

OBSERVATIONS

Only COVID-19 and not all infectious diseases are of concern: A timely observation

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Correspondence: Syed Masudur Rahman Dewan, Department of Pharmacy, School of Medicine, University of Asia Pacific, 74/A Green Rd, Dhaka-1205, Bangladesh. Email: gobeshok.d@gmail.com**KEYWORDS**

COVID-19, health care system, infectious diseases, viral infection

Dear Editor,

In December of 2019, an epidemic of pneumonia led to the discovery of the seventh human coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Because of how quickly it spread and the havoc it caused; it was declared an international public health emergency not long after it first appeared. On March 2020, the World Health Organization (WHO) declared a global pandemic in response to the new coronavirus (COVID-19) outbreak.¹ The intensity, mortality, and hospitalization rates of the pandemic have varied across areas as it has progressed. Worldwide, there have been 760,360,956 confirmed cases of COVID-19 as of March 2023, with 6,873,477 fatalities.² Many different infectious illnesses appear, change, and reappear in the modern world. Measles, influenza, tuberculosis, whooping cough, malaria, and many more are all instances of contagious infectious illnesses. Newly developing infectious viral illnesses such as Nipah, Marburg, Zombi, Mpox, Zika, and Ebola demand international attention. The risk of worldwide spread for several of these illnesses varies widely. Disability-adjusted life years (DALYs) across all age groups and sexes in the Americas were expected to be 6% higher in 2017 due to tuberculosis (TB), malaria, and neglected infectious illnesses. Seven percent of all deaths were attributable to a similar group of diseases.³

Infectious illnesses that may be spread from person to person have devastating effects on society, the economy, and the health care system. In developing and underdeveloped nations, where molecular diagnosis facilities and therapeutic strategies are still not advanced, fighting pandemics like COVID-19 with co-existing infectious communicable diseases is particularly difficult due to a

lack of resources.⁴ In this insightful analysis, we examine the gaps in knowledge, prevention, and treatment that plague efforts to battle various infectious illnesses in the post-COVID-19 age. It also examines how, in today's COVID-19-hyped society, ignoring these diseases and neglecting to recognize their seriousness may raise the illness burden and pose serious concerns to global health.

A communicable illness is one that may be passed from person to person by common means of contact, through the inhalation of airborne germs, the bite of an infected bug or animal, or the consumption of diseased birds, fish, or animals. The principal pathogens in charge of these conditions are microorganisms like bacteria, viruses, fungi, and protozoa.⁵ Accidental contact with disease-causing bacteria may quickly escalate into a plague, making communicable infectious illnesses a constant danger. One of the most recent and relevant examples of such a catastrophe is the COVID-19 pandemic.

Eight deaths from Marburg virus disease (MVD) were recorded on 7 February 2023, less than a month after the initial outbreak of coronavirus.⁶ MVD, like Ebola, is transferred from person to person through casual contact and is carried by bats. Both Ebola and MVD are hemorrhagic fever viruses, although the mortality rate from Ebola is far higher than that of MVD (90%).⁷ Between 4 January and 13 February 2023, Bangladesh had a similar epidemic of Nipah virus, with 8 fatalities confirmed among 11 cases.⁸ Since May 2022, the number of reported cases of mpox has increased in different regions of the world.⁹ Furthermore, global warming is bringing back 13 new species of viruses, including the zombie virus that was frozen for 48,500 years in the permafrost zone under a frozen lake in Russia.¹⁰

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There is rising worry about the emergence of new cases of well-known infectious illnesses including influenza, tuberculosis, swine flu (H1N1), and so forth. In 2021, the global malaria infection cases reached 247 million.¹¹ The annual respiratory flu caused by seasonal influenza (type A and B) infects almost 3–5 million people and kills between 290,000–650,000.¹² Since it is airborne, it is highly contagious, and the immunization only protects against it for a year. According to the WHO, TB might kill 1.6 million people worldwide in 2021.¹³ There is still no vaccine for HIV after 30 years of study, despite the fact that the virus was responsible for the deaths of 650,000 individuals in 2021.¹⁴

There have been discernible fluctuations in the incidence of several infectious illnesses since the appearance of COVID-19. We are concerned that other diseases exhibiting similar symptoms are not given the attention they deserve, even though the infection rate of some diseases primarily like COVID-19 (such as influenza, the common cold by adenovirus, malaria, etc.) has decreased since 2021–2022 compared to the pre-COVID-19 period.¹⁵ However, other diseases showed a contrasting situation in terms of infection rate, and one such disease is tuberculosis (TB). There was a 4.5% rise in TB cases between 2021 and 2022.¹³ Table 1 shows the epidemiological and clinical characteristics of a few common and emergent communicable illnesses, respectively.

The table shows that numerous infectious illnesses have symptoms that are similar to COVID-19. Coinfections with other infectious illnesses are suspected in various regions of the world where COVID-19 is already present. COVID-19 infections have declined significantly over time, but several other new and re-emerging infectious illnesses have been on the rise recently.

