REVIEW ARTICLE

Role of pharmacist during COVID-19 pandemic: an updated review

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ABSTRACT

Public health officials are concerned about COVID-19, which can cause severe acute respiratory illness in humans. Since its discovery in Wuhan, China, in December 2019, it has spread rapidly around the world. The causative virus, SARS-CoV-2, has been named Coronavirus Disease 2019 by the World Health Organization (WHO) (COVID-19). Italy was the first western country to be hit by the pandemic, and COVID-19 was found there. RT-PCR tests, therapy controversies, intrauterine transmission and maternal-fetal complications are some of the diagnostic issues that need to be addressed in order to understand pathogenesis and vulnerability. When

it comes to medical conditions that require medication and equipment, such as protective clothing, pharmacists have been instrumental in helping patients learn about their options. Patients must be assured that pharmacists will be available to assist them at all times during the outbreak in order to ensure their safety. Medicine management services are provided by pharmacists in both hospital and outpatient clinics, as well as by long-term care facilities and doctor's offices, as well as by national and public health organizations. The need for ambulatory care clinical pharmacists has been highlighted at COVID-19, and their numbers are rising. The pandemic of COVID-19 could affect more than two-thirds of the world's population. Physical, social, emotional, spiritual and psychological well-being are all components of a person's health.

Key Words: COVID-19; Pharmacists; Pandemic; Coronavirus disease

INTRODUCTION

hronic respiratory illness caused by COVID-19 is a major public health issue, leading to a large number of deaths. In December 2019, Wuhan, China, became the first place to discover it. This year's SARS-CoV-2-caused pneumonia epidemic, known as coronavirus disease 2019 (COVID-19), is expanding at an exponential rate, with a basic reproduction number (R0) of 2-2.5, indicating that 2-3 people will be infected from a single index patient [1-3]. Social isolation has unintended consequences for children's mental health and development because it prevents the virus from spreading. This year's pandemic of a new coronavirus illness is affecting families all over the world (COVID-19). There are a wide variety of outcomes that can be considered sequelae, including changes in physical and mental health, as well as changes in one's social, emotional, spiritual, and psychological wellbeing. It has been identified as SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus-2) by the World Health Organization (WHO), and the new epidemic disease is called Coronavirus Disease (COVID-19). COVID-19 is becoming more and more popular. Major public health disaster that is especially deadly in vulnerable populations and areas where healthcare professionals lack the training and resources to deal with it. Even people who are not showing signs of illness have been found to carry the SARS-CoV-2 virus, and those who are infected can remain infectious for up to two weeks. This year's Coronavirus Disease (COVID-19) is an illness caused by the Coronavirus 2 of the Severe Acute Respiratory Syndrome (SARS-CoV-2). It first appeared in Wuhan, China, in December 2019 and has since spread rapidly around the world. On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. Fever, cough, difficulty breathing, fatigue, and headache are the most common symptoms of infection with COVID-19. The vast majority of people who are symptomatic will experience only minor discomfort. There are patients, however, who may suffer from potentially fatal infections like pneumonia, ARDS and multi-organ failure. Coronavirus Disease 2019 (COVID-19) pandemic has been a major virus epidemic in the twenty-first century, posing serious mental health risks around the globe. Even though mental health treatment is provided to patients and healthcare workers alike, the public's mental health must also be considered. When it comes to the common cold and more serious illnesses, COVID-19 has been linked to a

new coronavirus strain. Flu like symptoms, such as a runny nose and runny nose with a sore throat and swollen glands in the neck, are signs of a Coronavirus infection. Men with underlying health issues are more likely to become infected and have poorer outcomes when they get infected. Severe cases of the illness may lead to the development of acute respiratory syndrome and, in the worst case scenario, death. Treatments other than pharmaceuticals, like Contact Tracing (CT) and quarantine, are essential in the fight against the spread of the SARS-COV 2 and COVID-19 strains, according to experts. Situation of the COVID-19 epidemic over the world, particularly in India [1].

