



# COVID-19WAR, Quality Management System Features

**Badlou BA\***

Research and Development Department, BBAdvies and Research, The Netherlands

**\*Corresponding author:** Bahram Alamdary Badlou, Research and Development Department, Zeist, The Netherlands, Tel: +31302211328; Email. [bbadlou@casema.nl](mailto:bbadlou@casema.nl)

**Editorial**

**Volume 5 Issue 1**

**Received Date:** May 20, 2021

**Published Date:** May 28, 2021

**DOI:** 10.23880/hij-16000181

## Introduction

Appropriate management of the COVID-19 pandemics might save the lives of more than milliard people, immediately. Recent research studies (up to May 2021) either Molecular& Cellular basic or clinical projects over the mechanism of the COVID-19 infection machinery, uncovering the cellular structures of the immune responses, which did not result in a standard protocol for a uniform appropriate cure/care of COVID19 patients.

As predicted, pandemic attacks via COVID-19 production, which are causing more than 160.814.900 confirmed cases, including 3.341.100 deaths, reported to WHO (May 2021), and counting, which the exact mechanism of these superbugs and correlated management's standard plan for it is not elucidated completely [1-4]. For diagnostics, one needs respiratory swab/saliva/sputum; another blood and/or stool; and/or all samples at once, for their diagnostics [5]. Mujawar MA, et al. 2021 postulated that the biosensors are developing as competent and inexpensive analytical diagnostic tools for early-stage disease discovery, and they are essential for personalized health wellness management [2]. Moreover, in view of predictions, such intelligent tools are immediately required to tackle the different life-threatening respiratory infectious diseases, where sensitive detection of the COVID-19 variants is indispensable [2-4]. In the European countries, COVID-19 surveillance has so far largely relied on passive surveillance strategies that identify individuals with clinical symptoms, monitor those cases who then tested positive for the virus, followed by tracing of individuals in close contact to those positive cases [4,5]. The vital cause of the rapid spread of COVID-19 is the highly infectious nature of SARS-CoV-2, and transmission of the virus is occurring through physical contact [5], however.

On one hand, preventable casualties due to (different) (unknown)(produced) COVID-19 infection; and on the other

hand, the Quality Management System(QMS) in the (para) Medical industries, which globally are not orchestrated, and standardized (i.e. prognostics, diagnostics, therapeutic and palliative care) are inducing catastrophic disasters, sooner or later. In addition, clumsy approaches conversely are showing a confused and out-of-order QMS. How global versus local (QMS-) managers should communicate in a consistent manner is also not technically elucidated.

Social media trying to connect/orchestrate such QMSs' leaders, where the fact& fictions about accelerated drugs/ vaccines primed rather a chaotic than a standard guideline, consecutively. Now after almost 20 months, there is no consistency about outlooks, and standard procedures, which could help a certain local QMS manager use them as a standard medical protocol to prevent further COVID-19 new variants' infections.

Worldwide, there is obviously no Plan B, which One informed about it. Subsequently, sincere question remains what would be the consequences of the COVID-19 new variants to global disease spreading coincidental cases, in the next 50 years? One is observing that in less than 2 years 160 million cases of whom 3 million deaths, and over 50 years might 8-10 billion confirmed cases (>300 million deaths), if such Economic-Based Science (EBS) don't stop immediately.

Globally, human being after two millennia are suffering from random progression of (unknown) infections. Simultaneously patients are suffering from three main cause of mortalities i.e. cardiovascular, cancer and allergic diseases. The main challenge is that main cause of deaths are not a chronic disease but acute infection, with randomly mutating (unknown)superbugs, with extra dimension "rapid autoregulated transformations" that cause miscommunication between Scientists and Clinicians.

Now healthy people, who are sporting and living normally are suffering from COVID-19 mutants' attack/

anxiety, where in 21th Century, all tools for research and developments, associated medical devices, and certain potentials for producing any kinds of drugs / vaccine are available. Although, One might wonder a straight question “why (para) Medici could not produce a standard drug/ vaccine to tackle COVID-19 variants? Besides why even miniscule standard procedure that globally followed in an orchestrated manner is not universally developed yet?

What happened to Nobel prize winners? What happened to our genius Medical Scientists? Do we have not enough proficiencies over COVID-19 that 90-96% of patients are curing naturally, by own immune system, without any mouthful drugs/vaccines claims.

### References

1. Badlou BA, Ch Hedayati M (2020) COVID-19 War, Highlights about Mechanism of Action. CPQ Medicine 9(1): 1-4.
2. Mujawar MA, Gohel H, Bhardwaj SK, Srinivasan SN, Hickman N, et al. (2020) Nano-enabled biosensing systems for intelligent healthcare: towards COVID-19 management. Mater Today Chem 17: 100306.
3. Tarim EA, Karakuzu B, Oksuz C, Sarigi O, Kizilkaya M, et al. (2021) Microfluidic-based virus detection methods for respiratory diseases. Emergent Mater 25: 1-26.
4. Deckert A, Anders S, Allegri M, Nguyen HT, Souares A, et al. (2021) Effectiveness and cost- effectiveness of four different strategies for SARS-CoV-2 surveillance in the general population (CoV-Surv Study): a structured summary of a study protocol for a cluster- randomised, two-factorial controlled trial. Trials 22(1): 39.
5. Yadav S, Sadique MA, Ranjan P, Kumar N, Singhal A, et al. (2021) SERS Based Lateral Flow Immunoassay for Point-of-Care Detection of SARS-CoV-2 in Clinical Samples. ACS Appl Bio Mater 4(4): 2974-2995.

