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Guest Editorial

COVID-19... Navigating through a year of challenges and changes

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I still remember waking up to the headlines of WHO on February 11th 2020; announcing that the new coronavirus disease will officially be known as COVID-19. A name which would become common lexicon for the next one year and come to define an epoch.

We are fast approaching the one-year anniversary of when suddenly, our world almost came to a standstill. India started reporting an acceleration in its COVID-19 burden and therefore entered its first phase of nationwide lockdown. We went from a few hundred cases in March'20 to close to a lakh per day in September, when the disease peaked in India and November when it peaked in Delhi. While many things came to a standstill, others picked up a very hectic phase over the next few months.

Every war has its heroes, so does this one. In this war against an invisible enemy, it was the resilient healthcare workers who stood in the frontline while the rest of the country scrambled for cover behind their four walls, masks and sanitizers. Every fallen healthcare worker was a stark reminder of your own vulnerability. Many didn't get to meet their family members for days at end. As a practicing pulmonologist on the front lines, not only was there much to learn about this mysterious disease itself, there were also other things that one needed to pick up rapidly for your own safety- like doffing and donning the PPE to battling dehydration compounded by the PPE in the summer heat of 2020.

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What cannot be denied is that no one from the private or the government medical sector hesitated to join in the fight with whatever resources and remuneration that were available or offered. The CFR (Case Fatality Rate) in healthcare workers in India due to COVID-19 stands at 16.7% vs a national average of 1.7 as of data available till October 2020.

Two assets go a long way in the management of any pandemic- the first being an ability to preemptively predict the course of the disease and the second, an asset which supplements the former; is the cognitive generosity. What needs to be acknowledged is that as clinicians in India we did get some lead time and valuable snippets regarding the clinical course and preliminary management of this disease due to the above two factors. The medical fraternity world-over did not hesitate to share generously whatever they came across regarding the management of this disease and thanks to the internet, physicians across the globe involved in combatting the scourge were almost on the same page. Luckily for us, most medications that emerged as efficacious were either the ones we had easy access to or were manufactured inexpensively here in India.

So, did this lead time make it easy for us? In a resource strapped country like ours with regards to the health care sector, these were uncharted waters for us as doctors. To combat the pandemic, we had to suspend all our other health provisions and mobilize all our resources towards tackling this one disease. Though the government of India did a great job of issuing guidelines through MoHFW, as a clinician on

the ground, this didn't make the job any easier since these were revised very frequently and sometimes they were in conflict with data emerging from other reputed journals and hospitals across the world. It was painful to see my patients suffering from other pulmonary diseases like tuberculosis and ILD go through extra sets of tests and empirical treatments till results proved a diagnosis conclusively. Tests like PFT and bronchoscopies were kept as a very last resort lest you risk infecting many of your colleagues and other patients inadvertently. Patients on their end were also reluctant to approach any healthcare service for the fear of catching the disease which also led to many a delay in diagnosis of otherwise easily manageable conditions.

They say hindsight is always 20/20, and if one was to analyze the performance data of Covid-19 from various countries, India would surely be on the top when numbers like population and resources are factored in.

What do we owe our success in tackling the viral pandemic to? It could be the younger age demographics or the lower average BMI. But even if only our geriatric population were to be catered to, our healthcare system would easily get overwhelmed. In that case, could it be our cross-reactive immunity from prior coronavirus and other infections or could it be the BCG vaccination or high average temperatures? The answers are yet to clearly emerge and could be multifactorial.

After almost a year, I can see light at the end of this dark tunnel, with the two potent vaccines around and freely available. Our focus should shift to prevention for now while answers to all these questions can keep pouring in.

In spite of over a hundred thousand deaths in India, I see a certain reluctance to vaccination in the general population; some cite a lack of credible data, others want to wait for more effective alternatives. To the former I can only say that this is the best the medical field can offer as of now for prevention against this deadly virus and for the latter- waiting for more effective alternatives is like not wearing a seat belt till air bags are installed in the car!

The disease is not going to disappear suddenly- it will gradually change from a pandemic to an endemic disease, much like what swine flu has become now. The mutant strains pose a real threat but I rest my hope in the fact that if we could generate effective vaccines in record time, we would only enhance our capabilities to roll out effective vaccines as the mutations arise in the future.

The pandemic will leave a lasting footprint at every level, be it the individual, the healthcare providers, the country or our society at large. I am still dealing with the survivors of severe Covid disease who have been left with fibrotic lungs, and many who still have anxiety-hyperventilation syndrome. As a clinician, my dress code might never return to the pre-Covid era in my clinic. I feel safer behind my mask, cap and disposable gown. Teleconsultation as a medical technology has made significant inroads for non-essential and follow up cases. The government has finally increased its marked budget for the health care sector. As a country we possibly will become the pharmaceutical and vaccine factory of the world in the years to come. The society has started respecting science more than ever. We have a reason to believe in our R&D.

A lot might have been lost, but not all in vain; my bets are that if our society were to stick with the social vaccine of frequent hand washing and social distancing, it will prove effective in raising India out of its burden of tropical infectious diseases status and thereby raise the cumulative health status of our country. In these times of collective misfortune, if we can find it, lies the hope for a better tomorrow.

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