Abstract:
Introduction: On 11th March, 2020 COVID19 was declared as a pandemic and it currently involves 210 countries worldwide. Bangladesh declared its first case on 8th March 2020. Currently, the highest case detection of COVID is in the Dhaka district. Due to a lack of quality PPE (personal protection equipment) and proper knowledge of donning, doffing and transmission dynamics of COVID 19 thought to be high infection rate among physicians.

Material and Methods: A pretested questionnaire was set and distributed among COVID 19 infected physicians working at Shaheed Suhrawardy Medical College Hospital through internet to know about the clinical and epidemiological characteristics.

Results: 65.3% of the respondents were male and had a mean age were 35.7 years. Among all the respondents, the highest number of physicians involved were from medicine department (26.9%). Lethargy, body ache and fever were observed in 57.69%, 50% and 30.7% patients respectively. Among 52 infected physicians, first time RT-PCR for COVID 19 yield 78.8% positive results. Prophylactic dose of hydroxychloroquine taken by 15.3% patients before being infected with COVID19.

Conclusion: Health care workers are getting infected in a alarming number but fortunately at Shaheed Suhrawardy Medical college all the cases were in mild form.

Key word: COVID 19, RT-PCR, SARS-COV-2

Introduction:
Several cases of pneumonia of unknown etiology were reported in the city of Wuhan, Hubei province, china during December 2019\textsuperscript{1}. The symptoms were dry cough, fever, fatigue, quickly developing shortness of breath and other respiratory symptoms. Researchers identified a new coronavirus with the use of real-time reverse transcription polymerase chain reaction (RT-PCR), from bronchoalveolar lavage, labeled as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), later also called coronavirus disease 2019 (COVID-19)\textsuperscript{2,3}. World health organization (WHO) declared CoVID-19 a pandemic in March 11, 2020 because of the quick spreading nature of this highly contagious virus caused a global concern of worldwide public health issues\textsuperscript{4,5}.

A rapid and robust response by the global scientific community described many important aspects of SARS-CoV-2 transmission and natural history\textsuperscript{6-8}. Bangladesh declared its first three cases of COVID 19 on 8th March 2020\textsuperscript{9} and as of 29th May 2020, according to WHO there are 40321 confirmed COVID-19 cases in Bangladesh, including 559 related deaths and worldwide total 5 701 337 cases and 357 688 deaths\textsuperscript{10}. Implementation of infection prevention and control (IPC) is of great importance in healthcare settings during the periods of outbreak of COVID-19 or other infectious diseases especially regarding personal protection of healthcare workers\textsuperscript{11,12}. Objective of our study was to analyze clinical and epidemiological data of RT-PCR positive COVID19 physicians at Shaheed Suhrawardy Medical College.

Address of Correspondence: Dr. Mohammad Rafiqul Islam, Associate Professor of Medicine, Shaheed Suhrawardy Medical College. Cell:01753199796, Mail: drrafiq73@yahoo.com

\begin{itemize}
\item a. Dr. Mohammad Rafiqul Islam, Associate Professor of Medicine, Shaheed Suhrawardy Medical College.
\item b. Dr. Khondaker Abul Bashar, Medical Officer, Shaheed Suhrawardy Medical College Hospital.
\item c. Dr. Shariful Matin, Registrar, Shaheed Suhrawardy Medical College Hospital.
\item d. Tahmid Tanveer, Department of Environmental Science and Management, North South University.
\item e. Dr. Atiqur Rahman, Assistant Registrar, Shaheed Suhrawardy Medical College Hospital.
\item f. Dr Syed Ghulam Mogni Mowla, Associate Professor of Medicine, Dhaka Medical College.
\item g. Dr. K M Mamun Mursshed, Associate Professor of ENT, Shaheed Suhrawardy Medical College.
\item h. Prof. Uttam Kumar Barua, Director, Shaheed Suhrawardy Medical College Hospital.
\end{itemize}
Personal protection equipment was a key issue during the beginning of the epidemic. Awareness regarding personal protection, clear understanding of transmission of infection and preparedness of response were also lacking among health care workers. Wu et al. have reported the problems relating to COVID-19 IPC in healthcare settings, highlighting the personal protection of healthcare workers.\textsuperscript{13}

Material and Methods:
We surveyed physicians from Shaheed Suhrawardy Medical College Hospital who were infected with COVID 19 by an online survey from 21\textsuperscript{st} May to 28\textsuperscript{th} May. The study was approved by ethical review committee of Shaheed Suhrawardy Medical College. An online based pretested questionnaire was set and distributed at an online platform where members of the group consisted of physicians of Shaheed Suhrawardy Medical College. All subjects provided informed consent before registration. Those who agreed to participate were given the questionnaire. Although more than 80 physicians were RT-PCR positive for COVID but only 52 physicians agreed to take part in the online based survey. The questionnaire consisted of a total of 11 questions. Age group, sex, working department, presentation, Rt PCR test, use of repurposing drugs, co-morbid condition and pregnancy were the key issues in the questionnaire. Total 52 physicians who are RT-PCR positive COVID19 patients responded. As all are count data, frequency and percentage were analyzed.

