

Unfolding issues of immunity against SARS-CoV-2

Dear Editor,

Rohisha and Jibin emphasise about a new normal Indian community after COVID pandemic in the January 2021 issue of the journal. They assess various domains of our social and personal life, calculate impact of disruptions on them and conclude by enumerating various trade-off we have had due to onslaught of the unrelenting march of the virus on our almost all the aspects of life.^[1] There under a heading “Travelling in new normal situation”, they begin the commentary by stating that Indians are *travelling a lot* officially or for stress relief, both internationally and nationally.

But according to data of the World Economic Forum before the pandemic, India ranked at number 34 on World Tourism Index.^[2] Hence, it is inappropriate to state that we travel a lot. Although at present international travel is at an all-time low, UN General Secretary last year urged to invest in green energy when the wheels start to roll again. When traffic has come to a historic halt in the history of mankind due to the virus, gains of the environmental recovery should not be lost in subsequent economic resurgence by pumping in investment on fossil fuels. UN urges nations to recover better and its Global Communications department made an appeal to governments around the world to ponder about climate change and COVID-19 so as to make a better strategy for the epic challenge of global temperature rise.^[3]

Under a heading “New normal in the field of health system”, the authors write in second paragraph that the public themselves should be responsible for their own health, self-monitoring and *improve immunity* to overcome the infection. While some responsibility and self-monitoring of the public is comprehensible, we wonder about the method of improving immunity.

Since July last year, we know that the only drug effective in saving life in severe COVID-19 is corticosteroid – an immunosuppressant. On July 17, the Recovery Collaborative Group published its preliminary report analyzing glucocorticoid in inflammation-mediated lung injury and conclude that those patients who are sick enough to require either invasive ventilation or oxygen alone fare better when they are put on these immunosuppressive drugs.^[4] Hence, the concept of improving immunity seems to be bewildering to us.

A living World Health Organization (WHO) guideline of drugs for COVID-19 recommends that for severe and critically ill patients, corticosteroids provide a survival benefit.^[5] When our immune system goes absurd, it sometimes starts creating more harm than good. Under these conditions, shutting down it saves us from cytokine storm. We need to learn the complexities of the immune mechanisms so as to better utilize its principles to protect the life of our patients. In this interaction between human being and severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), in different stages, different pathologies are known to occur.

On the basis of that information, we are designing better drugs- some of which are apparently promising, e.g. monoclonal antibodies.^[6] Therefore, depending upon the present understanding of this differential phenomena; assertion to improve immunity is trite, oversimplified and missing the point of pathogenesis and available therapeutics.

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We accessed all the webpages at the time of submission of this Letter to the Editor

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