In March 2020, a lot of international groups started urging people to quickly identify coronaviruses so that the virus wouldn't spread across the world's population. A real-time PCR test is the most common way to make sure COVID-19 has been found (RTPCR). This method only uses disposable plastic tools in all of its operations to avoid cross-contamination and biological risks. Coronavirus pandemics have been on the rise for the third time in the last two decades. This puts a lot of strain on hospital resources and could make them run out. In Italy, the U.S., and the United Kingdom, COVID-19 has caused not just individual trauma but also social trauma. Prospective therapeutic approaches should try to bring together different parts of the person and the society. Mental health services may need to be rethought now. Italy was the first country in Western Europe to have a big outbreak of COVID-19. In response to a rise in hospital admissions in Northern Italy, the COVID-19 Lombardy Network quickly added more ICU beds and took other steps to keep people from getting sick [13-19]. When the coronavirus spread to Italy in 2019, it was the first in Western Europe. As of February 20, 2020, 36 people in Italy had been diagnosed with COVID-19, and that number kept rising for 18 days. The first person in Italy to get COVID-19 was admitted to an intensive care unit at Codogno (Lodi, Italy). In this study, critical care facilities and COVID-19 rates in Singapore, China, and some of Europe's hardest-hit countries are looked at. It's possible that Italy's death rate is higher than Germany's because Italy has more resources for health care. A new coronavirus has been found to be the cause of a cluster of unusual pneumonia cases in Wuhan, China, in December 2019. It doesn't matter that the disease, which is now called coronavirus disease 2019, started in China, because it has quickly spread around the world through people to people. The SARS-CoV-2 virus was found in China in December. COVID-19, a respiratory

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illness caused by the virus, has killed about 391,161 people around the world since it was first found. Each person's COVID-19 experience and response is unique, but there are some psychological similarities between countries. People in Italy, the United States and the United Kingdom read this commentary to learn about the cultural roots of trauma. COVID-19, like SARS, H₁N₁ flu, and Ebola, has caused not just individual trauma but also collective trauma. This is because COVID-19 has happened in Italy, the United States and the United Kingdom, where people have been hurt by it. This is something that researchers should keep in mind as they deal with global crises now and in the future. Those who work in healthcare, people who have lost loved ones, people who have lost roles and identities, and people who have been split up because of the government shutdown are all mentioned in this opinion. So far, the virus has killed 39,904 people in the United Kingdom, 106,876 people in the United States, and 33,774 in Italy. The virus has a high rate of infection, spreads quickly, and has a lot of people who don't show any symptoms. This creates a terrifying and unpredictable situation. A one-on-one method may not be able to reach all of the people who need mental health counselling, and as the demand for mental health counseling grows, people who provide mental health counselling may become overworked and tired [2-5].

What is a Pharmacist?

Pharmacists are people who work in the health care field. They have specialized training in the preparation and distribution of prescription drugs. Pharmacists can have an impact on how primary care is delivered by addressing concerns about how to manage pharmacological therapy. The majority of visits to the doctor's office are for people who have long-term illnesses. They look at how well the medicines work, how much they cost, and how well the patients follow their prescriptions. There are other things that pharmacists can do, like specialize in a certain type of patient or sickness state, do rounds at the hospital to keep infections from spreading, and do research or clinical trials (e.g., diabetes, heart disease, asthma, HIV, and pain management). Pharmacists are often underutilized in these roles. They do a lot of different things for people who take medicines: They look at all of their medications, help people who have problems taking them, make adjustments to complicated regimens, and set up programmes to make sure people follow them [6].

Types of pharmacists based on different specialized services community pharmacist

- · Hospital pharmacist
- Ambulatory care pharmacist
- Informatics pharmacist
- Home health and infusion pharmacist
- Long-term care pharmacist
- Specialty drugs pharmacist
- Oncology pharmacist

Roles of community pharmacists in COVID-19

Community pharmacists are the most accessible medical practitioners because of government restrictions imposed as a result of the pandemic. Triaging and screening patients, and directing them away from hospitals, was done by community pharmacists because other healthcare practitioners were unavailable at the time. There were still many small neighbourhood pharmacies across the country open and serving their customers even as the epidemic spread across the country. To help patients with chronic conditions, community pharmacists have begun to set up COVID-19 clinics and use telehealth to provide chronic care management. To treat COVID-19, there aren't many dosing and administration guidelines because most of the pharmaceuticals used aren't marketed and very little research has been done on their use in COVID-19 cases. As a result of their years of training and experience with medicines, pharmacists are also educating the general public about COVID-19 public health issues. Community pharmacists helped the health care system in many ways during COVID-19. They delivered medications to patients, took care of people who were using telehealth services, checked up on people who were taking chronic medications, gave minor ailment consultations, and helped with COVID-19 screening. In the meantime, pharmacies were still open to the public and were still giving people reassurance and information about medicines and illnesses. Other frontline health care workers moved to remote consultations. Regulators found more than 100 examples of bad behaviour in community pharmacies during the COVID-19 epidemic [7-10].

