

## Editorial

# COVID-19 in Libya: situation and special vision

Mohamed S. Algoul\*

Department of Microbiology, Faculty of Medicine, University of Gharian, Gharian, Libya



Mediterranean Journal of  
Pharmacy and Pharmaceutical Sciences

\*Corresponding author:  
[mohsasiialgoul69@gmail.com](mailto:mohsasiialgoul69@gmail.com)

Received: 22-05-2021

Published: 30-06-2021

DOI

10.5281/zenodo.5171082

**Keywords:** Coronavirus, COVID-19, Libya

**HOW TO CITE THIS:** Algoul M.S. (2021) COVID-19 in Libya: situation and special vision. *Mediterr J Pharm Pharm Sci* 1(2): 3-4.  
<https://doi.org/10.5281/zenodo.5171082>

The coronaviruses are group of viruses containing about seven members that have genetic material of RNA. They are surrounded by the protein capsid and lipid-containing membrane which has spike protein as flower petals. This family of viruses can infect animals and birds as well as humans causing signs and symptoms of respiratory system. However, these depend on the immune system of the infected host. The COVID-19 pandemic is a major global health disaster and the greatest task have faced the world. The infecting agent of COVID-19 disease was identified on December 31<sup>st</sup>, 2019 by Chinese scientist in Wuhan City. It was named Novel Coronavirus (Severe Acute Respiratory Syndrome-2 or SARS-2). After that, health minister of China announced that this virus is a new Coronavirus and it is of very high contagious rate [1]. In spite of the existence of many infectious cases in Libya at the winter season, the National Center of Disease Control (NCDC) announced about the first case of coronavirus on March 24<sup>th</sup>, 2020. It was identified by using a RT-PCR technique for a patient who came from Saudi Arabia. The NCDC, which is the government corporation responsible for the COVID-19 in Libya, has a daily news report about COVID-19 situation, including numbers of new cases infected patients, healing cases and total deaths number all over the country. The mortality and morbidity rates

have rapidly increased to reach 181,179 confirmed cases, 10,465 active cases and 3,085 deaths by May 16<sup>th</sup>, 2021 [2]. Due to RNA viruses always undergoing genetic changes, Libyan researchers identified new strains, especially United Kingdom strain (London strain) SARS-2 variant of lineage B.1.1.7. After they caught the exact new UK virus genetic change of spike protein, the first confirmed case was in the eastern area, investigated on April 8<sup>th</sup>, 2021. Moreover, the South Africa variant (Africa SARS-Cov-19 B.1.351) was identified in many positive cases in the southern area, including, Sebha city on May 21<sup>st</sup>, 2021. The manager of NCDC also announced that there are investigations for positive samples of Brazil variant in Libya, but the results still not confirmed [1].

The virus persists to spread in the society in high rates due to close social relationships and rare communication facilities to educate the people about the dangers of the infections, especially to the immunosuppressed patients. Unfortunately, the government has lost a golden chance at the beginning of the pandemic to protect the immunocompromised patients from spreading the infection. They admitted them to special isolated wards for at least one month, to save their lives as much as possible. Scientists all over the world follow up the genetic changes of coronavirus as it may be able to

spread more easily and resist the vaccines. In Libya, there is no medical evidence indicating that one variant is more serious than others, but they all show the same signs and symptoms. On April 10<sup>th</sup>, 2021, the Libyan government started the vaccination campaign against COVID-19 by using Astra Zeneca AZD 1222 vaccine (procured through the COVAX facility) and Sputnik V component 1 vaccine (procured bilaterally) [3]. Thus, the two types of genetic changes have occurred at many positions on the genome, which makes the virus change the amino acids on Spike. Treatment protocol of coronavirus infection in Libya for the patients who are admitted to special medical isolation centers are oxygen supplies, fraxiparine, rocephin IV, paracetamol, vitamin C, vitamin D and zinc. However, it is noticed that many dead cases in these isolation centers had a signs of hemorrhage from ear, nose and mouth but no published studies for the cause.

The critical step in the management of this pandemic is to improve the activity of the immune system and to concentrate the treatment efforts on the secondary bacterial infections which are the main cause of pneumonia. Away from vitamin C and zinc due to negative pharmacological effects on the renal system. The best recommendation for the time being is a priority for vaccination and education about measures of infection control to high risk individuals in Libya.

---

### References

1. Bredan A, Bakoush O (2021) COVID-19 epidemic in Libya. *Libyan Journal of Medicine*, 16:1. [doi:10.1080/19932820.2021.1871798](https://doi.org/10.1080/19932820.2021.1871798).
2. WHO Libya: Health response to COVID-19 in Libya, update #22 (Reporting period: 10 - 23 December 2020. <https://reliefweb.int/report/libya> access on May 25th, 2021.
3. Amara AAM (2021) The perspective of COVID-19 vaccines. *Mediterr J Pharm Pharm Sci* 1(1): 1-2 <https://doi.org/10.5281/zenodo.5171366>