

Final Countdown to the COVID-19 Lockdown!!*

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The herald of the new decade has witnessed unprecedented chaos, gloom, and darkness all over the world in the wake of a global pandemic which has spread like wildfire, engulfing the world in just few days. The novel corona virus disease-19 or COVID-19 has again reminded the world of its ignorance to learn from the past mistakes during the epidemics of severe acute respiratory syndrome coronavirus (SARS-CoV; 2002 to 2003 in China) and Middle East respiratory syndrome coronavirus (MERS-CoV; 2012 to 2013 in Saudi Arabia), which were essentially mutated coronavirus infections but with localized spreads.¹ After originating from Wuhan, China, in late December 2019, COVID-19 with a myriad of hypothesis for its origin and infection to the index patient, has now engulfed close to 200 countries on the planet, proving its high infectivity and easy transmissibility. The world is in tatters and governments all around the globe are in shambles to protect their people from total annihilation, with implementation of various drastic measures.

India, the home to 1.3 billion, was relatively unaffected in the early days of the spread with only 3 documented cases till March 1, 2020.² However, in the next 25 days, India witnessed a surge that was unfathomable and mind-boggling. As of March 27, 2020, at 11:15 hours, a total of 640 active cases were reported; and in addition, there are 66 cured, 17 deaths, and 1 migration, making the total number of cases being a whopping 724.³ The mindset of the nation has changed from "Oh, it's a Chinese disease"; to "Oh, I have not traveled abroad" to "Oh, my God, Nobody is safe". The lining on the wall has changed from memes to prayers and the uncertainty of it all tells a dark story.

The COVID-19 strain is unlike other strains of coronavirus due to its high pathogenic potential in humans, but it does share the similar manifestations and clinical features; upper respiratory tract infection (URTI) and/or diarrhea initially, followed by complete resolution or development of fatal acute respiratory distress syndrome (ARDS) or multiorgan dysfunction (myocarditis, acute liver failure) and secondary septic shock. Reports from China do suggest high mortality in immunocompromised, smokers, and elderly with male predilection, but recent data from USA and Italy show that a large population who have developed severe disease are relatively young.⁴ Detection of the virus requires reverse transcriptase-polymerase chain reaction (RT-PCR) (commercially available and done from the nasopharyngeal or nasal swab) or antibody testing in the blood (still under testing phase and can be used to test immune status). A detailed history and suspicion is what is required in the time when everyone wants to be tested, which is not a feasible option for a populous country like India.

The Indian government in all this murkiness has to its credit been exceptionally proactive, so as to limit the spread to a certain extent as compared to other newly affected countries in Europe and the USA; the latter has been slowly becoming the new epicenter of the disease with cases increasing by thousands every day.²

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Innumerable steps have been taken in India to break the chain of the pandemic and stop the advent of stage III which basically means person-to-person spread in the community, leading to a catastrophe of unscalable magnitudes. From screening international travelers at the airports to complete grounding of passenger fleets, domestic and international; from appealing to voluntarily stay at home for a day in the "junta curfew" to the complete national lockdown imposed by the law of the land; unprecedented measures have been put into place in these unprecedented times.

At the time of this write-up, it is day 3 of the lockdown and 18 days still remain. The clock is ticking and the challenges are mounting. From attaining living essentials, to social distancing, the government and its people are treading shoulder to shoulder in achieving the goal of survival. Educational and social setups are shut, religious and sports facilities are closed, major and minor events are cancelled. Door-to-door delivery of essential commodities and work from home are encouraged. The lockdown has had its cons for the daily wagers, the contract workers, farmers, and children, widows and elderly living in old age hospice facilities and child orphanages. To aid them, the Indian government has come up with a Rs. 1.7 lakh crore financial package which includes direct cash benefits and supply of free commodities such as groceries and gas cylinders. Experts expect a surge of depressive disorders and psychiatric illness due to the imposed solitude in patients who live alone and problems of obesity due to the lack of proper physical activity in population.

