Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Letters To The Editor

Letters to the Editor are encouraged and may be submitted at jenonline.org where submission instructions can be found in the Author Instructions.

The Coronavirus Disease Pandemic Continues to Challenge Patients in Need of Buprenorphine for Opioid Use Disorder

Dear Editor:

We thank Strout et al[1] for their well-written and comprehensive review "Understanding ED Buprenorphine Initiation for Opioid Use Disorder: A Guide for Emergency Nurses" in this journal. Patients with opioid use disorder (OUD) are vulnerable, and we think their review should be read by all involved in clinical ED care, not just by nurses as mentioned in their title.

We write to highlight one area not mentioned in their well-written review: how the prolonged coronavirus disease 2019 (COVID-19) pandemic has challenged treatment of patients with OUD and their access to buprenorphine. The example at our institution is generalizable to others and important for all to recognize as the pandemic continues.

At Cook County Health, the largest public health hospital serving the Chicago area since 1857, we care for a large diverse population of patients with OUD. We have a busy medication assistance treatment (MAT) clinic and team of recovery coaches who provide rapid linkage to the MAT clinic from the emergency department and our outpatient and inpatient facilities. Unfortunately, access to our MAT clinic and the affiliated continuity clinics has been disrupted by the pandemic; therefore, patients have needed to use the emergency department for care and refills of medication for OUD. We have tracked our prescriptions for buprenorphine-naloxone in our health system pharmacy and have seen a significant change in medication for OUD prescribing since the onset of the pandemic.

The Illinois state "shelter-in-place" order took effect on March 21, 2020. Compared with the 3-month period before that order, in the following 3 months the total number of prescriptions dispensed for buprenorphine-naloxone decreased almost 30%; however, the average quantity of tablets per prescription significantly increased by 60%, and there was a 22% increase in new prescriptions originating from the emergency department. Before the pandemic, patients were referred directly to a clinic or treatment center from the emergency department, but if there were delays to immediate referral eg, night, weekend, or treatment center at capacity) our emergency department provided 3 days of buprenorphine-naloxone with linkage to in-person treatment during that time. Now, during the pandemic, our ED procedure is to prescribe a full 30-day course with the understanding that linkage to an addiction specialist may not happen during that period. We know that medication alone is not sufficient treatment for OUD. In 2020, Cook County set a record for opioid deaths in the midst of a pandemic.[2] We do not know if this occurred primarily because of limited access to addiction specialists, if this was linked to the increased supply of buprenorphine-naloxone available on the streets from larger prescriptions, if this was associated with increased depression as a consequence of the pandemic, or if there were other reasons.

Some experts have labeled the problem of OUD during the pandemic as a "crashing of the crises," and we think it deserves more attention.[3] The pandemic has amplified known risks or unmasked new challenges to the health and well-being of patients with OUD. We need to advocate for multipronged collaboration among health care providers, elected officials, first responders, pharmacy companies, and community leaders. Although we were thrilled to see that more prescriptions originated from the emergency department during this pandemic following the guidelines described by Strout et al,[1] fewer came from the health system's outpatient treatment clinics. Our experience highlights the challenges faced by this cohort of patients, and we worry that there is a direct association with the increased number of overdose deaths reported during this same period when more buprenorphine-naloxone tablets were dispensed per prescription. How telehealth availability, increased ED traffic, and other health access strategies can enhance substance use disorder treatment during a pandemic warrants priority attention in these pages and by policymakers. This is an issue for frontline emergency nurses and all others who care for patients in

J Emerg Nurs 2021;47:376-378.
0099-1767

any setting during this pandemic.—*Joanne C. Routsolias, RN, PharmD and Mark B. Mycyk, MD, Cook County Health, Chicago, IL; E-mail: jroutsolias@cookcountyhhs.org*.

