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Editorial

Post COVID-19 War Era, Covid-19 Variants Considerably Increased Hematologic Disorders

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Editorial

Consideration of the epide-, ende- and pandemic effects in the last millennium taught us very hard (non-scientific) lessons about the main differences between preventive- and curative Medicine studies. The COVID- 19 pandemic learned all (Para-)Medici that still so many aspects of mutation/changes in microorganisms' behavior are not still elucidated yet. Globally, more than 7 million subjects died, and none of them deserved to die. Furthermore, the most critical devastating aspect is the failing aspect of Scientific Societies, which is paralyzed concerning developing a novel standard protocol to prevent accelerated morbidity and mortality rate in infected patients between 2019 and March 2023. Besides highlighting them, especially concerning main factors that are playing a crucial role separately and together in an additive and/or synergistic way, to increase chronic postcovid-19 side effects.

The hypothetical mechanism of bidirectional interaction between different angles of the death triangle is a lifesaving novel idea that was invented in 2018 [1]. Corona is now endemic, says the OMT from the Netherlands: Infected patients can be treated in the same way as the flu (meaning resting at home only). Testing and isolation are therefore no longer necessary, while the distressing aspect of reporting patients with long-term COVID-19 patients should not be forgotten.

Chronic COVID-19 patients are often felled for a long time by different kinds of side effects, about which little is known. What else do you want to know about long-term COVID-19 variants are almost published but no standard Medicare and Medicaid still exist. Isolated blood products transfusion is a lifesaving procedure but hematologic disorders after transfusion accelerate morbidity and mortality rates, however. Platelet (hypo-) hyperactivity and dysfunction in different

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COVID-19 patients were already known facts but whether COVID-19 different variants could activate and/or accelerate death triangle machinery in diabetic and cancer patients, which can initiate synergistic interaction is not entirely elucidated yet. COVID-19 variants accelerated the morbidity and mortality rate of cancer patients in the last three years. (Re-)Consideration of bidirectional interaction between different angles of the death triangle is lifesaving (Badlou et al. 2018-2023), which depends on three aspects of fundamentally understanding essential factors that play a pivotal role in aforementioned issues such as

- Know-how of complex disease progressions
- Understanding de mechanism of Incurable consequences, and
- Last but not least can predict different outcomes of unpredictable disease developments as they did occur during COVID-19 Pandemic in the last three years [1-6].

What is known? The main causes of increased mortality and morbidity in and/or out of hospitals in the last 3 years are accelerated by COVID-19 modifications in patients strangely. On one hand, an unexpected decrease in direct COVID-19-associated morbidity and mortality rate was an astonishing evolution, without commonly accepted main causes, lacking any understandable reason, globally.

While the striking issues remain on the other hand, still so many patients are being infected, which are indicating no central management system, eventually. Satze M, et al., postulated that the ascertainment of nonagenarians and particularly of centenarians who recovered from COVID-19 or remained asymptomatic opens new possibilities of exploration directing to increase our understanding of biological mechanisms concomitant with resistance against pathogens aspects [7].

Currently, science-based works are unfortunately transformed into manufacturing new commercial-biological (biosimilar)drugs and vaccines, using bioreactors, in vitro. Subsequently, instead of producing beneficial medicine, they are mistakenly trying to initiate specific hematologic errors, in certain affected patients. Not only during the isolation of blood but also after blood component transfusion, relating to prophylactic transfusion applications. Translocation of contaminated blood bags, and especially platelet concentrates from one place to another (import/export) without having certain 100% sensitive quality assurance tests is one of the predictable causes of viral variants' spreading, based on the Coronavirus.

How one normal aerosol virus sort of becomes capable of (auto-) mutating into a superbug and can tackle all Neutrophils is curiously disputable. Moreover, how different COVID-19 variants use escape tactics and infect blood cells without immunological reactions being activated is a remarkably disastrous progression for the Blood banks centra, globally.

