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POSTCOVID-19 war era, rapid modern diseases progression, and cross-contamination between donors and patients

Abstract

After 4 years pandemic attacks of different COVID-19 mutated variants, more than 7 up to 30 million subjects died while more than 1 up to 2 million are still suffering from cancer, Aplastic Anemia complexity, long covid collateral damages, and side effects of used drugs and vaccines, however. One of the new emerging aspects, which still remain mysterious is whether using old-fashion guidelines for modern mutated disease (symptoms) is correct of naive approaches. Nobody has come up with new standard uniform guideline yet, since 2019. Reconsideration or old-fashion guidelines and SOPs are needed to revise pro- and diagnostics' handlings, as soon as possible. Science-based revision takes time and AI-based revisions have become unintentionally a kind of bias-based data processing, catastrophically. Rapid medical scientific solutions for current modern diseases with more than 100 kinds of mutated COVID-19 variants, which are 1. transfecting, 2. interacting plus 3. transforming to different subjects and objects becoming mission impossible to tackle whole cascade of chaotic manipulations of patients, timely and appropriately. Consequently, subjects' mortality and morbidity rates are increasing in an excessive manner, which statistics of 2021-2023 also are confirming, science-based systematic failure of Medical-based organizations, worldwide.

Keywords: pandemic attacks, platelets, Medicare, Medicaid, human, blood banking, cancer, aplastic anemia, management

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Introduction

To offer some solutions, some research scientists and private research institutes started with self-funded projects and our research team is one of them. My research team and I, from 2018 were busy with new model system to offer better Medicare and Medicaid to our patients, globally. Our wonderful results were showing our sincere and appropriate approaches, which we wanted to share with local and international scientific communities, via our published data and sometimes unpublished ones that need more statistical data processing /validation, eventually. In this paper we are speculatively sharing our thoughts and data, although most of them got not time to be processed appropriately, because of lack of budgets and rapid developments of microorganisms which are inducing significant emerging complex diseases, intentionally. On the one hand, from the microorganism's side is fully understandable professional (re)acts against antiviral and antibiotics (ab)use.[1] On the other hand, from human side, especially Medical scientiftimeic research community both either basic or clinical, with(out) budget is tempo of (re-)action it is not good enough responses seen, when counting and observing significant excessive morbidity and mortality rates, increase, since 2020.

Nowadays, there are so many side effects reported that are showing a suspecious unintentional major failure of science-based approaches i.e. allergic reactions, GVHD, TRALI, ALI, and cross-contamination, in this POSTCOVID-19 period. A significant increase in the infections/ cross- contaminations and creating culture media for COVID-19 mutants! (BBAdvies and Research internal projects 2010-2024, unpublished) On the other hand, the limited abilities of the Blood banks to detect/ localize/ identify the exact identities of novel antigens are significant failures of main policymakers, QMS, QA, and QC managers who are busy with their naive approaches. Patients are trusting such impotent managers who in the last 5-7 years have caused more than 30 million deaths from cross-contamination, Epidemic, and Pandemic attacks, and still ongoing transfections, however.

In this POSTCOVID-19 WAR period, a paper published in JAMA 2024 (2) described over childhood leukemia as still the most common type of cancer that affects children. In JAMA different poster/articles have reported that more than 10% of children after cancer routine therapies are dying.[2–4] In the 21st Century with all the developed tools, and the AI-related data processing still the Elite groups and associated organizations in the USA, and the UK with their sophisticated positions are failing to assess simple or complex pro-diagnosis, appropriately. There are different theories viz. 1. On one hand it could be speculated that the main cause playing the pivotal role is the triangle of mistakes between the oncologists-pharmacists- patients, in bidirectional (mis) communications. 2. On the other hand, my invented death triangle machinery (cancer-microorganisms-platelets) introduced 5 years ago, in combination with COVID-19 mutants have predicted that might pro-diagnostics became very complex and difficult from 2019 (see also Badlou BA. et al. different publications 2020-2024). One might speculate that all routine oncology-related training, education, and guidelines should be revised, ASAP, before 90% who are surviving decrease to less than 5%.

Beside, Aplastic Anemia (AA) old definition is a kind of disease that defines cytopenias with hypoplastic bone marrow without abnormal infiltration and fibrosis in the bone marrow.[4,5] More than 100 years have passed since Ehrlich described the first AA case in a pregnant woman in 1888, and clinicians have now acquired more extensive knowledge of the pathophysiology and treatment of AA.[6–8] Moreover, drugs, chemicals, and radiation might cause direct damage to hematopoietic stem cells (HSC), viral (ir)responsiveness, and clonal and genetic that disorders cause autoimmune destruction by changing the immunological structure of HSCs.[5] Although cytotoxic T lymphocytes are the most effective elements of autoimmune aplasia in AA, Regulatory T cells, natural killer cells, IFN-gamma, cytokines, especially IL-17, and autoantibodies also play roles in the immune destruction of HSCs in AA.[4,5] As a result of this autoimmune

destruction, cytopenia develops in 1 or more series in the peripheral blood. Furthermore, to assess cytopenia as final diagnosis in 1 or more series that accompanies hypocellular bone marrow and satisfies the conditions for hemoglobin < 10g/dL, platelet < 50,000/μL, and absolute neutrophil count < 1.500/μL are needed for diagnosis. Aplastic anemia is also a complication of abuse certain anticancer drugs, such as anti-inflammatory or anticonvulsant drugs. In this postcovid-19 periods, the AA's patients-management, is becoming a modern disease with new angles of the death triangle mood system which I invented/introduced 5 years ago. Hypothetically, Concomitant progression and acceleration of pancytopenia due to potential pharmacotoxicologic collateral damages might accelerate cancerogenic processes aggressively. Why in some cancer patients with /without(AA) excessive mortality and morbidity rates are increased in the last 5 years, is not completely elucidated yet (BBAdvies and Research internal Investigation 2018-2024, unpublished data).

In this POSTCOVID-19 period, the addition of new antibiotics, and antiviral drugs against COVID-19 mutants to the Blood bags might be not a bad idea, prophylactically. Moreover, replacing old quality management systems (QMS), Quality assurance (QA), and Quality Control (QC) managers might help to update the new era of novel approaches, in the blood banking organizational changes, and their associated biologic materials storage sciences activities. The wakeup call is to update whole old-fashion management of above mentioned QMS/GA/QCs in the different organizations i.e. Academic Hospitals, the Blood banks and associated research teams and correlated storage sciences, before is too late. Take home message is new and modern diseases progression need new and modern guidelines with uniform accepted SOPs for certain disease. Having said that, personalized Medicare and Medicaid are more important choices of pro-diagnostics rather than one-fits-all approaches, eventually.

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Conflicts of interest

The author declares that there is no conflict of interest.

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