Letter to Editor:
Silent Victims of COVID-19

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This letter intends to explain what the authors have experienced in Iran from the beginning of COVID-19 spread about the process of care and treatment of the patients with other diseases.

Recently, a new member of human coronavirus that had been identified in Wuhan was introduced by the International Committee on Taxonomy of Viruses (ICTV) as SARS-COV-2 (severe acute respiratory syndrome). This virus had not previously been detected in humans (Zhou et al. 2020). COVID-19 is highly contagious and often spreads through respiratory droplets or direct contact. The disease has an incubation period of 1-14 days (usually 3-7 days) and has been announced pandemic by the World Health Organization (WHO) (Ren et al. 2020). So far, this virus has infected 4318883 people worldwide and killed 291398 (May 12, 2020).

The disease has been reported in all age groups, including children (Zimmermann & Curtis 2020). The common clinical symptoms of COVED-19 are fever (98.6%), fatigue (69.6%), and dry cough (59.4%). Organ dysfunction (e.g. shock, acute respiratory distress syndrome, acute heart and kidney damage) and secondary infections in severe cases are among the complications of this disease. Regarding the severity of the symptoms, 81% of patients have mild symptoms, 14% severe symptoms, and 5% critical symptoms (Wu & McGoogan 2020). Accordingly, this virus has created huge problems for governments, communities, and treatment teams and has led to thousands of deaths all around the world.

While health systems of countries are managing this pandemic and try to employ preventive and protective measures to prevent infection and death, there are many people at high risk that the virus kills them in silence. These patients are not infected with the virus, but they suffer from other diseases. For example, patients who need chemotherapy, patients with chronic diseases such as diabetes and kidney failure, and those with autoimmune diseases do not dare to go to hospitals because of special conditions in these centers or the fear of being infected by the virus. Failure to continue treatment could lead to many challenges and may result in serious complications and even death.

With the onset of this pandemic, the facilities of healthcare systems were allocated to the management and treatment of a large number of people referring to hospitals due to screening, having coronavirus, or fear of getting the disease. On the other hand, many physicians have closed their offices due to their preferences or the rules set to observe social distancing. This condition has created many problems for other people who need non-

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emergency medical services such as patients with chronic diseases (e.g. cancer), pregnant women, or people who need dental services. In some cases, people with chronic diseases do not dare to go to hospitals because of fear of COVID-19; and if forced, they will not receive appropriate services due to the workforce shortages.

Some patients under hemodialysis need to go to the hospital at least three times a week, but they refuse to go because of workforce shortages, allocation of hemodialysis machines to the patients with coronavirus, or fear of getting the disease. If referred, their number of referrals is lower, and this increases the possibility of the uremic syndrome and complications such as lethargy or confusion. Patients with mental disorders or those with Alzheimer who need special care are included in this category as well.

Considering these conditions, it seems that the treatment teams should design other care services to support these patients and provide them with the required facilities. Maybe this virus is an alarm for a neglected necessity to set up a system to support patients with the chronic disease even at the time of disasters. In this time that many healthcare team members are involved in coronavirus disaster, telehealth would be an appropriate alternative that could be taken into consideration. Moreover, educating patients with chronic disorders to manage their diseases and set up virtual clinics to support pregnant women can reduce the anxiety level in the community.

Some of the faculty members of the School of Nursing and Midwifery of Tehran University of Medical Sciences have helped the people of the community to some extent by launching the voice of the nurse and the WhatsApp and Webinar social networks. They are currently planning to build childbirth at home infrastructure and provide home care services for people in need to reduce hospital referrals, manage disease stages, and reduce stress and anxiety in the community. Based on the received feedback, this experience has had positive results. It is recommended that other nursing and midwifery schools also use this idea and provide counseling to people in the community.

Ethical Considerations

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Conflict of interest

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