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Letter to the Editor

China shares experience during the COVID-19 outbreak

We appreciate the experience and suggestions Ma et al. have shared concerning medical practices for burns during the COVID-19 outbreak [1]. According to the website of the National Health Commission of China, China (refers to the Chinese government and Chinese medical personnel) has shared its anti-epidemic expertise with more than 180 countries and at least ten international organizations. The “China-Central and Eastern European Countries New Crown Pneumonia Epidemic Prevention and Control Expert Video Conference” was held on March 13, 2020 [2]. During this video conference, Chinese experts shared their experience in combating the COVID-19 outbreak with 17 countries in Central and Eastern Europe. In addition, the experience was shared through video communication with Italy, the United Kingdom, Germany, the United States, Latin America, and the Caribbean. These countries need time to accumulate experience. Practical advice on fighting the disease is readily available for these and other nations to gain confidence in their fight. As of May 8, 2020, there were 3,679,499 confirmed cases and 254,199 deaths worldwide, with both metrics exhibiting a rapid increase in many parts of the world [3]. China not only shares its valuable experience but also actively supports the international community. In terms of material help, China has assisted 89 countries and four international organizations. Furthermore, Chinese medical teams have rushed to the front line both in Wuhan, China [4]

and in many other countries, supporting local medical professionals in their fight against COVID-19 (Fig. 1). We firmly believe that through joint efforts, the people of the world would be able to overcome the COVID-19 epidemic.

Conflict of interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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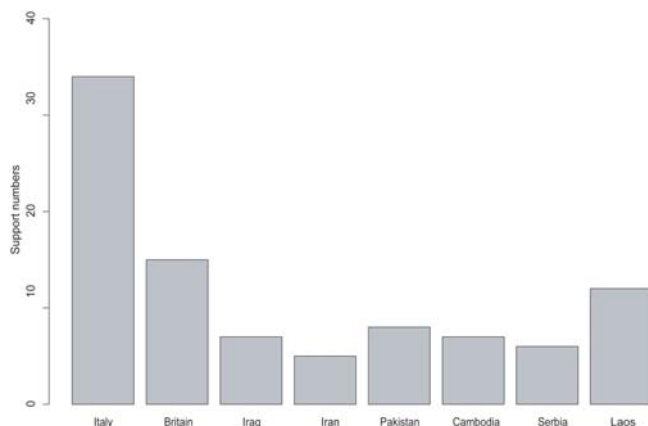


Fig. 1 – Chinese medical teams have rushed to the front line in many countries.

Zhao Xu¹Ya-cheng Guo¹

Affiliated Hospital of Hangzhou Normal University, Hangzhou
310015, China

Yong-ran Cheng^{a,b,1}

^aZhejiang Academy of Medical Sciences, Hangzhou 310012, China

^bHangzhou Medical college, Hangzhou 311300, China

Lan Ye

Basic Medical College, Guizhou Medical University, Guizhou 550004,
China

Ming-Wei Wang

Affiliated Hospital of Hangzhou Normal University, Hangzhou
310015, China

Meng-Yun Zhou

Hangzhou Medical College, Hangzhou 311300, China

Juan Chen

Affiliated Hospital of Hangzhou Normal University, Hangzhou
310015, China

Ming-wu Hu*

Department of Cardiology, Hangzhou Xiaoshan Second People's
Hospital, Hangzhou 311241, China

Zhan-hui Feng**

Department of Neurology, Affiliated Hospital of Guizhou Medical
University, Guiyang, China

¹Zhao Xu, Ya-cheng Guo and Yong-ran Cheng contributed
equally to this work.

* Corresponding author.

** Corresponding author.

E-mail addresses: 764601520@qq.com,
chenjuan564453@163.com (M. Hu) h9450203@126.com
(Z. Feng).

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COVID-19 pandemic and the burn survivor community: A call for action[☆]



The worldwide COVID-19 pandemic and the necessary social isolation to mitigate its effects include drastic measures that have the potential to topple the underpinnings of successful burn recovery and to impact burn survivors beyond the shocking effects of the virus alone. Research efforts in the last several decades have laid the foundation of the pathway to successful burn recovery. Key components of improved quality of life of burn survivors are maintaining a long-term burn center connection [1] with follow-up in the community following discharge and participation in support systems including peer support [2]. Limited resources in this pandemic or any mass disaster may hamper the required inpatient and outpatient processes of care for burn survivors with and without COVID-19, or other highly contagious disease.

Suddenly with the rapid onset of this pandemic, access to outpatient medical care and elective reconstructive surgery is restricted, in-person therapy services are shut off, specialized care such as custom-made medical equipment including pressure garments and splints is limited, and medical personnel are directly impacted and often less available. The clinical efficacy of the necessary transition to virtual telehealth care is not yet proven in burn survivors. Can the chronic insidious physical symptoms of burns [3] be adequately assessed during virtual visits? Can scars be assessed for pliability and response to massage? Can contractures be adequately treated with virtual care and measured to assess if interventions are adequate? Furthermore, people who sustain burn injuries are often those who

are vulnerable due to physical or psychological impairment or who were part of inequitable socioeconomic or culturally different populations. Do those disadvantaged groups have access to Internet, computers, phone or even housing resources or have the cognitive or language ability to set up and manage the necessary technology or even communicate symptoms?

John O'Leary, a burn survivor, in his "virtual plenary address" to the abbreviated American Burn Association Annual Meeting last month noted the fear and anxiety brought about by the COVID-19 pandemic was similar to the lack of control and life-disruption experienced by persons whose lives are transformed by burn injury. He commented that this experience might trigger these feelings in burn survivors. On top of that, burn survivors often experience social isolation related to their scars, body image, and depressive and posttraumatic stress symptoms [4]. State and federal guidelines recommending individuals stay at home compounds already existing challenges for some burn survivors. Increased isolation and limited ability for social contact may exacerbate post-traumatic stress disorder and depression and further hinder burn recovery [5]. Peer supporters and groups, who provide a major defense for burn survivors helping them cope with these feelings, are unable to give the needed warm in-person hug and support they are famous for. Meetings are relegated to the Internet or phone, again noting that there is a large disadvantaged minority of the population at increased risk, without the equipment or finances to participate.

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