Roles of hospital pharmacists in COVID-19

Hospital pharmacists have been very involved in COVID-19 projects, working with ICU nurses, doctors, and respiratory therapists to manage drug shortages, develop treatment protocols, participate in patient rounds, interpret COVID-19 lab results, recruit patients for clinical trials, and look for new drugs. As soon as a vaccine is ready, pharmacists will need to help more to make sure the whole population gets it. Pharmacists have been on the front lines even after COVID-19. They should be recognized for their work as front-line workers. During COVID-19, hospital pharmacists help plan for and respond to pathogen outbreaks, which is especially important. As part of antimicrobial stewardship programmes, hospital pharmacists have been working on ways to reuse antivirals and keep an eye on antibiotic use when COVID-19 patients have both bacterial and viral infections at the same time. People who work in hospitals as front line pharmacists help people who have been infected to take part in these kinds of research projects. To fight COVID-19, hospital pharmacists play many different roles. They are always in contact with the virus because of these roles, so they do, however, do their jobs the same way as their coworkers, but they don't get the same amount of attention as people who work on the front lines. They are looking into COVID-19 pharmacotherapy alternatives, tracking and making changes to COVID-19 medications so that they don't have negative effects, dealing with drug shortages, keeping an uninterrupted supply of drugs, and working to solve supply chain issues for intensive care medicines. They are also looking into COVID-19 drug therapy options so that they can make quick patient care decisions. There are a lot of things pharmacists do for their coworkers, like help their friends understand COVID-19 test results, research new drug therapy or applications, and give advice on how to take their medicine, too. As of now, there is no cure for COVID-19. Clinical trials are looking into possible treatments like hydroxychloroquine, methylprednisolone and remdesivir, which could be used to treat the disease [11].

Roles of the ambulatory care pharmacist in COVID-19

There are ambulatory care clinical pharmacists who offer COVID-19 training and triaging, as well as pharmaceutical stewardship, drug coordination and insurance coordination. For continuity of care and to provide CMM, pharmacists have quickly changed their practises to use telehealth, which includes video and/or telephone conversations. This is what happened during the COVID-19 outbreak: in the middle of a crisis, a pharmacy action team was formed. This team would provide mobile clinical pharmacy expertise in order to meet an urgent and ongoing need to cut down on non-emergent care. Several ideas were also put forward by the ambulatory action team about how to deal with COVID-19 related medication therapy.

Roles of the informatics pharmacist in COVID-19

When there is a disaster, pharmacists can use their knowledge of drug management to help make sure that people get the right medicines and get them quickly. If you are a pharmacist who focuses on how to use health information technology to help patients, you are called a "informatics pharmacist." The current epidemic has made it important for informatics pharmacists to use their clinical and digital skills to help improve the way health care is delivered [12].

Roles of the home health and infusion pharmacist in COVID-19

Pharmacists who specialize in home infusions help patients transition from hospitalization to everyday life. This shows the importance of specialty pharmacies as the first line of defence against the coronavirus disease 2019 (COVID-19) pandemic, which is on the rise. At home infusion pharmacy practitioners with sterile drug production skills treat patients with acute or chronic conditions requiring parenteral administration via catheter or needle. It is common to find these pharmacies offering professional pharmacy and healthcare services such as care coordination and infusion nursing. Nutrition, anti-infective therapy (hydration and inotropics), immunotherapy (pain management and haemophilia services) and specialty medications are provided by home infusion pharmacies. If local pharmacy providers are offered franchising opportunities by vital care, this type of pharmacy business model could provide organizational entry for clinical and administrative healthcare professionals, but also secure drug supplies from pharmaceutical companies and manage a significant portion of the insurance claims aspects [13].

Roles of the long-term care pharmacist in COVID-19

People in long-term care facilities and local health departments are getting COVID-19 vaccines to keep them safe. The pharmacy partnership for Long-Term Care (LTC) program is in charge of the whole process, including cold chain management, on-site vaccinations, and reporting [14].

