importance of nursing has peaked to a point at which all people now praise nurses. Many governments have named a square, street, or a calendar day for nurses in appreciation of their heroic service in battling the COVID-19 pandemic. With the pandemic conditions of 2020, the World Health Organization named 2020 "The Year of Nurse and Midwife."[1]

Expectations of nurses vary according to their working conditions. Nurses in wars—from frontline combat rescuer and enemy fire service to specialized military and civilian hospitals—are often the only hope for injured soldiers. In the first moments of a crisis, nurses are the first forces on the scene to help the injured and to provide medical care. In the face of diseases such as COVID-19, emergency centers are at the frontline of providing healthcare services. The stories of self-sacrifice and courage published every day by and about nurses on digital media reveal that the soldiers of this war often battle this enemy with the least facilities and the greatest self-sacrifice. Nurses touch and may hug patients to show their sympathy and hope for them. Undoubtedly, the deaths of these medical heroes will never be forgotten.

History has recorded the sacrifice and deaths of nurses in various incidents.[2] In the American Civil War in the 1860s, thousands of nurses trained to care for soldiers and lost their lives for threatening to care for soldiers on both sides of the conflict. The 1878 yellow fever epidemic caused 18,000 patients died, and many nurses who provided healthcare services also died. Many nurses lost their lives in the 1918 flu pandemic along with 50 million victims worldwide, which may be comparable to what we are experiencing with COVID-19 today. Nurses have made the ultimate sacrifice caring for millions of patients in other epidemics including polio (1916–1954), the global influenza epidemic (1957–1958), swine flu (2009–2010), Ebola (2014–2016), and zika (2015–2020).

By January 12, 2021, COVID infected ~91,319,487 and has killed ~1,952,976, which includes nurses.[3,4] The International Council of Nurses (ICN) analysis, based on data from our National Nursing Associations, official figures and media reports from a limited number of countries indicates that >230,000 nurses have had COVID-19 and >1,500 have died.[5]

Nurses have high intelligence (IQ) and emotional intelligence (EQ), and they sacrifice themselves to save their clients' lives. They also spend a lot of money to be trained and educated. Nurses are real soldiers of the health who fight invisible enemies in the world. Nurses are at risk for COVID-19, and many are dying in this battle. The increased mortality rate among nurses could be due to the unknown nature of COVID-19, the enormous number of patients hospitalized with COVID-19, direct contact with patient secretions, lack of protective equipment, lack of nursing staff, and long working hours.[6] Managers should pay more attention to these issues because replacing a nurse is difficult. The nursing profession is a science and an art, and wars and epidemics are increasing the value of nurses and contributing to more positive attitudes toward the nursing profession. The COVID-19 crisis will end one day. Although nurses do not consider themselves heroes and heroines, they deserve respect and honor for their valuable services. Society should always remember the bravery of nurses in fighting COVID-19.

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References

1. Bennett CL, James AH, Kelly D. Beyond tropes: towards a new image of nursing in the wake of COVID-19. *J Clin Nurs* 2020;29:2753–2755.
2. Ebeling MF. Care work on the front lines. *Curr Hist* 2020;119:326–328.
3. Salter S. From polio to influenza to COVID-19, nation's history offers lessons in perseverance. *Clarion Ledger* website. https://www.clarionledger.com/story/opinion/columnists/2020/03/25/polio-covid-19-lessons-column-sid-salter/5049742002/. Accessed May 18, 2020.
4. COVID-19 coronavirus pandemic. World meter website. https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1. Accessed January 12, 2021.
5. Karabulut N, Gürçayır D, Yaman Aktaş Y, *et al.* The effect of perceived stress on anxiety and sleep quality among healthcare professionals in intensive care units during the coronavirus pandemic. *Psychol Health Med* 2020. doi: 10.1080/13548506.2020.1856897.
6. Wang J, Zhou M, Liu F. Reasons for healthcare workers becoming infected with novel coronavirus disease 2019 (COVID-19) in China. *J Hosp infect* 2020;105:100–101.

Coronavirus disease 2019 (COVID-19) Brazil Task Force: How to navigate troubled waters

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To the Editor—The coronavirus disease 2019 (COVID-19) pandemic has required responses from national and international authorities, scientific societies, workers' unions, healthcare professional councils, organizations at multisector areas, and the entire population to apply strategies aimed at disease control and prevention. Meanwhile, these organizations face many associated political and social challenges.[1]

Brazil is a country with marked social inequality and sociocultural heterogeneity. To face the COVID-19 crisis, this context demands regionalized actions, as well as availability and effective management of financial resources. The country has one of the largest universal public health systems in the world, the Brazilian Unified Health System, which is fully funded and articulated at the 3 levels of government levels (federal, state, and municipal). However, strong restriction of funding has occurred since 2016,[2] and under the current emergency situation, the public health system could collapse, leading to increased mortality due to lack of hospital beds and intensive care.[3] Thus, several vulnerabilities of the system have been exposed, similar to what has occurred in other countries.[4]

The first documented case of COVID-19 in Brazil was detected on February 26, 2020, in the city of São Paulo. By March 20, community transmission status was declared in the country.[5] Since then, concerns related to the occupational risk of healthcare workers has propelled a movement of workers' unions and professional societies and councils, leading to a myriad of published documents with diverse and often conflicting recommendations, especially regarding the use of personal (PPE) and collective protective equipment. These contradicting directions have fostered a sense of insecurity among healthcare professionals and have increased the challenges for infection prevention and control personnel already overwhelmed by the excessive workload.

