

Time to revise COVID -19 protocol—Do we know the correct direction?

"Make sure you have a system in place for giving patients the care that is right for them, and integrate care for #COVID19 into primary health care systems; Plan for surges of cases, and make sure you have the supplies, equipment and health care workers you will need"-

@DrTedros, Director General of World Health Organization, Sep 14, 2022^[1]

At present, when the number of cases of COVID-19 is low and we have the ability to pay attention to other priorities, we can revisit our journey so far, look back in the rear-view mirror, ask ourselves tough questions, and search for answers. And that is the right way to move ahead. But it is necessary to raise correct questions and find correct answers and only then we move toward our goal. Spanish American philosopher Geoge Santayana famously warned "those who can not remember the past are condemned to repeat it."

Sodhi *et al.*^[2] discuss COVID-19 management and make an earnest attempt to review opportunities to assess protocols in Aug 2022 issue of the Journal. Therein they look behind to learn from our success and failure stories, refresh lessons we learned for a novel infectious disease, and then formulate a better strategy so as to put on the table a better design for mounting our response should a surge may occur again. I applaud the authors for their foresight and give a compliment for honestly collaborating with fellow workers while revisiting the record. We need more such articles to widen our horizons of knowledge.

Nevertheless, there are a few points of disagreement too which is possible in the spirit of scientific inquiry. Under a heading of *Universal gloving*, the authors mention, "The experiential evidence points to multiple antibiotics prescribed to the patients in home isolation by *primary physicians* based on the practices followed in hospitals." But fact of the matter is that in the initial stages, the antibiotics were prescribed by government order. And later on when their futility was discovered, the practice was altered.^[3] Before Indian Council of Medical Research changed its rules, Directorate of Health Services tweaked them so as to match with emerging evidence.^[4] Therefore, the picture that we may construct is that in the beginning, the government-sponsored care services were prescribing multiple antibiotics^[5] and other medicines which we now know were not beneficial—and sometimes harmful—and hence we should point a finger not

only toward the *primary care physicians*. At the end, we observe that those serving the patients at home care were following what the rules and regulations were dictating them to do.

Thereafter, under a heading of *Burden on our testing facilities*, the highest-level care providers, i.e. the authors, highlight that due to disproportionate availability of COVID-19 testing, the turnaround time of testing results was adversely affected, and sometimes it took more than 72 hours to get the testing results reported. Here I want to emphasize that testing for COVID-19 or any other test should be based on its epidemiology. When the basic reproduction number (R0) is more than 1 and the infection is surging, infecting more than one individual secondarily, there is a need to enhance the testing so as to better understand its epidemiology. This webpage of US Centers for Disease Control and Prevention states about the test and what you need to know.^[6] Therein, it underscores that not only do we need a test to confirm the infection, but also it should be done at the correct time so as to get the best results.

When covering an overview for healthcare workers, the federal agency specifies in *Key Points* that screening testing can provide important information to limit transmission and outbreaks in high-risk congregate settings.^[7] In lieu of that, an asymptomatic or presymptomatic person may keep on infecting those coming in close contact. Testing, isolation, and sympathetic care for him is one of the most effective ways to stop the unrelenting march of the scourge. And this editorial underlines that as incubation period of the novel coronavirus SARS-CoV-2 is more than other common pathogens, testing is the only means to prevent its transmission and stop somebody from becoming a super-spreader.^[8]

At the initial stages of the pandemic, when stigma was there and social ostracization of the infected made us wonder if to test a suspected case or one in close contact or not, lack of availability further compounded the challenge. Hence, now when we make preparation for the future, it is important to plan in such a way so as to overcome the possible shortage. Of course, testing is a time- and labor-consuming enterprise, needing resources, but that is the only way to identify those who carry the virus and do not have symptoms. So by properly taking care of the individuals, we may save those who still do not have it.

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Harish Gupta

Department of Medicine, KG's Medical University, Lucknow,
Uttar Pradesh, India

Address for correspondence: Dr. Harish Gupta,
Department of Medicine, KG's Medical University,
Lucknow - 226 003, Uttar Pradesh, India.
E-mail: harishgupta@kgmcindia.edu

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