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## Editorial

## The Second Surge of COVID-19: Better Prepared and a Brighter Light at the End of the Tunnel



Upon publication of *Journal of Arthroplasty's* first COVID-19 supplement [1], there were approximately 600,000 cases in the United States (one-third of world total), and the United States and much of the world was going through a first surge. We are presently in the midst of a second surge of this disease. There are now an estimated 15 million diagnosed cases with 287,000 deaths from this disease in the U.S. from world totals of over 66 million cases and over 1.5 million deaths, respectively (as of December 6, 2020) [2].

The first COVID-19 supplement was successful as a team effort from many members of the various Boards of the American Association of Hip and Knee Surgeons with 20 papers on a tremendous amount of information relevant to arthroplasty surgeons ranging from epidemiology to experiences in the United States and Europe.

After this publication, The Editorial Board then made a conscientious decision not to publish much else on COVID-19 except for high-level studies clearly showing improved diagnostic and treatment methods as well as results for our patients. This was in response to the “infodemic” surrounding the crisis, which was heavily felt by *Journal of Arthroplasty* as well as most other journals [3].

Eysenbach recently described this phenomenon and how to fight it by presenting a framework using infodemiology [4]. This is now acknowledged by public health organizations and the World Health Organization as a key scientific field and critical area of practice during a pandemic. Some of the pillars for this infodemic management include the best quality peer-review process with timely knowledge translation, “while minimizing distorting factors such as political or commercial influences. Facts and science should be promoted and that these constitute the antidote to the current infodemic.”

Since that time, we have published two reports including one Editorial regarding the all-important Joint Arthroplasty Fellowship experience during the pandemic [5]. The present issue contains a paper on public perceptions concerning resumption of elective surgery during the epidemic. Moverman and co-authors have found important information about our patients' viewpoints about contracting COVID-19 from

information garnered during the “First Wave [6].” For example, knowing that women and non-native English speaking patients are more hesitant to undergo elective surgery may let us know going forward where our focus might be for these patient subsets.

Now as unfortunately expected, we are into the second surge and are very interested in manuscripts concerning prospective data with hypothesis-driven questions that capture arthroplasty at this time or how the first surge experiences have positively changed how we deal with the second surge. We would appreciate prospective, and potentially the best, randomized studies that have three to six months minimum follow up and hopefully will show how the first experience allowed for present and future improvement.

For example, most encouraging might be those that demonstrate that despite the disaster, the work could change arthroplasty forever in a positive direction.

From an obvious view, two major topics or behavioral changes have shifted: the drive toward more telemedicine as well as outpatient surgery. Other less obvious topics include how we have changed behavior in our clinics as well as operative flow, sterilization, and traffic reduction. We would like the highest level of evidence possible; studies that add substance for our documentation of these new changes.

Therefore, from the above reading, we are now encouraging the submission of these type of studies for review with the desire that they will have a positive impact on this “Second Wave” as well as the future of lower extremity joint arthroplasty.

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