We still neither have a definitive treatment nor any vaccine at hands. Trials with combination of antibiotics (azithromycin), antivirals (oseltamivir, lopinavir/ritonavir, favipiravir, remdesivir), and immunomodulators (hydroxychloroquine, tocilizumab, baricitinib, angiotensin-converting enzyme 2 inhibitors) are underway.⁵ After the tweet by the US president about azithromycin and hydroxychloroquine, the combination did create a wide media buzz; but it did bring concerns of its risks involved in the elderly and patients with cardiac ailments. Preliminary identification of potential vaccine targets are being tested on basis of SARS-CoV immunological

*The editorial was written at the beginning of the 1st national lockdown in India.

studies to develop an epitope-based peptide vaccine; yet this is a long journey ahead, as human testing results and its efficacy reports are awaited. The challenge of mass production for the world population needs herculean efforts even if vaccine trials are successful.⁶

With the focus on containing the pandemic, the healthcare providers are working day in and day out to assist and treat those who are already affected. With limited means and an infrastructure prone to collapse, the medical fraternity including the doctors, nurses, paramedics, ward boys, etc. have been in the line of fire. Working long shifts with limited personal protective equipment (PPE), despite being at risk of getting the disease, they have been honoring the "Hippocratic Oath" all over the country. The government announced healthcare benefits of Rs. 50 lakhs each for the personnel, and measures to acquire more masks, PPE, ventilators, and setting up COVID-dedicated isolation beds have been put in place all over the country as preparedness, which is of uttermost importance.⁷ Routine clinical work at hospitals have been withheld and specialty bodies like the Indian Orthopaedics Association have passed resolutions and guidelines for maintaining only emergency management capabilities and protection of the surgical workforce with optimization of resources.⁸

One wonders what will happen when the lockdown ends; do we go back to the normalcy or do we start another countdown for more lockdowns. But when the sails have strong winds to cope, it warrants hope, of beholding a future which is free of disease and full of life.

REFERENCES

1. Rodriguez-Morales AJ, Cardona-Ospina JA, Gutiérrez-Ocampo E, et al. Clinical, laboratory and imaging features of COVID-19: a systematic review and meta-analysis. *Travel Med Infect Dis* 2020. 101623. DOI: 10.1016/j.tmaid.2020.101623.
2. WHO Health Emergency Dashboard. [Accessed on 27 March 2020] available from: <https://experience.arcgis.com/experience/685d0ace521648f8a5beee1b9125cd>.
3. Status COVID-19 cases in India. [Accessed on 27 March 2020]. available from: <https://www.mohfw.gov.in>.
4. Lai CC, Wang CY, Wang YH, et al. Global epidemiology of coronavirus disease 2019: disease incidence, daily cumulative index, mortality, and their association with country healthcare resources and economic status. *International journal of antimicrobial agents* 2020(4):105946. DOI: 10.1016/j.ijantimicag.2020.105946.
5. Sarma P, Prajapat M, Avti P, et al. Therapeutic options for the treatment of 2019-novel coronavirus: an evidence-based approach. *Indian Journal of Pharmacology* 2020;52(1):1–5. DOI: 10.4103/ijp.IJP_119_20.
6. Bhattacharya M, Sharma AR, Patra P, et al. Development of epitope-based peptide vaccine against novel coronavirus 2019 (SARS-COV-2): Immunoinformatics approach. *J Med Virol* 2020(6). DOI: 10.1002/jmv.25736.
7. Agarwal A, Nagi N, Chatterjee P, et al. Guidance for building a dedicated health facility to contain the spread of the 2019 novel coronavirus outbreak. *Indian J Med Res* 2020. DOI: 10.4103/ijmr.IJMR_518_20.
8. COVID-19 IOA guidelines. [Accessed on 27th March 2020] available from: <https://www.ioaindia.org/COVID-19IOAGuidelines.pdf>.