Dear Editor,

Coronavirus disease 2019 (COVID-19) was quickly spread all around the world (1). On Feb 19, 2020, Iran reported the initial cases of the novel coronavirus (2019-nCoV) (2). As of Mar 21, 2020, 20,610 confirmed cases of COVID-19 were recorded in Iran, including 1,556 deaths (3).

Health facilities of the countries can support early diagnosis of COVID-19 and its treatment (4). Iran is facing the shortage of medical, pharmaceutical, and laboratory equipment that has resulted in the increased burden of the epidemic and, consequently, the higher number of death caused by the disease (2). Also, the equality and efficiency of the allocated health care resources are critical issues (5).

Information technology (IT) can facilitate accurate health care resource allocation in high, low, and middle-income countries. Electronic data collection of patients at the population level is one of the models that shows the capabilities of IT for resource allocation. We can overcome the challenges of traditional data collection by IT tools (6).

Various studies have reported that IT was a powerful tool for detecting, tracking, and responding to the 2009 influenza A (H1N1) virus pandemic (7, 8). Inefficient use of IT capacities was observed after the emerging of the new cases of COVID-19 in Iran (9). But in a short time, e-health innovations were developed by the ministry of health, the medical council of Iran, and medical sciences universities. Clinical and demographic information of patients at the national level is collecting by e-health innovations. Activities of health care organizations, non-governmental organizations, evidence-based guidelines, and educational reports are presenting in the websites and web-portals specially developed for the COVID-19. Health care providers are responding to patients via online and off-line consultation systems. High-risk patients are detecting by an online system and referring to the nearest province for receiving care services. Also, this system is presenting recommendations for at-risk populations. High-risk regions were identified by a web-based application. All national e-health innovations are available for public use (10-15).

Social media can enhance the interaction between Non-Governmental Organizations (NGOs) and society (16). These days, social media (e.g., Instagram and WhatsApp) are used by NGOs and Iranian people to determine the feasibility of meeting needs related to COVID-19 control.

IT-based tools can facilitate accountability and transparency of governmental and non-governmental organizations (17). Electronic petitions of NGOs and Iranian people about controlling the COVID-19 were sent to the government of Iran and international organizations (18). These were Iran’s efforts in the short term to control the COVID-19 pandemic using the IT.

It seems that, in the digital era, IT-related capacities are needed to control COVID-19. Sharing the successful experiences of other countries can facilitate the way for coverage of the coronavirus pandemic.

Footnotes

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