https://doi.org/10.1016/j.jen.2021.01.011

REFERENCES

1. Strout TD, Baumann MR, Wendell LT. Understanding ED buprenorphine initiation for opioid use disorder: a guide for emergency nurses. *J Emerg Nurs*. 2021;47(1):139-154. https://doi:10.1016/j.jen.2020.10.001
2. AP News. Cook County sees record opioid deaths in midst of pandemic. December 9, 2020. Accessed December 26, 2020. https://apnews.com/article/coronavirus-pandemic-opioids-chicago-c1720de743eae049b84aa43ab126a67e
3. Khatri UG, Perrone JJ. Opioid use disorder and COVID-19: crashing of the crises. *J Addict Med*. 2020;14(4):e6-e7. https://doi.org/10.1097/ADM.0000000000000684

The Indispensability of Nurses in Public Health Emergencies: Lessons Learned From the Coronavirus Disease Pandemic in Africa

Dear Editor:

Coronavirus disease (COVID-19) has affected the health of millions of people around the world, thereby straining health care systems. Nurses make up the largest health workforce, playing key roles in promoting health, preventing illness, preserving health, and reducing suffering.[1] Central to all of these roles is the capacity of nurses to preserve human dignity and ensure effective communication. Nurses see and practice health care through a different lens than other health professionals and are often described as the heart of health systems, serving as a direct contact with patients, as team members with other health care professionals, and as ardent advocates of patient care.[2] Being the most ubiquitous members of the health care team, we are tasked with the responsibility of caring for the populace. The coronavirus pandemic came unannounced, and it has emphasized the need for nurses to evaluate and improve their current skills and knowledge as necessary to cope with future public health emergencies.

Previous public health emergencies such as the Ebola outbreak in West Africa have highlighted the unique roles that nurses play as first responders to public health emergencies. Nurses are usually the first point of contact for patients requiring emergency care in hospitals, with the added role of being the closest to individuals who have been infected by helping to meet their immediate needs. The scenario is no different from that seen during the COVID-19 pandemic. Nurses specialized in health policy and information dissemination have played active roles in informing health policies and educating the public on the infection process and precautionary measures needed to curb the spread of the virus. As clinicians, we remain closest to patients and their families and have continually helped to allay their fear and provide psychological support. Triaging is another critical role that emergency nurses have played at this trying time. They actively sort patients who have been infected according to the level of severity of the infection and the need for more critical management. Nurses have continued to overwork because of the high patient load, which has been compounded by the shortage of staff. We witnessed nurses continually being infected with the virus at the University College Hospital, Ibadan, Nigeria, further increasing the staff shortage because of the need for isolation or admission of the nurses who had been infected, thereby increasing the nurse-to-patient ratio to 1 nurse to 10 patients in some units at the hospital. According to the International Council of Nurses in October 2020, 1500 nurses have died from the severe acute respiratory syndrome coronavirus 2 in 44 countries in the world, with the possibility that the cases have been underreported.[3] The COVID-19 vaccines were yet to be supplied to many African countries at the time of writing, in addition to some countries not being able to provide adequate personal protective equipment as reported in Zimbabwe, Nigeria, and Kenya.[4] It seems inevitable that an increasing rate of infection among nurses will continue to be recorded. Nurses have also been exposed to mental health disorders such as depression and posttraumatic stress disorder, partly due to the fear of getting infected with the virus, the trauma of losing patients who had been infected with the virus, and the need for nurses to keep safe distance from their loved ones to protect them from being infected.

COVID-19 has continued to test our ability to think. It has specifically pushed nurses to think and act as a strong workforce battling health emergencies. As we face an uncertain and scary future with the worst pandemic we have ever seen, our success will depend on effective collaboration within teams, communities, and nations globally.[2] The expertise of nurses in infection prevention and control as well as public and community health, including palliative care, will determine to a large extent the level of success or failure of global health systems at this trying time. It is essential that nurses continue to improve their skills and knowledge, inform policy, and conduct research on effective ways to deal with future public health emergencies. Although the world has continued to applaud the immense contribution of nurses in dealing with the pandemic, we recommend that extensive investment