

Perspectives of COVID-19 — Epidemiology, Prevention, Surgery and Medical Education

The pandemic of COVID-19 apart from a difficult medical condition regarding clinical care brings out lots of different issues, like comorbid condition care, surgical plan, vaccine strategy and its efficacy. The safety of health care workers and handling of potentially high aerosol generating situations is of utmost importance to restrict spread of disease to care givers. Due to the long lockdown the usual medical education has to take some alternate path. All these factors are being addressed by this issue of JIMA. These articles will definitely generate thinking among the readers if they consider themselves in different role playing mode. As a primary care giver to the community as well as a medical graduate we have faced all of these situations in our professional life in past two years.

The article comparing epidemiological profile of paediatric COVID patients between June 2020 and 2021 actually reflects two different major surges of patients. The diagnosis of COVID was done by naso and oro pharyngeal swab. The testing for paediatric patients in the Jaipur hospital was only 5.4% with respect to total tests. This reflects unwillingness of parents for evaluation of their child due to visual complexity of the procedure. Due to this we actually missed a lot of patients which was similarly remained undiagnosed throughout the world. Fortunately the hospitalization and severe COVID with hypoxia were negligible and no death happened. Less cumbersome procedures like gargle could have picked more patients. The surge of patients during second wave among above 6 year population may be showing the need of vaccination for this population although that has been incorporated by government of India recently.

Vaccination started in India in mid-January 2021 for the health care workers. Within few months vulnerable population and subsequently adult population became beneficiary of that. The study from Thrissur was undertaken in the month of August 2021 to understand breakthrough of COVID after vaccination. Moreover the time of study was just after the surge of cases as happened in second wave. So the population may have had concurred COVID in past along with that they were vaccinated. There were 56 breakthrough cases where only 3 required admission. This is actually

indicating that in a state where vaccination drive is good the actual risk of hypoxia due to COVID is pretty low and survival is likely. Still in some parts of our country people are reluctant about the second dose of COVID vaccine, this study can be an example to show them that how vaccine is working to mortality from COVID in India.

Surgery during the COVID time was initially restricted to emergency situations. With prolong restriction and less communication to the hospital lots of cold surgical patients faced significant morbidity. This issue was addressed in an article. It also covered the ethics related to onco-surgery and dilemma of aerosol generation with respect to surgeon & anaesthesiologist risk to acquire the infection. The pros and cons of risk of getting COVID due to hospitalization for surgery is also taken into account. Moreover the intensive care beds meant for surgery needs to be there to provide care for surgical patients. This controversial yet ethical situation has been put forward from a surgeon's point of view.

As a doctor our nurturing place is a Medical College. We cannot halt the education of our medical juniors due to restrictions. A cross sectional study tried to cover many burning difficulties faced by medical educators and their learners. We had to take online teaching and learning unthinkable previously in medical fields based on hands on training and workshops. 87% of the study population was not comfortable to it yet they found it convenient. The study revealed that online training mostly focuses on cognitive domain and skill development was not given priority. In future online programs should be considering that as skill is the best power of a doctor. But online classes actually helped us to become more technologically advanced. Post COVID era when all of us will return to our usual teaching & learning methods adaptation of a well-structured online education will definitely add new horizon in Medical pedagogy.

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