Roles of the specialty drugs pharmacist in COVID-19

Pharmacists showed their adaptability very quickly after the outbreak started. They changed the standard pharmacy dispensing method a lot. As more people need to be isolated from the rest of the world and quarantined, prescription delivery has become more common and popular. Prescription delivery has been around for a long time, but it has never been so common or popular as it is now. Pharmacists were able to keep an eye on therapeutic drugs, which was especially good for anticoagulants. Many patients had to be in special groups that needed special drug doses. There were a lot of side effects from the drugs. Most of the drug related accidents happened when drugs were given to people who were very sick. Telemonitoring lets pharmacists give pharmacological therapy and deal with the problems that come with treating COVID-19 patients. COVID-19 was declared a pandemic by the World Health Organization (WHO) in March 2020. As a necessary service, community pharmacists have played a big part in giving patients advice and giving them important medicines and safety gear. To learn more about what pharmacists think about how educational institutions and professional organizations can help them take on extra responsibilities during the COVID-19 epidemic, as well as what barriers they face when it comes to taking care of themselves and their patients. There was a survey of pharmacists and pharmacy students in Jordan during the outbreak of COVID-19 (15-30 March 2020). There was also a focus group in which people could ask questions and get answers online. Online mental health education is very important. At the intersection of pharmacy and public health, the job of a specialist pharmacist is to do what they can to help people. Specialist pharmacists can help the health care system save money by reducing the number of people who get infections in their own homes [15].

Roles of the oncology pharmacist in COVID-19

COVID-19 has caused widespread disruption in healthcare delivery systems around the world, particularly in the United States. Cancer patient care requires the expertise of an oncology pharmacist in all aspects [16].

Roles and functions of pharmacists

Preventing patients from being given the wrong medication or dose is the pharmacist's primary responsibility, which includes verifying physician prescriptions prior to dispensing medications. They have a thorough understanding of the chemical, biological, and physical properties of drugs,

as well as their manufacture and administration. Patients' outcomes and quality of life are dependent on pharmacists' ability to select and deliver the best medications possible. Pharmacists have always been considered frontline workers, but this is especially true in the case of COVID-19. Many variations exist in how critical workers are further identified around the world during this pandemic because there is no universally agreed-upon definition of frontline workers. In the event of a disaster or crisis, health care systems can be severely affected. The recent public health emergency of Coronavirus disease 2019 (COVID-19) necessitates increased attention from health care providers, particularly pharmacists. For the purpose of this review, we wanted to give a general overview and define the expected roles that pharmacists can effectively perform in the event of natural disasters. Disaster preparedness responsibilities for pharmacists, particularly COVID-19, revolve around the distribution and education of chronic disease medications. The COVID-19 pandemic was cited as an example of why pharmacists were less willing to help in disasters but more concerned with health policy and public health planning. Pharmacists are still providing direct patient care, and their clinical roles demonstrate their ability to respond to a crisis. Drug optimization and chronic illness management are now part of the pharmacist's job description in Primary Care (PC). In spite of this, finding the ideal pharmacy practice model in terms of workload capacity, patient care quality, and provider satisfaction is still a problem. It might help PC clinical and administrative leaders show that new services or the expansion and improvement of existing ones make sense. It can help people get primary care if pharmacists address concerns about how to manage pharmacological therapy. Pharmacists often don't do these things enough. They do full therapy evaluations for prescription and self-care medications, deal with medication related issues, optimize complex regimens, design adherence programmes, and make cost-effective suggestions, among other things. They should be part of the medical home team, and they should be tested as part of medical home demonstration programmes. People who have COVID-19 get an average of 19.8 different medicines from their pharmacists, according to data from one American hospital. The National Institutes of Health (NIH) COVID-19 treatment guidelines were written by a group of US doctors and six pharmacists. They are for frontline health care workers who will be taking care of patients as the pandemic quickly changes. Pharmacists are hired as service professionals because they have a lot of knowledge and skills, and they get paid for their work in the knowledge based economy and for having control over how their information is used. When COVID-19 was put in place, pharmacists were always the most accessible health care providers. This is even more true now that the law is in place. Even though there were stricter lockout rules, community pharmacies were still open to the public. Other professions had closed their doors to patients. To stop and stop the COVID-19 pandemic, more attention must be paid to specific Infection Prevention and Control (IPC) measures. We know very little about how infection IPCs work and how pharmacists can help during disease outbreaks. The goal of this study was to find out what pharmacists thought about their ability to help people during the COVID-19 outbreak. Pharmacists are well-equipped to serve as access points to care because they offer a wide range of high-quality clinical and public health services. They could play a big part in stopping the spread of COVID-19.

Health care workers on the front lines have been very important in the fight against COVID-19, but they haven't been given the same recognition at all levels. In the midst of the epidemic, pharmacists gave direct care to patients and took action on the front lines for their communities, but they are sometimes overlooked when frontline workers are celebrated. People who work as pharmacists in the United Kingdom (UK) have helped with the COVID-19 strategy in a number of ways, both directly and indirectly. There have been public health initiatives, clinical and pharmaceutical supply chains at both the national and local level and policy changes.

