17 Days in Warsan, Dubai, UAE, for COVID-19

Jasem Alhashmi^{a, b}

^aCardiology Department, Dubai Hospital, Dubai Health Authority, Dubai, UAE; ^bWarsan Hospitality Care Center, Dubai, UAE

Dear Editor,

As the head of the Cardiology Department at Dubai Hospital I was asked to nominate a cardiologist and electrocardiogram technician to attend Warsan COVID-19 isolation and quarantine center (WHCC). The major task of these technicians are reading electrocardiograms for patients taking hydroxychloroquine. On April 11, 2020, a Sunday morning, I took the drive from RAK city to Warsan (20 km away from Dubai). On the road, I received an email from the Head Quarter that I would be the Medical Director of WHCC.

I stayed in Warsan from April 11 to April 28, 2020, and I would like to share my short experience at the isolation center with my colleagues taking care of COVID-19 cases.

In Lombardy, among 1,958 patients, common comorbidities included hypertension (49% of the patients), cardiovascular disease (21%), and hypercholesterolemia (18%), and the mortality was lower in younger versus older patients [1].

The criteria for admitting patients at WHCC were male, age <55 years, no chronic illnesses such as diabetes mellitus, hypertension, chronic kidney disease, and cardiac diseases. In spite of these criteria, we had 1–2 hospital shifts per day to a hospital facility for the deterioration

of patients' clinical status. I noticed that patients with hypertension and diabetes mellitus (types 1 and 2) developed symptoms of shortness of breath and oxygen desaturations. Surprisingly, upon chest auscultation, the lungs were clear, whereas peripheral pulse oximeter showed O₂ saturation 85–90%. Such patients responded well to low-flow oxygen 2–4 L/min initially, and their saturation improved over 3–4 h. Out of the 12 cases I had during this period, 8 cases (75%) needed to be transferred to a hospital facility. There was also a significant incidence of gastrointestinal tract symptoms such as diarrhea and vomiting in a high number of patients, but most of them did not require hospital transfer, and their symptoms could have had food-related causes. Do these observations lead to the conclusion that downstream low-flow oxygen is effective in COVID cases with comorbid medical conditions, and does arterial blood gas analysis in these patients give us a clue about their oxygenation status, and further treatment with low-flow oxygen would be of help?

Most of the young patients aged <40 years without medical comorbidities had nil respiratory symptoms of any kind. They had a silent COVID-19 course. They spent the whole 14-day isolation period without a single com-

plain. Surprisingly, some of them doubted the diagnosis of being infected with COVID-19. Out of 2,800 cases in isolation, 1,200 (42%) were discharged with home quarantine. This tells us that isolation centers should be only for those with medical comorbidities, and young individuals should stay at home isolating themselves, which reduces the economic burden on medical expenses.

The risk of COVID-19 transmission between healthcare providers and patients is higher for those seeing and testing the patients for the first time compared to those following up the patients in the COVID wards. None of the COVID ward team have been tested positive so far, but a high number of medical doctors have been tested positive for COVID-19 because they were the first who

were exposed to the patients. Of 1,688 healthcare workers who got infected with COVID-19, 5 (0.3%) died; a sign for the vastly difficult working conditions for healthcare workers [2]. I believe that with the increase in COVID-19 cases, one should expect that all cases are positive until proven otherwise and wait for the test results. The best precaution measures I have seen and implemented myself are the following: (a) keep distance, stay home, and avoid close contact with others; (b) wear a mask; and (c) wash your hands regularly.

Disclosure Statement

The author has no conflicts of interest to disclose.

References

- 1 Hana M, El Sahly MD reviewing Grasselli G et al. Clinical Outcomes of Patients with COVID-19 Pneumonia in Intensive Care Lombardy. *JAMA*. 2020 Apr 6. Epub ahead of print.
- 2 Namendys-Silva SA. Respiratory support for patients with COVID-19 infection. *Lancet Respir Med*. 2020 Apr;8(4):e18.