany). (no pagination), 2020. Date of Publication: 2020.

Author

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Publisher

Springer Science and Business Media Deutschland GmbH (E-mail: info@springer-sbm.com)

Subject Headings

adult

article

*Burkina Faso

complication

controlled study

*coronavirus disease 2019

Cote d'Ivoire

*fatality

Ghana

growth rate

*health care delivery

human

*incidence

Niger

Nigeria

*pandemic

Senegal

time series analysis

World Health Organization

Other Index Terms

adult [m]; article [m]; *Burkina Faso [m]; complication [m]; controlled study [m]; *coronavirus disease 2019 [m]; Cote d'Ivoire [m]; *fatality [m]; Ghana [m]; growth rate [m]; *health care delivery [m]; human [m]; *incidence [m]; Niger [m]; Nigeria [m]; *pandemic [m]; Senegal [m]; time series analysis [m]; World Health Organization [m]

Abstract

Background: This study examines the growth trends in the COVID-19 pandemic and fatalities arising from its complications among tested patients in West Africa. Countries around the world have employed several measures in order to control the spread of the disease. In spite of the poor state of the healthcare delivery system in West Africa, the spread of the pandemic is relatively low compared to reported cases in other regions of the world. The study addresses this phenomenon by asking the question: is the low incidence of COVID-19 in the West African sub-region a mitigating healthcare delivery system or just a matter of time? **Methods:** The study adopted a cross-sectional time series method. Data for Ghana, Nigeria, Burkina Faso, Ivory Coast, Senegal, Niger Republic, and global data were extracted from the World Health Organization COVID-19 databank. Data were extracted in intervals of 7 days from March 15 through April 19, 2020. Data regarding the incidence growth rate and fatalities arising from COVID-19 complications were generated from the total reported cases and fatalities over specified periods. Descriptive and inferential statistical analyses were carried out using Stata version 14. **Result(s):** Results showed that the trends in growth patterns of COVID-19 for Senegal, Nigeria, Ghana, Republic of Niger, and West Africa generally followed the same fluctuating curves. The COVID-19 pandemic accounted for 92.3%, 97.8%, 90.3%, 65%, 90.4%, 93.6%, and 97% of complications that led to deaths of patients in Burkina Faso, Nigeria, Senegal, Ghana, Niger Republic, Ivory Coast, and West Africa, respectively. Also, the results established that there was a significant positive association between increased incidence of COVID-19 and percentage increase in fatalities arising from its complications in West Africa ($s = 0.032$; $t = 12.70$; $p < 0.001$). **Conclusion(s):** The threat presently posed by COVID-19 seems to be minimal in West Africa despite the poor state of the healthcare delivery system in the region. It is unlikely, however, that the region is well prepared for the pandemic in the event that it escalates out of control with time. Copyright © 2020, Springer-Verlag GmbH Germany, part of Springer Nature.

<7>

Accession Number

633118342

Title

Emerging from the first COVID-19 wave: Archetyping the new NHS ophthalmic waiting room.

Source

BMJ Innovations. (no pagination), 2020. Date of Publication: 2020.

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Publisher

BMJ Publishing Group (E-mail: support@bmj.com)

Subject Headings

*coronavirus disease 2019

*cross infection

*eye disease

*health care delivery

*hospital medicine

human

letter

*social medicine

*waiting room

Other Index Terms

*coronavirus disease 2019 [m]; *cross infection [m]; *eye disease [m]; *health care delivery [m]; *hospital medicine [m]; human [m]; letter [m]; *social medicine [m]; *waiting room [m]

<8>

Accession Number

632122182

Title

Telemedicine takes centre stage during COVID-19 pandemic.

Source

BMJ Innovations. 6 (4) (pp 252-254), 2020. Date of Publication: 01 Oct 2020.

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Publisher

BMJ Publishing Group (E-mail: support@bmj.com)

Subject Headings

*coronavirus disease 2019
*global health
*health care planning
human
*infectious disease medicine
*pandemic
review
*telemedicine

Other Index Terms

*coronavirus disease 2019 [m]; *global health [m]; *health care planning [m]; human [m];
*infectious disease medicine [m]; *pandemic [m]; review [m]; *telemedicine [m]

Abstract

The COVID-19 pandemic continues to spread rapidly and overwhelm health systems around the world. To cope with this unprecedented usage of healthcare resources, increasingly novel solutions are being brought into the fray. Telemedicine has been thrust into the spotlight in the fight against COVID-19 and is being employed in many different ways to better tackle the challenges. Telemedicine will likely have a more permanent place in traditional healthcare delivery long after COVID-19 is over as users and providers recognise its utility. Copyright © Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.