The most noticeable clinical signs and symptoms of COVID-19 are respiratory tract infections, fever, and neurological abnormalities; however, these symptoms can also be caused by other infectious illnesses such as tuberculosis, malaria, Nipah, seasonal flu, and others, making initial diagnosis difficult. If clinical signs are misdiagnosed, treatment may be delayed. Low-income areas are disproportionately affected by the disease, as shown in Africa, where funds have been set aside to combat the new danger of COVID-19. Therefore, monitoring, testing, treating, and vaccinating against other infectious illnesses have all been hampered by the pandemic,²³ making it more difficult for patients to obtain the treatment they require. The arrival of several infectious illnesses during the COVID-19 pandemic hindered the economic growth of already-struggling nations. The public health crisis and economic losses in South Africa were exacerbated by the government's failure to adequately respond to the bird flu pandemic.²⁴ Reports regarding the Nipah virus, another emerging virus, constitute a Stage IV biosafety risk because of the public and scientific community's current preoccupation with COVID-19.²⁵

In addition, worldwide efforts to eradicate tuberculosis (TB) have slowed down due to the epidemic. Because tuberculosis is more common in poorly ventilated areas, it was hypothesized that prolonged quarantine imposed during the outbreak of SARS-CoV-2 contributed to the increase in cases. The majority of laboratories' attention was focused on COVID-19 patient samples during the

lockdown, meaning that pulmonary TB patients' follow-up and response evaluation fell through the cracks. People exhibiting symptoms of both COVID-19 and tuberculosis may have been dissuaded from being tested because of the combined stigma of the two diseases.²⁶ Governments' attention has been diverted away from normal health care since the emergence of the COVID-19 pandemic, which has led to the neglect of routine vaccination efforts for important infections. Measles is highly preventable with vaccination, but as the COVID-19 outbreak spread, at least 15 African countries delayed their immunization campaigns. There has been a decrease in the number of nations doing epidemiological surveillance for endemic infectious diseases like Ebola and Zika. On the plus side, the 2019 CoronaVirus epidemic raised awareness of the need for proper cough etiquette, personal space, and hygiene. We may better prepare for future pandemics with the help of these healthy habits and developments in the self-collection of specimens.

COVID-19 caused far-reaching impacts since it was the worst health crisis in almost a century. Because of this unprecedented situation, substantial investments in health care system resilience are urgently needed. Protecting people's fundamental health, fortifying the foundation of health systems, and bolstering frontline medical workers are all crucial.²⁷

When a patient tests negative for COVID-19, it indicates that the virus was not found. However, it does not guarantee total absence of other viral infections or sicknesses. Early detection and effective treatment are critical for preventing fatalities in many illnesses, including the flu.²⁸ Medical professionals are now finding it difficult to differentiate between COVID-19 and highly contagious diseases like typhoid as the illnesses show identical nonspecific symptoms.²⁹ Another study reported that false-positive results for COVID-19 serology among dengue patients and, inversely, dengue serology among COVID-19 patients might occur³⁰ making it difficult to diagnose these two diseases. In such circumstances, it is appropriate to offer other diagnostic tests, as they may be indicative of a variety of disorders. In addition, illnesses with similar incubation durations should be grouped together into a single categorization system, so that the severity of symptoms may be used as a reliable indicator of whether or not a patient is in the latter stages of the disease's progression to death. Viruses might remain latent even after drug treatment/vaccination and therefore persistent virus infections are largely uncontrollable.³¹ It is important to bring attention to these possibilities and guarantee a full recovery. Mental health counseling in addition to medical treatment is necessary for a successful outcome in the case of COVID-19 or other deadly illnesses.³² Instead of needing to go to several places for testing, it may be more convenient to build up facilities where testing for several infectious illnesses with comparable symptoms may take place simultaneously.

Vaccination is the most reliable preventative measure; hence it must be made accessible to individuals from all socioeconomic backgrounds. However, public health in low- and middle-income nations is difficult to ensure because of the difficulty of obtaining vaccines at the right time.¹ If vaccinations are not readily available, the health care sector will need to identify alternate practices and

TABLE 1 Symptoms and prevalence of common communicable infectious diseases in recent years.

Disease	Salient clinical features	Number of cases (reported during 2021–23)	Fatalities/year according to recent projections	References
Tuberculosis (TB)	Chronic cough (lasts for three weeks or more), fever, nocturnal hyperhidrosis, losing weight, haemoptysis, or phlegm expectoration.	>10 million	1.6 million	[13]
Influenza	Fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue	9 million	5000	[15, 16]
Malaria	Fever and flu-like illness, including shaking chills, headache, muscle aches, and tiredness	247 million	619,000	[17, 18]
Measles	Fever, cough, Koplik's spots, runny nose, and exanthematous rash.	9 million cases	134,200	[19]
Pertussis	Slight fever, runny nose, common cough that turns into a dry cough and whooping cough, and later pneumonia may result.	28843	Official data not available	[20]
COVID-19	Respiratory tract infection	761,402,282 [As of 2023]	6,887,000 [As of 2023]	[2, 21]
MERS	Pneumonia	2604 [From April 2012 till February 2023]	936 [From April 2012 till February 2023]	[17]
Nipah virus	Cough, sore throat, difficulty breathing, seizures, encephalitis.	11 [Newly reported as of February 2023]	8 [Newly reported as of February 2023]	[18, 19]
Adenovirus	Common cold or flu-like symptoms, sore throat, acute bronchitis (inflammation of the airways of the lungs, sometimes called a "chest cold"), pneumonia (infection of the lungs)	12000 [As of March 2023 in India]	19 [As of March 2023 in India only]	[22]
Mpox	Fever, Chills, Respiratory symptoms (e.g., sore throat, nasal congestion, or cough)	77 264 [As of October 2022]	36 [As of October 2022]	[9]