Pharmacists also had a lot of other public health responsibilities and actions to take care of. In hospitals, pharmacists were asked to do things that were outside of their normal job roles, like move to Intensive Care Units (ICU), manage COVID-19 clinical trials, scale up sterile production units to make and supply more ready to be injected medicines, and change Medicare. COVID-19 is a public health emergency, and pharmacists are getting more involved in responding to it. The question of whether states and the federal

government will make it easier for pharmacists to practice and get paid outside of this public health emergency is still up in the air. Some people who work in the field of pharmacy say that preparations should start well in advance of a disaster, and pharmacists should be fully involved in disaster planning to make sure that public health resources are ready to go. Even though a lot of pharmacists around the country changed or added new tasks for COVID-19, the majority of pharmacists kept their traditional roles and helped out. There have been a lot of good things that have happened as a result of COVID-19, including a lot of big changes across the country. There is still a lot of work going on to figure out how these changes can be used in the future. The pharmacy staff kept caring for patients even though there seemed to be a lack of personal protection equipment. Frontline community pharmacists are in charge of providing free medication, educating patients about telehealth services, assessing patients who need to keep taking their medication for a long time, performing consultations on minor illnesses, dispelling myths about COVID-19 treatments, and helping with COVID-19 screening. Community pharmacists help the healthcare system run more smoothly during this time of limited resources. Because pharmacists are health-care professionals, the federal government can help them get more recognition by encouraging states to make their laws more flexible. This could be done by making big changes like giving pharmacists provider status, or it could be done by taking smaller steps (for example, reimbursement for certain pharmacist-delivered services). To improve care coordination, outcomes, and the response to pandemics, pharmacists will need to expand their professional and legal standards of practice. They will also need to be paid fairly across markets [17].

There have been a lot of differences in how governments around the world have looked at pharmacists' work during and after the epidemic, or even how they have looked at pharmacists' work in general. Pharmacy salaries in New Zealand went up while COVID-19 was in full swing. But Ontario, which is the most populous province in Canada, did not include pharmacists on the list of frontline workers, which includes coworkers with whom many pharmacists share a workspace. In the community or in hospitals, pharmacists have always been on the front lines, but their work isn't always appreciated or even known about. News media, the public, and policymakers didn't often talk about pharmacists as important front line healthcare workers during the global pandemic of COVID-19

Key roles of pharmacists in quality control guidelines affecting public health in COVID-19 pandemic

This person is called a "specialist pharmacist." Their job is to make sure that people get the medicines they need. Patients should be taught how to properly dispose of sharps by a pharmacist who is a specialist. This will help the health care system avoid paying for things that aren't needed. The COVID-19 pandemic is dangerous for both individual and group health, as well as emotional and social functioning. As well as providing medical care, already overworked health care providers should also look at their patients' socio-emotional needs and even provide psychosocial support to their patients, other health care providers, and the general public. These steps should be part of pandemic health care in general

COVID-19 can have a negative effect on people's mental health as well as their bodies. There were a lot of psychological effects at the individual, community, national, and world levels when the virus spread. People are more afraid of getting sick or dying, feeling helpless, and being judged by other people. An outbreak is almost certain to happen because there will be a lack of resources to help people who get sick, as well as to protect people who help them from getting sick. There will also be a lot of conflicting messages from the government, and there will be many people who don't know what to do. Doctors and nurses play an important role in dealing with these emotional effects as part of the pandemic response, so they help people deal with them [18-19].

Physical health

Physical activity, especially exercise, is important for both physical and mental health, and it may be even more important for protecting the body and preventing damage caused by coronavirus illness 2019 (COVID-19).

The risk factors for COVID-19, which include poor cardiovascular health and obesity as well as high blood pressure and diabetes, can also be reduced by regular exercise. It's better to spend time outside than inside. People who spend time outside have fewer heart disease and strokes as well as less obesity as well as less stress and depression. Exposure to green space is just as good for your health even if you live in a city or live in a rural area. This is true even if you live in a city or live in a rural area.

Mental health

This epidemic puts a lot of people who live in the United States at risk for psychological harm, even though they haven't had any mental problems in the past. The goal of this study was to find out how common psychological distress was in this group at the start of the COVID-19 pandemic, as well as the risk and protective factors that could help them avoid getting sick. American Trends Panel (ATP) is a probability-based online survey panel that is representative of the adult population in the United States. If you have a mental health problem because of COVID-19, the reasons are complicated. They're likely to be biological, behavioural and even outside factors. The goal of this point of view is to encourage research into COVID-19's mental health effects from a personal, brain-based point of view that recognizes the virus's grave threat to our basic human needs. As COVID-19 spreads and kills a lot of people, it could have an effect on the mental health of everyone in society, from infected patients and health workers to families, students, people with mental illnesses, and even people who work in other fields.

