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Success Stories of COVID-19 from Top Countries: A Review

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Abstract:
The latest threat to global health is the ongoing outbreak of the respiratory disease the name Covid-19. As in two preceding instances of emergence of coronavirus disease in the past 18 years — SARS and MERS, the Covid-19 outbreak has posed critical challenges for the public health, research, and medical communities. The outbreak is a stark reminder of the ongoing challenge of emerging and re-emerging infectious pathogens and the need for constant surveillance, prompt diagnosis, and robust research to understand the basic biology of new organisms and our susceptibilities to them, as well as to develop effective countermeasures. The articles were searched from databases like PubMed, the Cochrane Library and Science Direct combining MeSH and free-text terms. The virus has already infected more than 10.5 million people worldwide. With the majority of the travels blocked, schools and colleges closed, countries imposing lockdowns, this virus has already taken over the normal life of people around the globe. This review article highlights the various measures taken by different countries around the globe in tackling the management of COVID-19. Herein we present an overview view on the various measures taken by China in handling the COVID-19 crisis.

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I. Introduction:

Hospitals in Wuhan, Hubei Province, China posted on a cluster of cases suffering from pneumonia of unknown origin on December 31, 2019, drawing worldwide attention. A new coronavirus type dubbed 'extreme acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was found two weeks later. SARS-CoV-2 is one of a group of crown-like (Corona) viruses primarily belonging to the genus Betacoronavirus, such as Middle East Coronavirus Respiratory Syndrome (MERS-CoV) and Extreme Acute Coronavirus Respiratory Syndrome (SARS-CoV) [1]. It spread to 18 countries over the next few weeks (excluding China), and the World Health Organisation (WHO) declared the epidemic a Public Health Emergency of International Significance (PHEIC) on January 30, 2020. It was eventually declared a pandemic on March 11th, when it had spread to 113 countries [2-4]. As of 31 March 2020, a handful, almost all countries and more than a million individuals have been affected. In fatality words, while SARS-case CoV-2's fatality rate is 3.44 percent, smaller than MERS-CoV (34.4 percent) and SARS-CoV (9.19 percent), the absolute numbers affected are higher. Based on the demographic dynamics and the health care system of each nation, a number of policies have been implemented globally. The delay in the introduction of initiatives is one of the challenges facing them. Hereby in this article we have discussed the various [5-7]. Herein in this article we have discussed the key lessons learnt from 12 countries in handling this pandemic.

II. Key lessons from countries

2.1 Vietnam

Vietnam, as of 2019, is a Southeast Asian country with an estimated 96.2 million inhabitants. While Vietnam is one of the poorest nations of Southeast Asia, its efforts against the virus, celebrated at home, have ensured that its infection tally is smaller than that of many neighbours. As hundreds of overseas residents return home to avoid a coronavirus pandemic raging across Europe and the United States [8]. Vietnam has sent tens of thousands of people to quarantine camps. In its early response policy, Vietnam took a textbook approach based on its experience as the first nation outside China to be affected by the 2003 SARS epidemic. On March 16, when compulsory testing and quarantine measures for arrivals from virus-hit areas begin, Vietnam launched its mass quarantine policy. In the initial stage itself, Vietnam's vigorous touch tracking has often led to the quarantine or self-isolation of hundreds of individuals [9].

Public prevention efforts have been initiated early on and have been widespread across the nation. Social distancing, self-isolation of marginalised persons, compulsory isolation of symptomatic individuals and those who test positive, focal environmental sanitization, regular washing of hands and wearing of face masks in all public spaces were funded by the government. Vietnam Model gives insight into compliance with the national lockout and other protective initiatives introduced in Vietnam in the context of the COVID-19

pandemic. Overall, compliance with government orders was strong and most likely played a part in containing the Vietnam outbreak quickly [10-12].

2.2 New Zealand

On February 28, 2020, New Zealand announced the first case of coronavirus. New Zealand implemented one of the world's strictest coronavirus lockdowns on March 25, much like India. In New Zealand, the pandemic peaked in early April, with 89 new cases registered every day and 929 active cases [13]. There were certainly detrimental health consequences from the lockdown and consequent deferment of routine health care, while overall national weekly deaths reduced after the lockdown. In order to alleviate the adverse economic consequences, the government has launched an investment policy to help industries and to augment the wages of workers who have lost their employment or whose jobs have been compromised [14]. There are some lessons from the pandemic reaction in New Zealand. It was essential to swift, science-based risk management linked to early, effective government intervention. It was successful to introduce strategies at different levels (border-management, community-transmission control and case-based control measures). New Zealand's future lessons include the need for stronger public health institutions capable of properly identifying and handling emerging risks, and greater funding for international health organisations [15-16].

2.3 Tanzania

On March 16, Tanzania got its first coronavirus case. On 29 April, the last day of the release of official data, 509 cases were reported, with 21 deaths in the East African region. Tanzania took urgent action, like other nations, to curtail the outbreak of the Covid-19 pandemic. Then it shut down all colleges and colleges and told students to stay at home [17]. Second, directives were issued by the government on how to prevent the transmission of disease, including wearing face masks, hand washing, and using hand sanitizer. Third, all public events were prohibited, including conventions and athletic activities. However, on the condition that religious leaders direct their adherents to observe prevention and security steps, congregational modes of worship in churches and mosques have been allowed to continue. Fourth, in some areas especially at bus stations, restaurants, and public markets, their fellow citizens punished people who did not comply with the government's guidelines, particularly hand washing and the use of hand sanitizer [18].