treatments to mitigate dangers, as well as develop new rules about these methods of treatment. In addition, regular practices that help control the spread of viruses include personal hygiene measures like covering one's mouth and nose with a tissue when coughing or sneezing and then discarding the tissue, wearing a mask in public, carrying hand sanitizer while staying outdoors, etc. Antibiotic resistance can increase risk factors for infectious infections, thus it's important to utilize antibiotics correctly whenever they're indicated. Since the entirety of the public health care sector is run by the government, the government plays a significant role in reducing infectious epidemics. When an epidemic breaks out in a neighboring country, the government must coordinate the entire system and public behavior to combat the spread of the disease. This includes setting up specialized health care departments and isolation wards in hospitals, importing and ensuring the provision of vaccines in general as soon as possible, maintaining IPC policies, and passing and enforcing a law on the public's lifestyle. Education, training, and improved networking with the health care sectors and government officials are all ways to increase awareness of a disease and prepare for an outbreak.

There was initially no vaccine, treatment, or specific therapy for battling the unpredictable novel coronavirus. The public's fear was only amplified as more species revealed. This has taken attention away from other infectious diseases, which have become routine crises. Mostly in middle- and low-income countries, resources and funding had been almost entirely directed away from other infectious disorders towards COVID-19 research. Divergence of attention towards the development of COVID-19 diagnostic tests and the resultant downturn of HIV, malaria, and TB testing is another worrisome outcome of the COVID-19 pandemic.³³ Besides disrupting community-based interventions, the pandemic has caused delays in diagnosis, and halted monitoring and evaluation measures, including surveillance and surveys of neglected tropical diseases.³⁴ Mass drug administration and active case-finding activities were delayed due to COVID-19, raising the likelihood of resurgence of these diseases.³⁵ As global attention was shifted towards combatting the new virus, in Africa, nonemergency services were suspended, access to private health care was reduced, resulting in a fall of TB detection and notification.²⁶ To lower the possibility of COVID-19 spreading, impoverished nations had to halt their widespread vaccination efforts. The New York Times predicted that cessation of vaccination efforts may put 100 million children at danger of contracting measles.³⁶

In Bangladesh (a developing country), initially patients were denied care and forced to move from one hospital to another as doctors were hesitant to treat them in suspicion of COVID-19. Patients were refused emergency ICU support if they could not provide a COVID-19 clearance certificate, also known as a "No COVID-19" certificate leading to several deaths.³⁷ In fear of shame, social isolation, or quarantine, many people with COVID-19 symptoms were concealing information and showing little interest in getting tested.³⁸ Initially, nearly all patients with respiratory distress in India were suspected to have COVID-19 infection and were treated as so until proven otherwise. Fearful of contracting COVID-19 at the hospital, many chronically ill patients canceled or

postponed treatments and follow-up appointments. Misrepresentation or mishandling of COVID-19 mimics between COVID-19 and non-COVID-19 hospitals further exacerbated the catastrophic health disaster.³⁹ As a result, there was a significant increase in the incidence of some disorders following COVID-19. Concurrent Dengue and COVID-19 epidemics are occurring in certain Asian nations, adding stress on an already overburdened health care system.⁴⁰ The recent shock of the coronavirus and other viral epidemics has prompted a reevaluation of current medical practices. To prevent people's attention from waning and the possibility of a resurgence of previously eradicated infectious illnesses, we advise that they be equally worried about both new and continuing infectious disease outbreaks.

AUTHOR CONTRIBUTIONS

All authors have read and approved the final version of the manuscript. Syed Masudur Rahman Dewan, corresponding author, has full access to all the data in this study and takes complete responsibility for the integrity of the data and the accuracy of the data analysis.

ACKNOWLEDGMENTS

Considering the infectious disease burden, the authors would like to recognize all the scientists who are contributing to the establishment of a successful global health care plan. This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

TRANSPARENCY STATEMENT

The lead author Syed Masudur Rahman Dewan affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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How to cite this article: Nasim R, Tisha JF, Dewan SMR. Only COVID-19 and not all infectious diseases are of concern: a timely observation. *Health Sci Rep.* 2023;6:e1589. doi:10.1002/hsr2.1589