

COVID-19, Urologists and Hospitals

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Nowroozi et al. have presented a letter expressing concerns over the current strategy adopted by many countries including Iran to manage the COVID-19 outbreak⁽¹⁾. We have also faced a similar scenario in our center which is a referral urology center in Iran. According to the policy of the Ministry of Health and Medical Education, all elective operations have been cancelled and all hospitals have been ordered to admit patients suspected for COVID-19 infection⁽²⁾.

Consequently, for over a month in our center, most hospital beds have been assigned to COVID-19 patients including most intensive care unit beds. The outlook, in case the control of outbreak spread is not successful or does not happen in near future, includes exhaustion of medical staff and shortage of intensive care beds leading to increased direct mortality of the covid-19 disease and indirect mortality and morbidity due to shortage of available beds for providing medical care to other illnesses including urology treatments. Guidelines have been prepared for postponing elective operations in the era of COVID-19 infection⁽³⁾ however, elective operations cannot be postponed for long. On the other hand, we have observed occasional cases of COVID-19 infection in patients admitted for urgent urological operations like Fournier gangrene who did not reveal symptoms of COVID-19 infection at presentation which presents the possibility of acquiring infection during hospitalization that complicates the scenario further. Hospitals have been declared the most important location for COVID-19 infection transmission as 45% of COVID-19 infections were assumed to originate from hospitals⁽⁴⁾. Therefore, keeping patients hospitalized in wards other than COVID-19 wards and caring for not contracting the COVID-19 infection is of paramount importance. Yet, despite vast research into the COVID-19 infection in the recent months, some aspects of transmission through bodily fluids have not been elucidated especially in the field of urology.

The possibility of viral shedding in urine and its course and the possibility of infection transmission through this route which was suggested earlier for SARS infection⁽⁵⁾ remains unanswered for COVID-19⁽⁶⁾. Also, there are raising concerns in infertility laboratories working on semen samples and in some assisted reproductive techniques on the possibility of infection transmission through semen or sperm donation which should be further investigated. Another interesting observation in COVID-19 pandemic is humanitarian cooperations taken place. Iran which has a high number of infected patients has received medical aids from many countries including Qatar, Russia, China, France, UK and Germany; however the country's drug supply and medical facilities (including diagnostic kits for COVID-19) were in shortage even before the outbreak due to imposed sanctions by the US government and a universal intention to lift these inhuman sanctions is needed to avoid further suffering for Iranian patients in this crisis⁽⁷⁾.

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