2.4 Iceland

The transition to extended research was one distinctive aspect of Iceland's response. On February 28, Iceland's first case of COVID-19 was registered. Iceland detected the first domestic transmission of SARS-CoV-2 on March 6, and officials identified the country's first cases on March 13 that could not be traced back to previous trips or a known event. Iceland extended research in relation to this development from simply testing persons who were symptomatic to even testing people without symptoms to screen for asymptomatic infections. Another distinguishing characteristic of the strategy of Iceland was its initiative for touch tracing [19]. A team of 50 contact trackers, including veteran police detectives, are currently working in the country. Iceland was able to concentrate its scarce resources on a comparatively small number of instances by enforcing vigorous and proactive communication tracing efforts before widespread community transmission could be developed [20]. There may be lessons to draw from Iceland's overall approach, notwithstanding its peculiar features, in particular its use of early, effective prevention mechanisms, including standard public health and epidemiological practises such as monitoring of diseases and touch tracking. And before the first detected occurrence, Iceland made considerable efforts and investments in touch tracking and checking to isolate the already vulnerable persons contaminated and quarantined [21].

2.5 Montenegro

By 24 May, after the first infection cycle, Montenegro had successfully reached zero cases. By 14 June, however, Montenegro had started to undergo a second outbreak of infections. The condition tended to be exacerbated throughout the summer season. As of 26 October, the total number of cases had reached 16,909, with 270 deaths after the epidemic. Recorded by Montenegro at 2699.69 cases per 100 000 population, the second highest rate of cases in Europe [22]. The government has agreed to tighten current steps already in place. In this regard, all available human and technical capacities were required to be mobilised by the competent inspection authorities at both state and local level to track compliance with measures and to punish violators. Educational work has been shifted to the online learning environment in public and private educational establishments, as well as in childcare institutions. The advantage of paid leave was given to one of the guardians of a child under the age of eleven and children with special educational needs [23].

III. Discussion

Apart from the above listed countries, other countries like Fiji, Seychelles, Papua New Guinea, Vatican City and Mauritius showed tremendous changes in dealing the COVID-19 pandemic. On June 5, Fiji declared itself coronavirus-free. In mid-March, the tiny island nation with a population of 930,000 registered the first COVID-19 incidents. A total of 18 people in the friendly island nation were infected with the deadly virus. They have all recovered. Not a single death from COVID infection has been reported in Fiji. The recovery rate for the nation is 100 per cent. With only 11 confirmed cases, life in the Seychelles started to return to normal at the beginning of May, when no new positive coronavirus cases were recorded. On March 14, 2020, the Seychelles announced the first confirmed coronavirus case. There were 11 confirmed cases by April 6. On April 8, the Seychelles went into lockout, closing non-essential facilities and restricting any travel apart from grocery shopping [24]. On May 18, the Seychelles government proclaimed the nation free from COVID-19. On May 4th, the Pacific nation declared itself free from the coronavirus. There were 24 Covid-19 cases and no deaths from the outbreak. The Holy City registered its first coronavirus case on March 5. Vatican City declared itself coronavirus-free on June 6. On May 16, it announced the last confirmed case of COVID-19. Overall, 17 coronavirus cases and one death were registered in Vatican City. No new cases have been registered in Mauritius for 20 consecutive days as of 17 May, according to a statement by the Mauritius Tourism Promotion Authority (MTPA). 332 confirmed coronavirus cases have occurred in the island country, of which 322 have survived and 10 have died [25].

Managing and containing an epidemic of a novel pathogen of spread from person to person which is a daunting activity in this increasingly mobile world. Nevertheless, the government and citizens of these were up to the task and were able to control the epidemic inside their nation's boundaries. These countries give the rest of the world optimism and tells many countries that sometimes the most difficult circumstances can be turned around. A reaction to the COVID-19 crisis and the high degree of concerted action in a multicultural community of over 11 million inhabitants is to be measured and has shocked the whole planet. Countries need to benefit from these urgent measures by adopting prevention and control measures as every country is at risk of being the global epicenter of viruses. Bearing in mind that each country is unique, the possible advantages and adverse effects of each implemented approach will be measured. Additionally, countries should work on enhancing their systems and staff to be more prepared for future outbreaks and to reduce impacts when they strike.

History undoubtedly includes a litany of epidemics, plague, smallpox, measles, cholera, influenza and many more. Yet devastating epidemics killing millions is exceptionally rare, with just a handful happening in the past millennium. And what we are facing now is a pathogen with the right balance of infectiousness and virulence in one of those rare moments. The pandemic is more than just a health problem. It needs a complete response from the government and from the whole of society. A major reason the WHO declared an international public health emergency in January, so countries and communities particularly those with poor health systems will have time to plan. But unfortunately, even before we could think, the virus has taken over much. These may be the points that other countries need to focus, to avoid such rising numbers.

IV. Conclusion

In brief, it is now time to act on what we have gained from this intense journey and strive to create a better future. We need to act at regional, national and global levels to plan not only for the resurgence of COVID-19, but also to try to sustain the coordination built up throughout the crisis. We need to strengthen our ability to exchange knowledge and data between numerous organisations. Perhaps most critically, through technologies and creativity, we must strive to adapt the environment of health treatment and connectivity and sustain vital connections with patients and care teams.

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