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The importance of preventing COVID-19 in surgical wards cannot be overemphasized

Editor

COVID-19 has become a huge challenge to the healthcare system all over the world¹. In the initial phase, COVID-19 patients already in hospital for other reasons were assumed to have been infected during hospitalization. Mortality in patients needing surgery was strikingly high. This reminded me of the other two notorious coronaviruses, severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV). These two zoonotic viruses have caused more than 10 000

cumulative cases in the past 2 decades, with case fatality rates of 10 per cent for SARS-CoV and 36 per cent for MERS-CoV. Both viruses were also known to be responsible for adverse outcomes in patients following surgical procedures. Tan *et al.*² reported 10 surgical inpatients diagnosed with SARS-CoV following an outbreak in surgical wards. The fatality rate reached 20 per cent. Nazer *et al.*³ reported an outbreak of MERS-CoV on a cardiac surgery ward which caused the deaths of five of six patients who had undergone cardiac surgery. Compared with its two counterparts, COVID-19 seems to have much greater infectivity and fatality rate. Surgeons all over the world should be on high alert for this⁴. Strict infection control measures should be implemented in surgical wards to prevent postoperative SARS-CoV-2 infection and the potential subsequent threat-to-life risks in patients who have undergone surgical procedures.

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- 2 Tan FLS, Loo WL, Tan SG, Wong CY, Tan YM. Severe acute respiratory syndrome in surgical patients: a diagnostic dilemma. *ANZ J Surg* 2005; **75**: 21–26.
- 3 Nazer RI. Outbreak of Middle East respiratory syndrome–Coronavirus causes high fatality after cardiac operations. *Ann Thorac Surg* 2017; **104**: e127–e129.
- 4 COVIDSurg Collaborative. Global guidance for surgical care during the COVID-19 pandemic. *Br J Surg* 2020; <https://doi.org/10.1002/bjs.11646> [Epub ahead of print].