<9>

Accession Number

633103795

Title

Covid 19 and access to mental health care-Need of increased investment.

Source

Indian Journal of Psychiatry. 62 (9 Supplement 3) (pp S328-S329), 2020. Date of Publication: September 2020.

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Publisher

Wolters Kluwer Medknow Publications

Subject Headings

*coronavirus disease 2019

editorial

human

*investment

*mental health care

Other Index Terms

*coronavirus disease 2019 [m]; editorial [m]; human [m]; *investment [m]; *mental health care [m]

<10>

Accession Number

632865262

Title

Assessing knowledge, attitude, practice, and preparedness of hospital pharmacists in Lebanon towards COVID-19 pandemic: A cross-sectional study.

Source

Journal of Pharmaceutical Policy and Practice. 13 (1) (no pagination), 2020. Article Number: 54.
Date of Publication: 18 Sep 2020.

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Publisher

BioMed Central Ltd (United Kingdom. E-mail: info@biomedcentral.com)

Subject Headings

adult

article

*coronavirus disease 2019

cross-sectional study

female

*hospital pharmacist

hospital pharmacy

human

infection risk

knowledge

Lebanon

male

observational study

occupational exposure

*pandemic

*pharmacist attitude

resource allocation

safety

hand sanitizer

face mask

Device Index Terms

face mask

Drug Index Terms

hand sanitizer

Other Index Terms

adult; Article; *coronavirus disease 2019; cross-sectional study; female; *hospital pharmacist; hospital pharmacy; human; infection risk; knowledge; Lebanon; male; observational study; occupational exposure; *pandemic; *pharmacist attitude; resource allocation; safety

Abstract

Background: During the COVID-19 pandemic, the Lebanese government has taken the proactive anticipatory measure to minimize the infection rates. Despite the pivotal role of the pharmacists working in hospital settings, hospital pharmacists have not been engaged in the emergency preparedness for hospitals. The primary objective of this survey is to assess the knowledge, attitude, and practice of hospital pharmacists in Lebanon towards COVID-19 pandemic and explore the level of health emergency preparedness of Lebanese hospitals in response to this outbreak. **Method(s):** A standardized English-based, anonymous and online questionnaire was diffused via social media platforms to all Lebanese hospital pharmacists. The questionnaire consisted of 78 questions related to sociodemographic characteristics, knowledge-based, attitude-based, practice questions, and pandemic preparedness. Descriptive statistical analysis was used to summarize data. **Result(s):** A total of 81 questionnaires were completed; the participants were able to know > 90% of the knowledge-based questions regarding COVID-19. Most of the respondents were concerned about getting infected and their families due to their professional exposure. Similarly, around 67% were following the safety recommendations. Most of the participants agreed that they are facing shortages, rising prices, and delays in supply of masks and sanitizers. In terms of COVID-19 readiness, about 50% of hospitals have taken practical steps. **Conclusion(s):** Our findings revealed an appropriate level of knowledge and good practice towards COVID-19, among the respondents from Lebanese hospitals. National organizations may benefit in utilizing the expertise of the hospital pharmacists to be able to minimize/avoid future waves of COVID-19 if it emerges. Copyright © 2020 The Author(s).

<11>

Accession Number

632741462

Title

The load and capacity model of healthcare delivery: considerations for the crisis management of the COVID-19 pandemic.

Source

Journal of Thoracic Disease. 12 (6) (pp 3022-3030), 2020. Date of Publication: 01 Jun 2020.

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Publisher

AME Publishing Company (E-mail: info@amepc.org)

Subject Headings

antiviral therapy

budget

clinical decision making

contact examination

continuous positive airway pressure

*coronavirus disease 2019/dm [Disease Management]

*coronavirus disease 2019/ep [Epidemiology]

cost effectiveness analysis

*health care delivery

health care organization

health care system

hospital bed capacity

hospital care

hospital charge

hospitalization

human

intensive care

investment
laboratory test
managed care
medical staff
morbidity
mortality rate
noninvasive ventilation
oxygenation
pandemic
population
public health
resource allocation
review
strategic planning
turnover rate
new drug
intensive care ventilator
mechanical ventilator
protective equipment

Device Index Terms

intensive care ventilator; mechanical ventilator; protective equipment

Drug Index Terms

new drug

Other Index Terms

antiviral therapy; budget; clinical decision making; contact examination; continuous positive airway pressure; *coronavirus disease 2019 / *disease management / *epidemiology; cost effectiveness analysis; *health care delivery; health care organization; health care system; hospital bed capacity; hospital care; hospital charge; hospitalization; human; intensive care; investment; laboratory test; managed care; medical staff; morbidity; mortality rate; noninvasive ventilation; oxygenation; pandemic; population; public health; resource allocation; Review; strategic planning; turnover rate

Accession Number

632632780

Title

Impacts and challenges of United States medical students during the COVID-19 pandemic.

