Letters to the Editor

The Editor is not responsible for the views expressed by the corresponds

Sir,

I am writing this letter to share my observations and thoughts on some cardiovascular aspects during COVID 19 pandemic.

I have no hard data or references to share with you.

I observed in my practice that during this national lock down, the incidence of myocardial infarction and other acute coronary syndromes have reduced drastically. Eminent cardiologists from all parts of India concurred with me in personal communication.

There may be two reasons for this.

Firstly, it may be due to under reporting. People may not be going to hospital quickly and trying home remedies. Pain may be subsiding eventually. There could be a spate of retrospective diagnosis once the situation normalizes. Then the question would arise about the outcome of such STEMI. Did they have higher mortality compared to primary angioplasty or thrombolysis, or they fared equally? If they fared well, then the question will come if all STEMI require PPCI or there should be some risk stratification, even in normal situation, for urgent invasive management, particularly in resource limited countries like India.

The second possibility of lower STEMI is a real reduction of incidence. In my experience, many of my patients are reporting normalization of their blood pressure during this period. We know home blood pressure monitoring always gives lower values compare to office BP. When people are at home, not only their BP is better controlled, but due to lock down they are doing more physical work at home, eating healthy (as there is no junk or home delivery food), supply of tobacco and alcohol are limited, and stress of professional life is minimal. Also, there is undoubtedly much less environmental pollution. It is well known that all these factors can significantly and positively affect cardiovascular health, but it has never been observed to affect the incidence of acute coronary syndromes in such short period of time. If this is the case, then we should think seriously to try to implement these positive factors as far as practicable even when the situation normalizes.

Just another area for thought I present before ending. What is Corona virus death for epidemiological or statistical stand point? Take four cases, all corona positive, one dies of pneumonia and ARDS, one has STEMI and dies of cardiogenic shock, one dies of a head injury by falling from the staircase and one gets acute depression and hangs himself. What should be the number on registry of corona death, one, two, three or four?

With kind regards,

Yours Sincerely

Prof Dr Saumitra Ray

Vivekananda Institute of Medical Sciences, Kolkata

Preventive Care in India-86 Years Ago: Resemblance with COVID-19 Prevention

Dear Sir,

Eighty-six years ago, in February 1934, preventive measures implemented in rural India show an uncanny resemblance with our predicament in preventing morbidity and mortality from COVID-19. In 1976, soon after the death of my father, Dr. Navnidhrai C. Mankad, I decided to preserve his legacy consisting of various notes, newspaper announcements and photographs. His public education announcement for prevention of an epidemic of meningococcal meningitis is relevant in the present context. He learned that cases of meningococcal meningitis had occurred in the city of Ahmedabad and surrounding villages about 30 miles from his town of Viramgam. Given poor transportation and comparatively slow movement of populations in the 30s, the spread of this disease was expected in days to weeks (rather than hours in the modern era). As a general practitioner and an elected member of the municipality, he was in charge of public health for Viramgam and surrounding villages. His Public Education announcement in a local newspaper (in Gujarati language and my English translation) can be accessed through the link1.

There were no antibiotics or meningococcal vaccine available in 1934. Alexander Fleming had discovered the antibacterial properties of Penicillium notatum in 1928. However, it was not until 1941 that the first patient received penicillin in Oxford, England. The drug was not produced in large quantities until 1945. Even sulfonamides were not yet invented in 1934. Therefore, much like today for COVID-19, the preventive measures had to focus on quarantine, hygiene and sanitation. The key features of the preventive measures included the following.

1. Preemptive rather than reactive implementation of public health education
2. Forbidding spitting on walls and other surfaces
3. Isolation of the patient and the care givers
4. Disinfecting nasopharyngeal secretions and sputum in a spittoon containing phenol
5. Disinfecting clothes and linens in boiling water

Dr. Mankad's preemptive steps must have prevented countless cases of meningitis in Viramgam in 1934. Compare that with successful control of COVID-19 in Taiwan and Korea and contrast that with unacceptable delays and poor preparation in the United States and Italy. Hopefully, aggressive, early steps in India to prevent the spread of COVID-19 will be successful assuming that public health measures after lifting the lockdown such as testing for both viral genetic material and antibodies to inform the decision makers to contain the new cases through isolation. The SARS-Coronavirus-2 spreads by droplets and possibly even through aerosol. Thus, isolation and quarantine

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of the patient or a person carrying the virus is critical. Since a person infected with coronavirus is contagious even before symptoms are noticeable, the current strategy is to maintain a physical distance. Disinfecting any surface with possible contamination of secretions from nose and throat was a strategy in 1934 as it is now.

It is interesting that administration of anti-meningococcal serum in the spine was suggested as an experimental approach by Dr. Mankad and other doctors in 1934. In the absence of anti-microbial therapy or a vaccine, delivery of a specific antibody to the lesion was a logical approach; compare that with the suggested use of convalescent plasma in case of severely ill patients with COVID-19.

Those who ignore history are doomed to repeat it. Key lessons from this historical review are to remember that the first focus of preventive care should be on sanitation, hygiene and public education. The Swatchha Bharat movement is particularly important in prevention of bacterial, viral and parasitic diseases. A healthy India and the world will be a more productive and happy society.

With best regards,

Dr Vipul Mankad, M.D.
Former Professor and Chairman of Pediatrics
University of Kentucky, United States

Corona Virus Disease 2019 (COVID-19) due to Severe Acute Respiratory Syndrome Corona virus (SARS-CoV2) infection An update.
JIMA, Vol-118, No-3, March 2020

Sir,

The authors have comprehensively pointed out the burden of recent ongoing highly infectious pandemic of COVID-19 in great in details. They have described the implicating virus, updated time line of the disease, varying clinical features, methods of diagnosis, supportive management and follow up of the confirmed cases.

Fever, cough and shortness of breath are the major clinical features-when present with bilateral patchy infiltration on X ray or CT scan and having a epidemiological link almost dictates the diagnosis. ICMR has given the Guidelines when to test. RT- PCR from respiratory samples does confirmation. Screening can be done by Rapid kit test of antibody also.

I beg differ on the statement" Virus survives only for 3 hours in vitro". It may survive up to 72 hours depending on the surface. Apart from Isolation, Contact tracing, Personal Hygiene, use of designated mask etc. "Cluster Containment" plays a major role in breaking the chain of transmission to control the recent outbreak of COVID-19.

Dr. Md. Hamid Ali
MD in General Medicine, Assistant professor
Murshidabad Medical College, Berhampore

To
The Editor,
JIMA,

Dear Sir,

I read with interest the Editorial titled "Tropical Fever - Tropical or Global Challenge?" published in 2020 March Edition of JIMA. I thank the Editor for this timely article which I feel is a very important one in relation to the Syndromic Approach of the global problem. The approach to the problem has been nicely addressed. It highlights the need of the Physician concerned to follow proper protocols that has been depicted in the article as well as generation of awareness in the community. It will go a long way in containing the infection and help in providing proper treatment at the very onset of the disease.

With this, I thank the Editor for writing this timely Article which is an eye opener for controlling the infectious diseases in this Sub-continent and thus to prevent spread to other parts of the world. As, this is an era where disease can be easily transmitted via travel and communication, so awareness of the Physician as well as various organisations associated with Medical Fraternity is very important in this regard. This article needs a round of applause from our side for bringing that up.

With kind regards,

Yours Sincerely

Professor Dr M.K. Roy