

Special Issue Editorial - COVID-19 Pandemic and Health Informatics (Part 1)

Whether we like it or not, we have been living with coronavirus disease (COVID-19) for more than 20 months now. It is a global pandemic, disseminating to everywhere on this planet. This pandemic has fundamentally altered many aspects of our lives and society, with short-term and likely long-term effects on health systems. Therefore, the Editorial Board of *Library Hi Tech* invites researchers from cross-disciplines to submit their latest research work and share their experiences with other researchers. Up to July 2021, we accepted eleven papers for the first series of the special issue. These 13 papers are related to the following topics:

1. Emergency preparedness, alerts, exception handling, risk assessment and business process re-engineering in public sectors and NGOs

This pandemic brings us a significant impact on academic libraries. In particular, many academic libraries need to develop new procedures and policies to handle their new normal. In Nigeria, their academic libraries responded to COVID-19 at the beginning of the pandemic by adjusting the ways they provided their services to meet the needs of users (Fasae *et al.*, 2021). On the other side of the world, Meng *et al.* (2021) used the Kano model to study the university students' health information service needs from the academic libraries in China. They provided a practical reference and proposed some suggestions for academic libraries on how to carry out health information services and inspire the social health institutions on promoting health services, especially in the post-COVID-19 age.

Information organisations and research institutes also face the challenge of promptly publishing their research findings related to the pandemic. One way to publish their work and share them quickly with academic and research audiences is to use the open access (OA) channel. As shown by Feng *et al.* (2021a), OA articles related to COVID-19 have significantly higher citation frequency and use frequency than non-OA articles. However, Allen (2021) also reminded us that predatory journals might attempt to capitalise on the confusion caused by the COVID-19 pandemic to publish low-quality academic work further, eroding scholarly publishing credibility.

2. Health information seeking, searching, sharing and verification behaviour

The second set of papers focused on studying how information and misinformation related to the pandemic are spread and interpreted by the public across different groups of people. Naveed *et al.* (2021) conducted a cross-sectional survey using data from Pakistan college students. They showed the prevalence of conspiracy beliefs and fear of COVID-19 among university students and how their conspiracy beliefs can predict their fear of COVID-19. On the other hand, Nguyen and Le (2021) investigated how to strengthen the uptake of older people's COVID-19 behavioural outcomes due to information value and perceived threat through social media. They showed informative motives for perceived COVID-19 threat across older individuals, which presented plausible reasons for behavioural disclosure, including facemask wearing, handwashing and social distancing. Furthermore, Li *et al.* (2021) selected the enumeration data of the early COVID-19 theme papers spread on social media networks as the research object. Then, they explored the law and characteristics of the spread of scientific papers on social media platforms.



3. Emerging technologies for screening, surveillance, contact tracing and tracking, and quarantine

The set of papers focused on discussing the use of emerging technologies in health information with the pandemic. [Hasan *et al.* \(2021\)](#) examined the application of blockchain technology from the perspective of epidemic prevention and control using data collected from China through case studies. The authors showed how blockchain acts as an enabler to facilitate the containment of several COVID-19 challenges. On the other hand, [Rocha *et al.* \(2021\)](#) proposed an original information system for epidemic control. The computational solution was based on the automatic identification of relevant contacts between infected or suspected people with susceptible people; inference of contamination risk based on symptoms history, user navigation records and contact information; real-time georeferenced information of population density of infected or suspect people and automatic individual social distancing recommendation calculated through the individual contamination risk and the worsening of clinical condition risk.

4. The aftermath of COVID-19 pandemic and impact on epidemiology

The last set of papers focuses on the policy development on handling the aftermath of the pandemic. We start with a study that reported the topic modelling of the global coronavirus publications in the last 50 years conducted by [Danesh *et al.* \(2021\)](#). Their research applied text mining and Latent Dirichlet allocation to analysing coronavirus literature for the first time. The second paper, [Saab *et al.* \(2021\)](#), developed a deterministic model that quantifies previously adopted preventive measures driven by the reported number of deaths in Italy and India and used it to derive the optimal exiting policy using the inverse dynamics of the model. [Feng *et al.* \(2021b\)](#) found that the growth sequence of the number of new confirmed COVID-19 cases per day had a significant cluster of fluctuations and noted that there are four inflection points in the global time series of new confirmed cases and the number of deaths per day. [Kumar *et al.* \(2021\)](#) also attempted to simulate people's interaction due to economic reopening concerning the confirmed cases at various places as per changing situation has been made using data obtained from India at the early stage of COVID-19. Their results suggested the preparedness and mitigation strategy for a threefold lockdown management scheme in all-inclusive.

We hope that you would enjoy reading the articles presented in this special issue. Please note that we are still accepting submissions for part 2 of this special issue until 31 December 2021. Given the current developing situation related to the pandemic, topics adapting to the new normal and recent delta variant surge will be considered. Topics such as e-health and post-COVID-19 era, health informatics innovations in post-COVID-19 era, healthcare systems in the new normal and healthcare systems in the Delta variant surge would also be considered by this special issue.

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