Source

World Journal of Clinical Cases. 8 (15) (pp 3136-3141), 2020. Date of Publication: 6 August 2020.

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Publisher

Baishideng Publishing Group Co (E-mail: bpgoffice@wjgnet.com)

Subject Headings

article

career planning

clinical education

clinical supervision

*coronavirus disease 2019

curriculum

e-learning

health care personnel

health care system

human

intensive care unit

medical education

medical school
*medical student
*pandemic
patient care
patient education
personnel shortage
residency education
social distance
teaching
telemedicine
training
undergraduate student
*United States
virus transmission
protective equipment

Device Index Terms

protective equipment

Other Index Terms

Article; career planning; clinical education; clinical supervision; *coronavirus disease 2019; curriculum; e-learning; health care personnel; health care system; human; intensive care unit; medical education; medical school; *medical student; *pandemic; patient care; patient education; personnel shortage; residency education; social distance; teaching; telemedicine; training; undergraduate student; *United States; virus transmission

Abstract

The delivery of medical student education has changed rapidly during the coronavirus disease 2019 (COVID-19) pandemic. Students in their pre-clinical years have transitioned to online courses and examinations. Students in their clinical years are not permitted on clinical rotations, and face uncertainties in career exploration and the residency application process. Medical students in all stages of training are volunteering and helping their communities. The future presence of COVID-19 throughout the United States is unknown, and medical students are eager to return to their training. This paper outlines current challenges in medical student education and the various responses that have been adopted. We also discuss possible future directions for students through involvement in telemedicine, outpatient clinic visits, and non-respiratory inpatient care tasks as adequate personal protective equipment, COVID-19 testing, and resources become more widely available. Copyright © The Author(s) 2020.

<13>

Accession Number

632879816

Title

MIT COVID-19 Datathon: Data without boundaries.

Source

BMJ Innovations. (no pagination), 2020. Date of Publication: 2020.

Author

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Publisher

BMJ Publishing Group (E-mail: support@bmj.com)

Subject Headings

*coronavirus disease 2019
*health care delivery
human
*infectious disease medicine
*information science
letter
*public health

Other Index Terms

*coronavirus disease 2019 [m]; *health care delivery [m]; human [m]; *infectious disease medicine [m]; *information science [m]; letter [m]; *public health [m]

<14>

Accession Number

2005875649

Title

Person-Centered Approach to the Diverse Mental Healthcare Needs During COVID 19
Pandemic.

Source

SN Comprehensive Clinical Medicine. 2 (9) (pp 1358-1360), 2020. Date of Publication: 01 Sep 2020.

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Publisher

Springer Nature

Subject Headings

article

cognition
*coronavirus disease 2019
emergency care
health care facility
health care personnel
human
*mental disease
mental health
mental health service
morbidity
*pandemic
posttraumatic stress disorder
prevalence
priority journal
quality of life
sleep quality
virus transmission
Zika virus

Other Index Terms

Article; cognition; *coronavirus disease 2019; emergency care; health care facility; health care personnel; human; *mental disease; mental health; mental health service; morbidity; *pandemic; posttraumatic stress disorder; prevalence; priority journal; quality of life; sleep quality; virus transmission; Zika virus

Abstract

In this COVID-19 pandemic, many mental health problems arose. The mental health difficulties are sufficiently significant to disturb the peace and wellbeing of the people involved. A poor population's mental health needs are complex (elderly individuals, those with chronic co-morbidity, youth and disadvantaged population, emergency care professionals, police officers, and patients with pre-existing mental health issues). In resource-scarce environments, in the light of the person-centered treatment paradigm, there is an immediate need to plan to meet the emerging challenge. Copyright © 2020, Springer Nature Switzerland AG.

Accession Number

632357890

Title

Healthcare access for migrant children in England during the COVID-19 pandemic.

Source

BMJ Paediatrics Open. 4 (1) (no pagination), 2020. Article Number: e000705. Date of Publication: 16 Jul 2020.

