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Letter to the Editor Effects of the COVID-19 Outbreak in Northern Italy: Lessons Learned for African Neurosurgical Centers



LETTER:

While the novel coronavirus epidemic has damaged many of the solid health care systems worldwide, the disease is now spreading to far more fragile systems, such as in Africa.<sup>1,2</sup> On 30 March, World Health Organization Director-General declared that “COVID-19 is revealing how fragile many of the world’s health systems and services are, forcing countries to make difficult choices.”<sup>3</sup>

In fact, Morocco is now counting more than 1000 cases diagnosed with over 80 deaths. The Moroccan health system was aware of its deficiencies (lack of intensive care units, ventilators, personal, protective equipment); therefore drastic measures have been implemented at an early stage despite the few number of positive patients. Lockdown of public spaces, restricted mobility, curfew, and frontiers shutdown are aimed to help control the spread of the disease in a country considered to be at high risk of illness spread.<sup>1,4,5</sup>

In this perspective, the organization of hospitals had to be adapted by creating special pathways for COVID-19 patients while preserving the management of all other patients. Neurosurgery is very specialized care, dealing with severe cases and high rates of emergencies that cannot be interrupted during the COVID-19 crisis. Africa does not have many neurosurgeons. In Morocco, neurosurgical care is centralized in major cities, mainly within university hospitals. Rabat counts only 2 neurosurgical civilian public departments in 2 different hospitals that drain emergency cases in the region and 1 other neurosurgical department in a private hospital. Both public departments embraced the same aim to isolate neurosurgical patients from the COVID-19 pathway. One department was shut down and reserved for COVID-19 patients,

with the additional benefit of reducing intensive care unit solicitation by neurosurgical cases. All public neurosurgical activity was then transferred to the second department, where activity was limited to urgent cases to allow the neurosurgical team to manage patients without being overwhelmed. Finally, a turnover of the medical staff was installed in the early phase of this outbreak to help protect the medical forces to face this tragedy.

In difficult contexts, early preparation is mandatory to protect fragile patients requiring highly specialized and critical care, such as neurosurgery. The creation of a separated COVID-19 patients’ pathway and smart reorganization of departments and staff should allow African health system to manage both COVID-19 patients and neurosurgical emergencies, hoping that the outbreak will not degenerate.<sup>4,5</sup>

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