People with mental health issues don't know how the COVID-19 pandemic will affect them. Health care workers are under a lot of stress because of the unique characteristics of SARS-CoV-2, the lack of diagnostics, limited treatment options and medical supplies, and the increased workloads. Selfcare for health care providers, including those who provide mental health care, means becoming aware of the illness and its risks, monitoring one's own stress reactions, and getting help with personal and professional issues, including professional help if necessary. Providers will be overworked, and health-care systems will have to deal with it. It's important for the primary care doctor to know how to help kids who have mental health issues. There are a lot of things to think about when you're taking care of someone's mental health, just like there are when you care for their physical needs. Before starting regular screenings, it is important to figure out where people in the community can get help and what kind of help can be given in the primary care setting. There are more important things to think about when it comes to mental health problems than things like suicide and homicidal thoughts. The epidemic has had an effect on people's mental health, which puts the public at risk of having psychiatric crises because of the epidemic. Early detection of people who are starting to show signs of a mental illness makes it easier for people to get help. Health crises, like the COVID-19 pandemic, have an effect on both medical workers and the general public's mental health. These changes are caused by fear, worry, despair, or insecurity. During the COVID-19 epidemic, people who had more education said they were more stressed, anxious, and depressed. Recent research shows that people who are more educated are more likely to be anxious and sad during the COVID-19 outbreak. According to a Chinese study, people who have more education are more likely to have mental symptoms. This is mostly because this group is more aware of their own feelings.

Some people will need a formal mental health examination and treatment, while others will benefit from supportive measures that help them feel better and cope better (such as psychoeducation or cognitive behavioural techniques). Suicidal thoughts may arise because of the growing economic crisis and the many unknowns about this pandemic, which require immediate consultation with a mental health professional or a referral to a likely emergency psychiatric hospital. Providers of health care can help patients deal with stress and coping by organising their activities and sticking to routines, connecting them to social and mental health resources, and telling them to get help if they need it. Contact with news about pandemics should be monitored and limited, because it can be very upsetting to read about it. Because parents often don't think their kids are hurt, it's important to have open talks about how they feel and what they

think. People were told to stay away from other people during the COVID-19 pandemic. People don't know how many young people are socially isolated, why they do it, and how it affects their mental and social well-being and how it affects their lives. This study looked at a lot of teenagers from all over the United States to find out what they thought about social distance, how they used it, and how it made them feel and how it made them feel and how it made them feel. The number and length of problems had a strong graded dose-response connection, with a bigger perceived impact on mental health, dread, and poorer coping skills when there were more and more problems. It didn't seem like the COVID-19 pandemic made participants more depressed, anxious, or obsessed with their problems. They scored higher on all four symptom scales before and during the pandemic, but they didn't report a bigger increase in symptoms during the pandemic. In COVID-19, people who didn't have depression, anxiety, or OCD symptoms saw a big rise in their symptoms. People who had the most mental health problems saw a small drop. As the COVID-19 epidemic spreads, people with depressive, anxiety, or obsessive compulsive disorders are being harmed, which means that they will need to get treatment on a regular basis. Despite this, the COVID-19 pandemic doesn't seem to have made symptoms more severe than before. These and other groups should be the focus of prevention measures like mental health screening, psychoeducation, and psychosocial help. These and other groups are at risk for having bad psychosocial consequences. Stress, depression, insomnia, fear, confusion, anger, frustration, boredom, and stigma were found in samples of quarantined people and health care providers. Some of these emotional effects stayed with people even after the quarantine was lifted. Longer detention, a lack of supplies, problems getting medical care and drugs, and the money that would be lost because of them were some of the things that worried people. When there is more demand for mental health counselling, people who provide it may become overworked and worn out because they aren't able to help everyone who needs it.

Spiritual health

During the coronavirus disease 2019 (COVID-19) crisis, people have been talking about how important palliative care is for the people who are sick or dying from this disease, as well as for their families, communities, and the world's overworked health care workers. The need for spiritual care professionals and generalists to help people deal with their spiritual pain is even more important because of the epidemic's level of isolation, loneliness, and vulnerability. Spiritual care has been a part of high-quality palliative care for a long time, but it is rarely fully integrated into practice. If you want to improve the lives of people who have spiritual emergencies in the midst of complicated life-and-death situations that come with coronavirus disease in 2019, you need to address spiritual care across all fields. Despite the fact that the pandemic revealed many flaws in many parts of health care, it has also shown that spiritual care is an important part of palliative care.

