



COVID-19. A nightmare come true

COVID-19. Una pesadilla hecha realidad

COVID-19. Um pesadelo que se tornou realidade

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Last February, I was invited as a speaker to the 49th SCCM Congress in Orlando, Florida; one of the assigned topics: 2019 Novel-Coronavirus captured my imagination. As I was going through the literature to prepare for the lecture, catastrophic scenarios came to my mind and I could imagine crowded emergency services and intensive care units with sustained occupancy of 100% and more, reconversion of services and entire hospitals, empty streets, squares, restaurants and shops, stopped human activity, as well as enormous fear and great global uncertainty, a worse atmosphere than that experienced in Mexico City in 2009 during the influenza pandemic AH1N1.

The outbreak of what would eventually become a pandemic is considered to have started in Wuhan, China on November 9, 2019 (95%CI, September 25 to December 19 of the same year), at the Huanan Seafood Wholesale Market, from where the first cases emerged, being the third time in a couple of decades that a zoonotic coronavirus crosses species to infect human intrapulmonary epithelial cells, using the same cellular receptor as SARS-CoV, the human angiotensin converting enzyme 2 (hACE2).

Since the beginning it was thought that the new coronavirus, now called SARS-CoV2 will behave more like SARS-CoV and then adapt to the human host, enhancing its binding to hACE2 to spread globally, which is happening right now as I write this editorial.

We have observed in disbelief what happened in China and how this Asian giant has been able to control the epidemic in its territory, and now astonished we are witnessing the health crisis that Europe is experiencing, where the disease has spread from Italy to the entire region, particularly hitting Spain, France and Germany among others and how it has reached the American and African continent, being the challenge for the Mexican health system, what is happening with our neighbors in the USA, where the west coast, particularly the

neighboring state of California and cities with which we maintain historical ties like NYC and Chicago, present more and more cases, for which the closing of borders does not contribute anything from the epidemiological point of view.

We count more and more new cases every day, even of nationals or foreigners who were infected outside the national territory, although we know that very soon we will enter a new scenario with third-generation or higher community infections and eventually regional outbreaks and possibly a national dispersion that most likely will saturate, as has happened in other latitudes, the country's hospital system, in response to which a national contingency plan has been prepared in the best possible way that allows us to face better this terrible health adversity, even within our historical deficiencies, poverty and shortage of modern resources.

With a population close to 130 million Mexicans, we know that 5% of an overwhelmingly high number of national COVID-19 cases will be many cases and that we will all be very busy and possibly overwhelmed, providing in an organized and serene manner the best that our specialty and our being and understanding can do for future critically ill patients.

Following the international editorial trend, *Medicina Crítica* quickly dedicates space to original medical submissions on the subject in this and future issues.

I have nothing left but to wish all my colleagues the best of luck to overcome these times of adversity and anxiety, waiting for everyone the dedication that has always characterized us for the benefit of Mexican society, receive in advance my recognition, gratitude and sympathy, I am sure that we will celebrate the victory together at some future time.

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