Community participation leads the road to epidemic free country

Dear Editor,

In the journal’s May 2020 issue, the editorial “Sahu KK, Kumar R. Preventive and treatment strategies of COVID-19: From community to clinical trials. J Family Med Prim Care 2020;9:2149-57.” exhaustively details the significance of community participation in curtailing COVID-19 Pandemic.

The authors have rightly defined the importance of holistic integrated approach needed, beginning at the individual level, community participation in executing the rightful steps, the role of the state for continued healthcare facilities and other essential services, leadership by the nation in imposing lockdown & travel restrictions and above all by worldwide associations like WHO to be proactive to take fitting timely measures. Numerous avoidable disappointments in this charter of responsibilities has resulted in worldwide infection of more than 8.4 million and around 4.5 lakhs deaths passing across 216 countries.

Contact tracing is paramount in offering quarantine to the exposed and is lead by state IDSP. However, the role of society members is still underutilized. Any person with a travel history, who may escape the govt. registry deliberately or unexpectedly, can be notified by a neighbor or co-resident significantly more successfully than the contact tracing team. The government ought to display banners and bulletin about the benignity of the infection to alleviate dread and social stigma, which will guarantee self-announcing. Also, whenever dedicated COVID-19 state, district, and block portal begin showing the details of the infected people continuously, self-announcing will become evidence-based. The authorities engaged in giving services under ESMA should also be enabled to allocate appropriate social work as COVID volunteers as a type of discipline, against those not conforming to the warning.

This novel crisis should be managed with more technology than labor. Out of the box, solutions need to be implemented like anonymously depositing self-collected nasopharyngeal swab samples, at designated collection centers with computer-generated unique ids to each sample, so the individual alone has access to his reports. The choice of isolation can then be left to the patient with compulsory enrollment in the closest COVID Center. Similarly, Aadhar linked medical history registry ought to be made so that the golden hour is not wasted if emergency crops in. Mandating the use of the Aarogya Setu app for access to basic amenities like fuel stations, ATM booths among others will help in mapping the patients, and every single possible contact.

Further, with increased utilization of telehealth facility and a concurrent plunge in the number of elective surgeries & routine visits to hospitals, all healthcare facilities should be requested to work with the least potential staffs so that if any admitted patient, in non-COVID hospital, turns out to be positive, the HCW to be isolated will be an absolute minimum. Moreover, with over 3 months of the continuing ordeal of HCWs in dealing with this potentially life-threatening infection, little resting opportunity to recapture the energy to deal with any unexpected dramatic surge in critical patients will be more rewarding than attempting to win unseen enemies with wounded soldiers.

Considering the diverse implication of this pandemic on healthcare facility, emergency services, political, and financial spectrum of a country, the authors have introduced the different domains of this pandemic appreciably.

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Conflicts of interest
There are no conflicts of interest.

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