

EDITORIAL**How Long Should We Continue Treating COVID-19 Cases in Isolation?****Abraham Haileamlak, MD, Professor of Pediatrics and Child Health**

The World Health Organization (WHO) declared severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection a public health emergency of international concern on the 31st of January 2020 and a pandemic on 11th March 2020 (1,2). Since the declaration, coronavirus infectious disease 2019 (COVID-19) has continued to affect all aspects of the society, including clinical care protocol, patients' volume and disease spectrum in the hospitals, surgical procedures volume and health care delivery as a whole.

Since then almost all countries of the world have been struggling to halt the spread of the disease and treat the sick ones. Despite the implementation of measures recommended by the World Health Organization to slow down the spread of the diseases, till to date, close to one hundred fifty million people affected globally by the virus. Similarly, over three million people have passed away because of the disease. Many more people died by other treatable diseases since the health service delivery is compromised by the aftermath of the pandemic (3).

Ethiopia reported the first confirmed a coronavirus disease (COVID-19) case on the 13th of March 2020. Since the report of the first case, several measures were taken to prevent the spread of the disease through simple, day-to-day measures including strict hand hygiene, maintaining a physical distance, staying at home, wearing face mask, isolating infected cases and quarantining people coming to Ethiopia were enforced. Simultaneously, several quarantine and isolation centres and makeshift treatment hospitals were established. Despite all the efforts, during the past thirteen months, over two hundred

thousand cases are reported and over three thousand five hundred people died due to COVID-19 (3). And in recent months, the spread of the disease is alarmingly increasing where at least one in four tested cases are found positive for COVID-19 and the number of cases with severe diseases exceeded one thousand. Besides its direct impact on the public health, COVID-19 has compromised the health care delivery at all levels as a result many more are dying from other diseases. Additionally, COVID-19 pandemic impacted the care-seeking behavior of patients with other health condition negatively where they distanced from visiting health facilities for routine medical care (4).

By now, since we knew more about COVID-19 and vaccine is in use, it is time to reconsider integrating COVID-19 case management with the routine health delivery system. In countries like ours where almost one among four tested people are found infected, if tested, many of the patients coming for routine health service and their accompanies are likely to be positive for COVID-19. Therefore, it is time to consider COVID-19 as any of the other infectious diseases and integrate its management in the routine health services at all level. These could help utilize health facility and health workforce efficiently and recuperate the compromised health service.

The current issue of the Ethiopian Journal of Health Sciences, the third regular issue for the year 2021, contains an editorial and twenty-five original articles.

I invite readers to read through these articles and appreciate or utilize the contents. I also

urge readers to forward comments and suggestions to the editor or the corresponding authors.

REFERENCES

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4. Tamirat M Aklilu, Workeabeba Abebe, Alemayehu Worku, et al. The Impact of COVID-19 on Care Seeking Behavior of Patients at Tertiary Care Follow-up Clinics: A Cross-Sectional Telephone Survey. Addis Ababa, Ethiopia. medRxiv preprint, 2020 doi: <https://doi.org/10.1101/2020.11.25.20236224>