Intellectual health

It's not clear how many people with Intellectual and Developmental Disabilities (IDD) are affected by COVID-19, despite the fact that they're more likely to suffer catastrophic outcomes. A comparison of COVID-19 trends in people with and without IDD, as well as by age group, will be done.

Environmental health

Every day, the novel coronavirus (COVID-19) epidemic kills and devastates people all over the world. All of these factors have been severely impacted by the devastating new coronavirus: the global economy, socio-cultural compatibility, political waves, the intellectual atmosphere, and most importantly, people's daily lives (COVID-19). Due to a significant amount of anthropogenic disturbance caused by the shutdown of manufacturing, electricity, and transportation during the lockdown period, the ecology is under severe stress. Coronavirus's devastating effects on global economy and human health are being mitigated by the partial shutdown of numerous industries, while limited economic activity and human efforts have significantly reduced pollution levels. Global air quality standards and

environmental health have improved to some degree as a result of measures such as restricted vehicle movement, limited fuel energy use, and partially closed industrial sectors. However, China's industrial and transportation sectors are unable to prevent dangerously high levels of air pollution as a result of changing weather conditions. A reduction in emissions from coal and petroleum combustion as well as industrial waste discharge, greenhouse gas reductions, dangerous particulate release and the restoration of the ozone layer occurred during the lockdown. COVID-19's impact on TB/HIV health services in Sub-Saharan Africa is discussed in this article, as well as methods for reducing the expanding burden of all three diseases in the region. This article SSA countries have a much higher proportion of TB and HIV cases than Western countries. Despite the fact that the epidemiology of COVID-19 varies from country to country in Africa, the majority of African countries have reported lower case counts than the West. Simulation studies show that the epidemic related disruption of TB and HIV services will increase associated morbidity and mortality significantly over the next five years. As a result of their exposure to the virus, concerns about infecting and caring for their loved ones, shortages of Personal Protective Equipment (PPE), longer work hours, and involvement in emotionally and ethically fraught resource allocation decisions, health care providers are particularly vulnerable to emotional distress in the current pandemic. Telemedicine is being used to deliver psychosocial therapies, which are becoming more common in primary care settings. Assessment and monitoring of psychosocial stressors and secondary adversities (such as financial loss) should be done alongside COVID-19, if possible (such as preexisting physical or psychological conditions). Every healthcare system relies on a well-trained, healthy, and well-equipped workforce. Additionally, healthcare workers can contract nosocomial COVID-19 infection, which accounts for between 2.7 and 3.8 percent of all cases. With 21.1 percent worldwide, healthcare workers contracted SARS during the epidemic, with hospital workers having a higher fatality rate; thus appropriate safeguards are needed to prevent both out-of hospital exposure and in-hospital contact with the virus. All international travel plans had to be approved in advance and travel restrictions were imposed as the global pandemic progressed.

Future roles of pharmacists

When it comes to vaccine research and clinical trials, pharmacists should focus more on their drug knowledge. Pharmaceutical professionals, such as pharmacists, should be permitted to administer vaccines to patients once the COVID-19 vaccine is ready for distribution. In the past, community pharmacists have been successful in increasing seasonal influenza vaccination coverage and access. As a result, pharmacists will play an important role in ensuring that the rate of seasonal flu vaccination is maintained at the population level. The COVID-19 epidemic has been linked to extremely high levels of psychological distress. Since COVID-19 has a negative impact on your mental health, here are some resources to help you deal with it. During the SARS-CoV-2 (COVID-19) outbreak, pharmacists were rarely acknowledged as frontline health care providers by the media, the public, or legislators. During a pandemic, pharmacists are on the front lines of health care in numerous countries around the world.

