

Letters to the Editor

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New Symptoms of COVID in the 3rd wave : Some Observations from Eastern India

SIR, — The 3rd wave of the Covid epidemic has hit West Bengal hard from the last week of December, 2021 and in January, 2022, the city of Kolkata was experiencing an exponential rise in cases. As clinicians of the city were grappling with the tsunami of new cases, some distinct clinical features of the illness became prominent. While some features were similar to the already known symptoms, there were few notable alterations which deserve attention. This communication is to describe the peculiarities of symptoms and signs of Covid, as experienced in this 3rd wave in Kolkata.

Most of the patients presented with sudden onset of fever. The suddenness was quite striking and the author can mention one case where a 29 year old man went to the office in the morning all hale and hearty and came back in the evening with high fever post-lunch. Most patients were able to recall the exact time when the fever started. This is in contrast to the earlier cases of COVID, when the fever would start gradually. The fever was also associated with rigor and moderate to severe body ache in many cases. The body ache was quite debilitating, involving mainly the muscles of back and neck. There was also associated joint pain and headache in a number of cases. Initially, this constellation of symptoms confused the clinicians and many thought of Dengue and Malaria as the first possibilities. This degree of body ache in COVID was not reported earlier.

There was also associated sore throat. However, cough was mild, there was no dyspnoea and oxygen saturation was completely normal in the majority. Many patients also complained of rhinitis. Other features like diarrhoea or rash, which were reported in the first wave, were extremely rare to non-existent. Also, anosmia had rarely been reported till now. In the author's experience, the presenting symptoms hold true for patients with or without co-morbidities. Also, differences in age did not have much effect on the course of illness.

Most patients responded well to symptomatic treatment and the usual period of illness was 4-5 days. Very few required a second visit to the clinic, let alone hospitalization.

Although a new strain (Omicron) of coronavirus is spreading across the globe, this current 3rd wave of Covid in Kolkata was mainly due to pre-existing strains. As per published reports, only a few cases were due to Omicron till now. Hence, the same strain as previous was changing its presenting features. This is just a preliminary observation. As more data is amassed, a fuller picture of the illness will emerge in the near future. However, preliminary reports from other parts of the world have depicted symptoms similar to the ones described here¹.

We post this communication for the clinicians. This Covid pandemic has been an eye-opener in multiple ways for all of us. As the virus mutates, the symptomology is also changing rapidly. Clinicians should be aware of the latest presentations of the illness so as to manage the cases effectively.

REFERENCE

- 1 Jansen L, Tegomoh B, Lange K, Showalter K, Figliomeni J, Abdalhamid B, *et al* — Investigation of a SARS-CoV-2 B.1.1.529 (Omicron) Variant Cluster — Nebraska, November–December 2021. *MMWR (CDC) December 31, 2021; 70(5152): 1782-4.*

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Dengue — What is Essential to Know

SIR, — Dengue fever is the most important emerging viral disease of human in this world affecting humanity in the terms of morbidity and mortality. Dengue fever is an acute viral disease having the potential of causing large scale outbreaks. The risk of dengue has shown an increase in recent year due to rapid urbanization. There is no specific treatment for dengue fever, besides the dengue vaccine has along way to go, as any of the form dengue viruses can cause the disease, hence the vaccine must be tetravalent ie it needs to protect against all four viruses. It's a self limiting acute mosquito disease characterised by high grade fever, severe headache, muscle and joint pain, rash, nausea and vomiting. Dengue fever is caused by arboviruses and spread by Aedes mosquito. Some infection result in dengue hemorrhagic fever and its severe form Dengue Hemorrhagic Shock Syndrome (DSS) can threaten the patients life primarily through increased vascular permeability and shock. Platelet deficiency is not the cause of death in people suffering from Dengue.

According to International guidelines, unless a patient's platelet count is below 10,000, and there is spontaneous, active bleeding, no platelet transfusion is required. The outbreak of dengue in the City and Hospital beds are full and families are seen running around in search of platelets for transfusion. However what most people do not realize is that the first line of treatment for dengue is not platelet transfusion. It, in fact, does more harm than good if used in a patient whose counts are over 10,000.

The primary cause of death in patients suffering from dengue is capillary leakage which causes blood deficiency in the intravascular compartment, leading to multi-organ failure. At the first instance of plasma leakage from the intravascular compartment to the extravascular compartment, fluid replacement amounting to 20 ml per kg body weight per hour must be administered. This must

be continued till the difference between the upper and lower blood pressure is over 40 mmHg, or the patient passes adequate urine. This is all that is required to treat the patient. Giving unnecessary platelet transfusion can make the patient more unwell.

“While treating dengue patients, physicians should remember the ‘Formula of 20’ ie, rise in pulse by more than 20; fall of BP by more than 20; difference between lower and upper BP of less than 20 and presence of more than 20 hemorrhagic spots on the arm after a tourniquet test suggest a high-risk situation and the person needs immediate medical attention.”

Dengue fever is a painful mosquito-borne disease. It is caused by any one of four types of dengue virus, which is transmitted by the bite of an infected female *Aedes aegypti* mosquito. Common symptoms of dengue include high fever, runny nose, a mild skin rash, cough, and pain behind the eyes and in the joints. However, some people may develop a red and white patchy skin rash followed by loss of appetite, nausea, vomiting, etc. Patients suffering from dengue should seek medical advice, rest and drink plenty of fluids. Paracetamol can be taken to bring down fever and reduce joint pains. However, aspirin or ibuprofen should not be taken since they can increase the risk of bleeding.

The risk of complications is less than 1% of dengue cases and, if warning signals are known to the public, all deaths from dengue can be avoided.

DENGUE NS1-Best test is NS1

Cannot be false +ve

Is + from day 1 to 7 ideally.

If on day 1 is -ve, repeat it next day.

Always ask for ELISA based NS1 tests as card tests are misleading.

Value of IgG & IgM dengue-In a pt with reduced platelets and looking “sick” on day 3 or 4 of illness, a very high titre of IgG with borderline rise in IgM signifies secondary dengue. These pts are more prone to complications.

In primary dengue IgG becomes + at end of 7 days, while IgM is + after day 4.

Immature Platelet fraction/IPF: A very useful test in Dengue for pts with thrombocytopenia.

If IPF in such a pt is > 10%, despite a platelet count of 20,000, he is out of danger & platelets will rise in 24 hrs.

If it is 6%, repeat the same next day. Now if IPF has increased to 8% his platelets will certainly increase within 48 hrs.

If it is less than 5%, then his bone marrow will not respond for 3-4 days & may be a likely candidate for pl transfusion.

Better to do an IPF even with borderline low platelet count.

A low Mean Platelet volume or MPV means platelets are functionally inefficient and such patients need more attention.

The essential above awareness regarding dengue patient management guidelines goes a long way in curing the patients.

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