The Brazilian Association of Hospital Infection Control and Epidemiology (ABIH) has aimed to achieve a technical consensus among stakeholders. The ABIH is a scientific, nonprofit society that connects professionals who work in infection control in the country by coordinating publications in the area and collaborating with academic organizations to disseminate evidence-based information.

In line with its essential purpose, the ABIH has led an initiative to assemble specialists from different areas of medicine and nursing and representatives from the Brazilian Health Regulatory Agency (ANVISA), to promote an interdisciplinary debate that will build a technical-scientific consensus to guide and assist health workers in understanding, managing, and coping with the COVID-19 pandemic. This group is called the "COVID-19 Brazil Task Force," and meetings have been held weekly online.

To date, 4 documents have been developed by this task force and have been published by ANVISA: (1) Technical note on the guidelines for health services: prevention and control measures that must be adopted when assisting suspected or confirmed cases of infection by the new coronavirus; (2) technical note on the guidelines for the prevention and control of infections by the new coronavirus in surgical procedures; (3) a review of all the scientific evidence accumulated to date on COVID-19; and (4) guidelines for preventing the transmission of COVID-19 in the health services.[6–9]

However, we are aware that the problems related to the structure, training, and monitoring in health institutions have been a constant challenge in most hospitals, mainly those with already insufficient structure.[10] These challenges include the shortage of PPE in some regions of the country, which has led to a market of low-quality products and increased hospital costs. To minimize the problem, community initiatives have been undertaken to build networks to assist health professionals and reduce the financial impact of the pandemic by offering low-cost technologies and donations. These resources are channeled by the ABIH to the healthcare settings that need them the most.

The COVID-19 Brazil Task Force has yielded 3 main benefits. First, it unifies several societies toward a common objective, leaving aside differences and contributing to the construction of multidisciplinary guidance to support the frontline health workers. Second, this initiative has enlarged the channels of dissemination of guidance related to COVID-19 prevention and control, which will contribute to greater adherence. Third, this low-cost initiative may become an example for similar future cooperation related to other challenges of common interest, such as antimicrobial resistance.

As an example of future cooperation, we appreciate that the task force has valued teamwork among the diverse specialties involved. Despite the current challenges in Brazilian health care, this group of devoted professionals have focused on finding ways to meet them.

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References

1. Darsie C, Weber DL. Disease and space control: issues about dispersion and isolation in pandemic times? *J Infect Control* 2020;9:47–48.
2. GBD 2016 Brazil Collaborators. Burden of disease in Brazil, 1990–2016: a systematic subnational analysis for the Global Burden of Disease Study 2016. *Lancet* 2018;392:75–76.
3. Oliveira WK, Duarte E, França GVA, Garcia LP. How Brazil can hold back COVID-19. *Epidemiol Serv Saude* 2020;29:e2020044.
4. India under COVID-19 lockdown. *Lancet* 2020;395:1315.
5. Brasil Ministerio de Saude website. https://www.saude.gov.br/noticias/agencia-saude/46568-ministerio-da-saude-declara-transmissao-comunitaria-nacional. Updated 2020. Accessed February 1, 2021.
6. Nota técnica Covid-19 (No. 4). ANVISA website. https://www20.anvisa.gov.br/segurancadopaciente/index.php/alertas/item/nota-tecnica?category_id=244. Updated 2020. Accessed February 1, 2021.
7. Nota técnica Covid-19 (No. 5). ANVISA website. https://www20.anvisa.gov.br/segurancadopaciente/index.php/alertas/item/nota-tecnica-gvims-ggtes-anvisa-n-07-2021?category_id=244. Updated 2020. Accessed February 1, 2021.
8. Nota técnica Covid-19 (No. 7). ANVISA website. https://www20.anvisa.gov.br/segurancadopaciente/index.php/alertas/item/nota-tecnica-gvims-ggtes-anvisa-n-07-2020?category_id=244. Updated 2020. Accessed February 1, 2021.
9. de Carvalho Hessel Dias VM, Carneiro M, de Lacerda Vidal CF, *et al.* Guidelines on diagnosis, treatment and isolation of patients with COVID-19. *J Infect Control* 2020;9:56–75.
10. Padoveze MC, Fortaleza CMCB, Kiffer C, Carneiro ICRS, Barth AL, Giamberardino HIG, *et al.* Structure for prevention of health care-associated infections in Brazilian hospitals: a countrywide study. *Am J Infect Control* 2016;44:74–79.

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