CONCLUSION

Pharmacists play a critical role in highlighting any inconsistencies in the health care system. In addition, he keeps track of any drug-drug interactions, drug-food interactions, and adjustments to the dosage, administration time, or dosage amount. Dosage adjustments, timing adjustments and the addition of additional medications may be made by registered pharmacists during the COVID-19 interference. In order to treat COVID more effectively, the environment will have to be changed. In theory, these changes will help control the spread of COVID-19 and, in some cases, eliminate it. Antiviral and antioxidant medications can be used to treat additional symptoms that may arise during treatment. Extra caution is needed in India because of the stark contrast between Western countries and India. It is the pharmacist's job to know everything there is to know about a drug, from how it works to what side effects it can have. Environmental changes and the number of qualified pharmacists available

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for treatment should be taken into account when highlighting and applying the essential guidelines for various types of health issues. The COVID-19 epidemic affected a wide range of people in different ways. A wide range of symptoms can be found in some patients. WHO guidelines and protocols for symptoms, treatment conditions and precautions are constantly updated by the World Health Organization (WHO). As a result of the new standards, there were no longer any misunderstandings or panic situations. Patients, physicians, pharmacists, nurses, and support staff all work together to provide the best treatment for each patient in the health care system. In order to educate the public and patients about the COVID-19 pandemic, pharmacists from all over the world are taking an important role. Everywhere in the world, pharmacists play an important role in protecting the public from harm. Pharmacists have been underappreciated throughout this period, despite their critical role and participation in this epidemic. During the COVID-19 Pandemic, community pharmacists, in particular, are playing an important role.

REFERENCES

- Ouassou H, Kharchoufa L, Bouhrim M, et al. The pathogenesis of coronavirus disease 2019 (COVID-19): evaluation and prevention. J Immunol Res. 2020;2020.
- Dashraath P, Wong JLJ, Lim MXK, et al. Coronavirus disease 2019 (COVID-19) pandemic and pregnancy. Am J Obstet Gynecol. 2020;222:521-31.
- Malik JA, Maqbool M. COVID-19: An overview of current scenario. CELLMED 2020;10(21):1-8.
- Bartek N, Peck JL, Garzon D, et al. Addressing the Clinical Impact of COVID-19 on Pediatric Mental Health. J Pediatr Health Care. 2021;35(4):377-86.
- Visacri MB, Figueiredo IV, de Lima TM, et al. Role of pharmacist during the COVID-19 pandemic: a scoping review. Res Social Adm Phar. 2020;17(1):1799-806.
- Hajam TA, Hajam AG, Hajam HA, et al. Lessons and Remedies Learned from COVID-19. Organization WH. Coronavirus disease 2019 (COVID-19): situation report, 73. 2020.

- Xiong J, Lipsitz O, Nasri F, et al. Impact of COVID-19 pandemic on mental health in the general population: A systematic review. J Affect Disord. 2020;277:55-64.
- Slater SJ, Christiana RW, Gustat J, et al. Peer Reviewed: Recommendations for keeping parks and green space accessible for mental and physical health during COVID-19 and other pandemics. Prev Chronic Dis. 2020;17.
- Sobers N, Howitt C, Jeyaseelan S, et al. Impact of COVID-19 contact tracing on human resources for health-A Caribbean perspective. Prev Med Rep. 2021;22:101367.
- He F, Deng Y, Li W. Coronavirus disease What we know? J Med Virol. 2020;92(7):19-25.
- 11. Singhal T. A review of coronavirus disease-2019 (COVID-19). Indian J Pediatr 2020;87:281-6.
- 12. Elbeddini A, Yeats A. Pharmacist intervention amid the coronavirus disease 2019 (COVID-19) pandemic: from direct patient care to telemedicine. J Pharm Policy Pract. 2020;13(1):1-4.
- 13. Celis JE, Espejo W, Paredes-Osses E, et al. Plastic residues produced with confirmatory testing for COVID-19: Classification, quantification, fate, and impacts on human health. Sci Total Environ. 2021;760:144167.
- Lee C, Thampi S, Lewin B, et al. Battling COVID-19: critical care and peri-operative healthcare resource management strategies in a tertiary academic medical centre in Singapore. Anaesthesia 2020;75(7):861-71.
- 15. Masiero M, Mazzocco K, Harnois C, et al. From individual to social trauma: sources of everyday trauma in Italy, the US and UK during the COVID-19 pandemic. J Trauma Dissociation 2020; 21(5):513-9.
- Rezoagli E, Magliocca A, Bellani G, et al. Development of a Critical Care Response-Experiences from Italy during the COVID-19 Pandemic. Anesthesiology Clinics. 2021;39(2):265-84.
- 17. Kraemer MU, Yang C-H, Gutierrez B, et al. The effect of human mobility and control measures on the COVID-19 epidemic in China. Science. 2020;368(6490):493-7.
- 18. Duan L, Zhu G. Psychological interventions for people affected by the COVID-19 epidemic. The lancet psychiatry 2020;7(4):300-2.
- 19. Sun P, Lu X, Xu C, et al. Understanding of COVID-19 based on current evidence. J med virolo. 2020;92(6):548-51.