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Publisher

BMJ Publishing Group (E-mail: subscriptions@bmjgroup.com)

Subject Headings

child advocacy

*coronavirus disease 2019

*England

*health care access

human

*migrant

national health service

*pandemic

*pediatric patient

priority journal

review

Other Index Terms

child advocacy; *coronavirus disease 2019; *England; *health care access; human; *migrant; national health service; *pandemic; *pediatric patient; priority journal; Review

<16>

Accession Number

2005844424

Title

Post COVID-19: Planning strategies to resume orthopaedic surgery -challenges and considerations.

Source

Journal of Clinical Orthopaedics and Trauma. 11 (Supplement 3) (pp S291-S295), 2020. Date of Publication: May 2020.

Author

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Publisher

Elsevier B.V.

Subject Headings

algorithm

*coronavirus disease 2019

elective surgery

health care system

human

*orthopedic surgery

practice guideline

priority journal

review

traumatology

*treatment planning

Other Index Terms

algorithm; *coronavirus disease 2019; elective surgery; health care system; human; *orthopedic surgery; practice guideline; priority journal; Review; traumatology; *treatment planning

Abstract

The Coronavirus SARS-CoV-2 (COVID-19) pandemic has had a substantial effect on the health care systems around the world. As the disease has spread, many developed and developing countries have been stretched on their resources such as personnel as well as adequate equipment. As a result of resource disparity, in a populous country like India, the elective orthopaedic surgeries stand cancelled whilst trauma and emergency services have been reorganised following Indian Orthopaedic Association and recent urgent British Orthopaedic association guidelines. Though these guidelines provide strategies to deal with trauma and orthopaedic surgery management in the present scenario, once the COVID-19 pandemic stabilizes, restarting elective orthopaedic surgery and managing delayed trauma conditions in evolving health care systems is going to be a profound task. We look at the future challenges and considerations of re-establishing trauma and orthopaedic flow during the post-COVID-19 phase and suggest an algorithm to follow (Fig. 1). Copyright © 2020 Delhi Orthopedic Association

<17>

Accession Number

2004753847

Title

Health care delivery for heart failure patients during the covid-19 pandemic; a consensus of the saudi heart failure working group (Saudi-hf).

Source

Journal of the Saudi Heart Association. 32 (5) (pp 19-23), 2020. Article Number: 5. Date of Publication: 2020.

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Publisher

Saudi Heart Association

Subject Headings

article
consensus development
*coronavirus disease 2019
drug use
emergency care
*health care delivery
*heart failure/dt [Drug Therapy]
*heart failure/su [Surgery]
heart transplantation
human
outpatient care
*pandemic
priority journal
renin angiotensin aldosterone system
angiotensin receptor antagonist/dt [Drug Therapy]

Drug Index Terms

angiotensin receptor antagonist / drug therapy

Other Index Terms

Article; consensus development; *coronavirus disease 2019; drug use; emergency care; *health care delivery; *heart failure / *drug therapy / *surgery; heart transplantation; human; outpatient care; *pandemic; priority journal; renin angiotensin aldosterone system

Abstract

The Coronavirus disease 2019 (COVID-19) pandemic led to global and national rapid health system changes to treat the affected patients and prevent the spread of the virus. The social distancing, redirecting resources, and nationwide lockdown led to the cancellation of non-urgent hospital visits and interruption of continuity of care for patients with chronic cardiac conditions such as heart failure (HF). This consensus document addresses the domains of health care delivery that are affected by the pandemic. It explains the current situation of health care delivery to heart failure patients and further recommendation on how to overcome this. Thus, maintaining quality and continuity of care to the HF population. Copyright 8020/© 2020 Saudi Heart Association.

<18>

Accession Number

2004632145

Title

Personal health of spine surgeons can impact perceptions, decision-making and healthcare delivery during the COVID-19 pandemic-a worldwide study.

Source

Neurospine. 17 (2) (pp 313-330), 2020. Date of Publication: June 2020.

Author

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Subject Headings

adult
aged
article
clinical decision making
comorbidity
*coronavirus disease 2019
cross-sectional study
Delphi study
elective surgery
female
*health care delivery
health care personnel
*health disparity
heart disease
hospital management
human
hypertension
kidney disease
major clinical study
male
obesity
*orthopedic surgeon
*pandemic
perception
prevalence
quarantine
questionnaire
respiratory tract disease
telecommunication
tobacco use
protective equipment
*spine surgeon

Candidate Terms

*spine surgeon [other term]

