

Letters to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

My CORONA Diary

SIR — By Shri Ram's Grace and all of your blessings, I had beaten the Corona virus.

Let me share some good or bad experiences.

It started one day just as a fever, some 99.7°F, took Paracetamol, and considering it could be corona also, took some other medicines also like Ivermectin, Doxycycline, Vitamin C and Zinc.

I am lucky that by Bhagwan Ganpati's grace, I have good friends in the form of Dr. Ameya Joshi at Borivali, Dr. Aditya Agarwal at Bombay Hospital and Dr. Amit Nabar at SL Raheja Hospital who helped me in every step. I discussed with them, they also suspected Corona, and asked to get tests done, SL Raheja was closest to my home, hence went there, Dr Nabar had arranged for the tests even.

Oof, will never forget the big stick entering into my nose, like duty nurse was playing and enjoying inserting that large stick in the nose that today got opportunity.

So much tickling as well as discomfort but have to bear it. Rapid antigen test turned to be positive. I couldn't believe it at once but had to, the whole world was doomed, I thought of writing my will, but postponed it to next day, was depressed and felt completely lost, as if my world had come to an end.

Dr Nabar told to get admitted, I thought I will bluff him and will run away to a place where no one can find me, but ultimately accepted the fact and came back to the hospital for admission.

Admission process was so smooth, I could never expect. All because of tremendous help by TPA department and admin team. I hadn't faced a single hassle, and was shifted to the ward immediately as soon as I returned back with some luggage.

The only best thing which I did on my own was that I didn't treat myself, rather submitted myself to my treating physicians. I am again lucky that I was treated by best of the teams across the city in the form of Dr. Yatin Gadgil and Dr. Paritosh Baghel. Sometimes I feel pity that all of them had to come for rounds in PPE kit which is extremely uncomfortable, and I wished they could take only online rounds daily so that they are not exposed themselves. Hats off to their dedication.

Fever still there, started Favipiravir, lab reports not good, hence started on Remdesivir. When I heard of Remdesivir, again thought I was a gone case, I informed all my relatives, my close people that what they should do if I don't survive and don't return, ultimately gathered

courage to get the injection. Luckily the ward staff was very much experienced and inserted the iv cannula in a single prick, and that cannula lasted for whole 5 days, no Thrombophlebitis.

However, ward staff didn't left me and took revenge by filling all the thin sample vials with my blood at the first opportunity.

Thanks to all the staff posted in corona ward, they took all the best possible care for me. I will never forget their tender loving care and humane touch

Luckily, improvement started after Remdesivir, otherwise I would also have been in stats now. People would have been talking; He was a good man, though used to speak more, but good at heart.

However, that stage didn't came, and I was discharged in a week, improved and recovered and off medicines now. Thanks again to all my saviors and corona warriors.

Hats off to all of them.

Apologies for writing a long story but not finding more words to thank them all.

PS: 2 doses of Covishield, completed in Jan and Feb.

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Digital Contact Tracing – A Hope in Pandemic Era

SIR — Preceding the declaration of the novel coronavirus pandemic many countries introduced newer strategies and technologies. One such intervention is Contact Tracing (CT) which plays a vital role in this crisis¹. CT is an essential strategy and comprehensive standard public health tool used for many decades to control the spread of different infectious diseases. It serves as a public good and is based on the attempts to identify and trace all contacts regardless who and where they live. Thus CT is important to curb the menace of COVID-19 where the chances of one index person infecting 406 others in 30 days².

According to the recent surveys the success story of the Digital Contact Tracing (DCT) is almost evident since SARS and Ebola. Countries like China, Singapore, South Korea, US, Austria, Spain and UK is evident in providing the advantages of DCT during Pandemic minimizing the disease spread despite the minimal acceptance rate of the CT apps introduced³.

This DCT scaled up the traditional method of contact

tracing which aims at testing, tracing, quarantining or isolating and treating persons to curb the menace created by COVID-19. Initially different contact tracers were involved in CT and calling the contacts of index case became cumbersome. Lack of uniformity and probable different interpretations was responsible for disparity in between the reported and actual scenario. Possibility of information gaps are due to subjective variation⁴.

Now with 4 times increasing caseload, use of social media platforms to collect the information distantly is a preferred method. This CT solution holds the approach to minimise the case overload. The data confidentiality and privacy concerns remain major challenges while opting for digital data management.

Advantages:

- The technology can make the process faster, often without physical intervention and helps to quarantine or isolate the contacts to interrupt the chain of transmission.
- It optimises the manpower and ensures safety of the health workers.
- It allows the contact to provide the accurate information to their health authorities.
- Frequent changing trend and newer added strategies are well implemented via the DCT.
- It even adds up the testing and vaccination status, so that it accurately stratifies the contacts into different risk categories faster than the traditional method of CT.
- It is widely applicable to cover the large number of people during the pandemic⁵.

Disadvantages :

- As per the CDC status, there are very limited data on the performance of this DCT in identifying the true close contacts.
- All individuals cannot participate fully in digital transfer of data questioning digital illiteracy.
- The action is based on the information provided by the contacts.
- Cross questioning and getting exact information may not be possible to withdraw the conclusion and case management.
- Unauthorized access to the forms may compromise the data security and confidentiality.

Conclusion :

- Social mobilization by mass media campaigns are required to spread the awareness and importance of CT among the people need to be intensified.
- National Institute should play proactive role in forming Standard Operating Procedures (SOP) for uniform CT guidelines and disseminate IEC materials time to time throughout the country.

- IT giants can help Government with data management to build public trust and perseverance of the privacy of the contacts during CT.

- Training & utilization of manpower could be strengthened to fill the gap of CT.

Recommendations :

The inter-sectorial co-ordination of the IT field and Health department is a need of an hour for DCT provided with all caveats related to privacy and misuses.

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JIMA, October 2021, Editorial

SIR — Went through your October, 2021 JIMA, Editorial. Nicely written, well researched, one.

We as the Warriors (not only on double sworded and sensitive medical medical stage, but also on hostile politico-other fronts) need to and will stick to : "put your feet in the shoes of the needy sufferers" feeling. It will work in the long run, notwithstanding, the pulls, pushes and pressures.

Highlighting the the R&D problems, particularly in our country, leaders like you and associations like yours' can play a major role - which you laudably do.

I wanted to know as to whether it is lack of funding or of will/knowledge, or both, that is responsible for the disarray !?!

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