The COVID-19 Pandemic and the JAMA Network
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Journal editors sit at the crossroads of new ideas and findings, deciding which are worth refining and making public in their journals and which are best saved for another time and place. The global arrival of coronavirus disease 2019 (COVID-19) has brought an increase in manuscript submissions describing and evaluating the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and its morbidity and mortality, distilling what seems like years of science and policy into several months. JAMA Network editors were quickly reeducated in principles of epidemiology and public health related to epidemics and pandemics: containment, mitigation, quarantine, case-fatality, transmission coefficients, contact tracing, and whether the then-novel coronavirus was or was not like pandemic influenza. With arrival of the pandemic to the US questions multiplied, about supply chains, rationing, asymptomatic spread, transmission via droplets vs aerosolization, “flattening the curve,” telehealth, markers and duration of immunity, health inequities, and clinical concerns of pathophysiology and prospects for treatment and prevention. Since the publication of JAMA’s first article responding to the emergence of the novel coronavirus in Hubei province, China, by Fauci and colleagues in January 2020, the JAMA Network journals have received more than 49,000 submissions, a 98% increase over submissions in 2019, and so far have published 777 articles related to COVID-19—including 236 research investigations, 28 reviews, and 395 opinion articles—all free access to the world.

In addition, JAMA has interviewed clinicians, public health authorities, and policy experts about the rapidly evolving pandemic on live interviews broadcast onto JAMA’s social media channels and published on JAMA Network websites. During this time JAMA Network editors have worked diligently and expeditiously to evaluate, peer review, and guide revisions for manuscripts most likely to inform clinicians, change practice, and improve public health. The work contributed to and is in part fueled by the news cycle as the editors work with investigators and public health authorities to stand up an evidence and policy base for patients, clinicians, families, communities, and governments confronting this new infection.

In 13 Viewpoints in this issue, JAMA Network editors reflect on the clinical, public health, operational, and workforce issues related to COVID-19 in each of their specialties. Questions and concerns they identify in their clinical communities include the following:

- Benefits and harms of treatments and identifying mortality risk markers beyond age and comorbidities
- Cardiovascular consequences of COVID-19 infection, including risks to those with comorbid hypertension and risks for myocardial injury

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Opinion

Executive Editor, Ms Flanagin is Executive Managing Editor,
2
infections: more than just the common cold.

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ARTICLE INFORMATION

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REFERENCES


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