Device Index Terms

protective equipment

Other Index Terms

adult; aged; Article; clinical decision making; comorbidity; *coronavirus disease 2019; cross-sectional study; Delphi study; elective surgery; female; *health care delivery; health care personnel; *health disparity; heart disease; hospital management; human; hypertension; kidney disease; major clinical study; male; obesity; *orthopedic surgeon; *pandemic; perception; prevalence; quarantine; questionnaire; respiratory tract disease; telecommunication; tobacco use

Abstract

Objective: To determine if personal health of spine surgeons worldwide influences perceptions, healthcare delivery, and decision-making during the coronavirus disease 2019 (CO-VID-19) pandemic. **Method(s):** A cross-sectional study was performed by distributing a multidimensional survey to spine surgeons worldwide. Questions addressed demographics, impacts and perceptions of COVID-19, and the presence of surgeon comorbidities, which included cancer, cardiac disease, diabetes, obesity, hypertension, respiratory illness, renal disease, and current tobacco use. Multivariate analysis was performed to identify specific comorbidities that influenced various impact measures. **Result(s):** Across 7 global regions, 36.8% out of 902 respondents reported a comorbidity, of which hypertension (21.9%) and obesity (15.6%) were the most common. Multivariate analysis noted tobacco users were more likely to continue performing elective surgery during the pandemic (odds ratio [OR], 2.62; 95% confidence interval [CI], 1.46-4.72; $p = 0.001$) and were less likely to utilize telecommunication (OR, 0.51; 95% CI, 0.31-0.86; $p = 0.011$), whereas those with hypertension were less likely to warn their patients should the surgeon become infected with COVID-19 (OR, 0.57; 95% CI, 0.37-0.91; $p = 0.017$). Clinicians with multiple comorbidities were more likely to cite personal health as a current stressor (OR, 1.32; 95% CI, 1.07-1.63; $p = 0.009$) and perceived their hospital's management unfavorably (OR, 0.74; 95% CI, 0.60-0.91; $p = 0.005$). **Conclusion(s):** This is the first study to have mapped global variations of personal health of spine surgeons, key in the development for future wellness and patient management initiatives. This study underscored that spine surgeons worldwide are not immune to comorbidities, and their personal health influences various perceptions, healthcare delivery, and decision-making during the COVID-19 pandemic. Copyright © 2020 by the Korean Spinal Neurosurgery Society.

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Title

Real-world data in COVID-19 pandemic: An essential unmet health-care need.

Source

Perspectives in Clinical Research. 11 (3) (pp 103-105), 2020. Date of Publication: July-September 2020.

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Subject Headings

*coronavirus disease 2019/pc [Prevention]

drug efficacy

drug repositioning

drug safety

editorial

health care access

*health care need

health care personnel

health care policy

hospital mortality

human

*pandemic/pc [Prevention]

azithromycin

glucocorticoid

hydroxychloroquine

protective equipment

Device Index Terms

protective equipment

Drug Index Terms

azithromycin; glucocorticoid; hydroxychloroquine

Other Index Terms

*coronavirus disease 2019 / *prevention; drug efficacy; drug repositioning; drug safety; Editorial; health care access; *health care need; health care personnel; health care policy; hospital mortality; human; *pandemic / *prevention

<20>

Accession Number

632057071

Title

Evolving Healthcare Delivery in Neurology During the Coronavirus Disease 2019 (COVID-19) Pandemic.

Source

Frontiers in Neurology. 11 (no pagination), 2020. Article Number: 578. Date of Publication: 29 May 2020.

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Publisher

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Subject Headings

article

*coronavirus disease 2019

*health care delivery

health care planning

hospital care

hospital management

human

medical ethics

medical research

outpatient care

*pandemic

telemedicine

workflow

Other Index Terms

Article; *coronavirus disease 2019; *health care delivery; health care planning; hospital care; hospital management; human; medical ethics; medical research; outpatient care; *pandemic; telemedicine; workflow

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Title

Disruption of healthcare: Will the COVID pandemic worsen non-COVID outcomes and disease outbreaks?.

Source

Progress in Pediatric Cardiology. (no pagination), 2020. Article Number: 101254. Date of Publication: 2020.

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*epidemic

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*vaccination

Other Index Terms

*coronavirus disease 2019 [m]; editorial [m]; *education [m]; *epidemic [m]; human [m]; *misinformation [m]; *pandemic [m]; *population health [m]; *social support [m]; *trust [m]; *vaccination [m]

<22>

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COVID-19 and balance in access to health care in Ethiopia.

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*coronavirus disease 2019

*Ethiopia

*health care access

human

letter

Other Index Terms

*coronavirus disease 2019 [m]; *Ethiopia [m]; *health care access [m]; human [m]; letter [m]