Although my introduced death triangle machinery (2018) almost predicted a potential interaction between microorganisms-platelets-Cancer progressions in a(n) (in-)direct (re-)actions [2]; involvement of certain blood cells related to different blood transfusion associated- curative'

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solutions have shown risky future for the blood banks with no- and/or low-level research possibilities. Blood banks have shown value in the last Century and globally tried in an extraordinary manner to be involved during COVID-19 mutations and circumstances changes toward preventive approaches instead of curative ones [3]. Though using donors' convalescent plasma as a source of vaccines and as a "Medicine" based on plasma-derived biosimilars was an astonishing courage-based action, not a science-based wise approach.

Now provocatively different discussions/-resistance were arisen/initiated by different medical Scientists at last but not least, the scientists tried to highlight controversial consequences between blood banks' products, which are forming a significant source of infections, globally. What is remained unknown is how economy-based strategies of blood bank managers transferred 'the Science-based isolation procedures into hasty plasma-derived antibody production, which consequently resulted in the extraordinary spreading of COVID-19 variants via donors, hypothetically.

Rapid response and (re-)action of blood banks was a revolutionary act against Pharmaceuticals and the University Medical Research Center, which is still a matter of debate among Hematologists. In theory, might time pressure (un-)intentionally cause them to respond without having a validated background to produce plasma-derived Moabs, which after 3 years, all actions and reactions seem to be (on-)traceable to unravel. But from the beginning, different warnings did recall the blood banks for carefulness for bias-based (re-)action. It remains one sincere question why still the research and developments funds are limited to unraveling what is going on in the blood banks, postcovid-19 era. How many isolated blood products are infected and though, become such potentially infected isolated products stored in inappropriate storage rooms, for 1 up to 20 years? One is observing that economic conflict of interest rather than regulated quality controls affairs-laws, and human rights for health, is dominating current management strategies. However, in this so-called postcovid-19 era, one is observing also the different "ICT-system with restricted capacity" based on a differentiated level of risk classification. Instantaneously, all science-based facts and data are showing different studies are needed, to warranty an integer-validated final blood banks product.

What was learned from the last 3 years pandemic was that different blood banks isolated products still are potential factors to cause accelerated death and/or recovery; if they (in-)appropriately applied, curiously. Whether now is too late to start investigations to learn about the presence of any kinds of RNA/DNA/mRNA/miRNA/peptides/proteins of the different new novel COVID-19 variants in either donated or stored blood isolated products, and their ability to mutate in any kind of creatures, which become immortal and/or uncontrollable? Nobody knows but they are important topics for the next generation.

Several neutralizing monoclonal antibodies have been developed against COVID-19 variants and are still under evaluation in clinical trials [3,4]. Though, antibodies are complicated to produce, and

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may be limited in initial supply [3] but why? And how the progression of different novel COVID-19 variants could be prevented is also not elucidated completely.

It is progressively documented since 2020 that particle size is the most important factor of aerosol behavior [6]. Nano-/microparticles may be directly inhaled, but biological factors such as the size of the inoculum, survival of desiccation, and broader environmental factors, including humidity, temperature, and air movement, impact contamination, together with the defenses of the host influence their impact prior, during and POSTCOVID infection on blood platelets as well [2,6]. Different (un-)known pathogens, which have been identified in aerosols, and isolated blood products have major implications for novel COVID-19 variants transformations.

Still missing so many links between patients and donors, which could help us offer the best medical consultative services, and feeling guilty about that, as the CEO of R&D team, did not have enough funds to undo the aforementioned problem and unravel more correlations. It could be gene inactivation by the COVID-19 virus, relevant to the "line of attack to treat cancer patients'- mortality acceleration, in the post COVID-19 era. On the other hand, all hypotheses need funds for 4-6 years of study projects, in which 8 main countries who are the policymakers have obstructed all resources, (un-)intentionally.

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