


Pediatrics Practice in Iraq Amidst the COVID-19 Pandemic

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In Iraq, the first case of COVID-19 was reported on February 24, 2020.¹ The hardness of the virus was underestimated, and the disease was spread without adequate supplies of personal protective equipment (PPE) and constrained testing capability. The Ministry of Health (MOH) in Iraq was sadly ill-prepared to confront COVID-19 which has ultimately resulted in a cascade spread of the virus. Up to April 2, 2021, there were 862 821 cases and 14 390 deaths in Iraq.²

The pandemic has devastated clinical practice in Iraq. The lockdown has influenced the arrival of pediatricians, particularly those residing in remote areas to hospitals. There was a decrease in outpatients and inpatients. Hospitals set strict selection criteria for admission and patients were kept in wards to a minimum period to continue treatment at home. To decrease the risk of person-to-person contact, the majority of the outpatient department services were shut down. This factor together with the parents' fear about the risk of exposure of children to patients with COVID-19 in hospitals could explain the decrease in outpatients and admissions. Patients diagnosed or suspected to have COVID-19 were kept in an isolation room at the hospital. Many pediatricians related to high-risk categories restricted their direct exposure to patients. Pediatricians profoundly felt insufficiently protected from acquiring COVID-19, since they had inadequate safe environment such as the lack of areas to substantially separate patients with respiratory complaints and having a higher index of COVID-19 from other patients. Referring patients to undertake laboratory investigations and imaging studies as well as arranging consultations to other medical specialists were reduced, and the treating pediatricians planned the treatment of different pediatric diseases in the presence of limited data. Various ambulatory services devoted to children's health checking, vaccination, and neonatal screening tests (NST) were either canceled or deferred. Pediatricians followed the proper use of PPE and social distancing at the hospital. Many local and international scientific conferences supposed to be held in Iraq to disseminate recent advances in pediatrics were canceled. To keep pediatricians updated about COVID-19, local and international guidelines were regularly circulated by MOH to direct them on how to deal with the pandemic, prioritize patients, and manage infected patients. They were also informed of scheduled webinars to update their medical knowledge on COVID-19 and various pediatric disorders.

The most controlled and safest method to sustainably and effectively prevent COVID-19 in the community is to have a safe and effective vaccine and to successfully vaccinate the majority of the population. Vaccines that have been proven in phase III trials are considered effective in handling the COVID-19.³ Iraq has launched the COVID-19 vaccination program after the arrival of China's Sinopharm and Oxford-AstraZeneca vaccine doses in March 2021. The vaccination is scheduled to be administered first to the frontline healthcare workers, including pediatricians, to be disseminated later to old age persons, those with chronic diseases, and the public. Implementation of mass vaccination and easy tight restrictions are solicited to normalize pediatrics practice in Iraq.

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To continue the medical practice in the current and future pandemics, the introduction of virtual healthcare lines such as telemedicine seems justifiable. Through audio and video (e-visit), telemedicine ensures the delivery of cost-effective, timely, and equitable services effectively to patients, particularly those residing in far localities.⁴ However, the lack of infrastructure, high cost, legal concerns, technical constraints, and unavailability of the local regulatory prerequisites such as healthcare insurance could curtail its implementation in Iraq.

In conclusion, the pandemic has driven important changes in the pediatrics practice in Iraq, notably delayed diagnosis and treatment of pediatric sicknesses, inability to allocate routine healthcare for complex and chronic illnesses, the fear of emerging diseases associated with the disruption of vaccination schedules, and the risk of rising of conditions related to disrupted NST. Future studies are recommended to define the actual extent of ancillary devastations that have taken place in Iraq amidst the pandemic.

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