Results:
A total of 52 physicians responded out of 80 targeted RT-PCR positive COVID patients to the online questionnaire. Male respondents were 65.3\% and female 34.6\%. Participants were from different age group and mean age were 35.7 years. Predominant responders were from 31-40 age group, who consisted of 50\% of the data (Table I).

| Category   | Group | Frequency | Percentage |
|------------|-------|-----------|------------|
| Gender     | Male  | 34        | 65.3       |
|            | Female| 18        | 34.6       |
| Age group  | 21-30 | 14        | 26.9       |
|            | 31-40 | 26        | 50         |
|            | 41-50 | 9         | 17.3       |
|            | 51-60 | 3         | 5.76       |

Shaheed Suhrawardy Medical College were a non COVID hospital during collection of data. Department wise distribution revealed more involvement in medicine department (26.9\%), with the gynecology department (21.1\%) following as second. Symptom analysis reveals lethargy (57.69\%) ranks top of the list and then body ache was observed in 50\% of patients (Table II).

| Category   | Frequency | Percentage |
|------------|-----------|------------|
| Medicine   | 14        | 26.9       |
| Surgery    | 7         | 13.4       |
| Gynecology | 11        | 21.1       |
| Pediatrics | 5         | 9.6        |
| ICU        | 4         | 7.6        |
| Emergency  | 3         | 5.7        |
| Pathology  | 2         | 3.8        |
| Nephrology | 2         | 3.8        |
| Neurology  | 2         | 3.8        |
| Cardiology | 1         | 1.9        |
| ENT        | 1         | 1.9        |

Fever was observed in 30.7\% of patients and highest recorded temperature was 103°F that was observed in only one patient. Rest observed temperatures range between 99°F to 102°F inclusive. Figure 1 shows that 9.6\% patients didn’t have any symptoms.

![Fig.-1: Frequency of symptoms](image-url)
All of the respondents did their RT-PCR for COVID 19 either due to symptoms or because of having contact with infected or potentially infected patients. Among the respondents, 78.8% of patients got positive results in first time but 15.3% and 5.7% patients got their result positive after second time and third time respectively (Figure 2). They done second and third time due to having consistent symptom of COVID19.

Majority of respondents were of 31-40 years’ age group. No comorbidity was present in 30 (57.6%) patients. Dominant comorbidities were asthma in 10 (19.23%), hypertension in 8 (15.3%), diabetes in 2 (3.8%), and hypothyroidism in 2 (3.8%) patients. There was no comorbidity in 57.6% patients. Four patients were lactating mother and one was pregnant.

Discussion:

All of the respondents were COVID confirmed patients and everyone declared recovery after alleviation of symptoms and after two RT-PCR test yielded negative results. Male physicians (65.3%) and 31-40 age group physicians were predominantly affected. In Italy, HCWs had a median age of 48 years, and 68% were female and 32% were male. According to IEDCR, male female ratio of COVID patients are 71% to 29% and 21 to 30 age group tops with 27.6% and 31 to 40 age group 27.1%. The data does not paint a complete picture however, as many suspected Covid 19 patients hide information in fear of isolation and social stigma. As their premier symptoms of Covid 19 are fever and respiratory ailment, they get admitted to indoor medicine facilities since they hide their contacts and symptoms. Possibly that was one of the major reasons for more physicians from department of medicine became infected.

In Wuhan China, symptoms among healthcare workers were fatigue (60%) and muscle pain (45.5%) which is in line with our finding. They also found 56.4%, 50% and 60.9% patients (healthcare workers) had cough, sore throat and fever respectively which is not in line with our findings. Gupta N et al from India found fever, cough and sore throat in 42.9%, 42.9% and 23.8% which nearly matches with our findings. RT-PCR remains the gold standard for case detection. RT-PCR may yield false positive and false negative results. Proper collection, assessing peak viral load time, type of sample and storage procedure are important factors to get actual results.

False negative results may also come from mutations in the primer and probe target regions in the SARS-CoV-2.
genomic. RT-PCR assay is designed as precisely as possible based on the conserved regions of the viral genomes, variability causing mismatches between the primers and probes and the target sequences can lead to decrease in assay performance and potential false-negative results. In this regard, multiple target gene amplification could be used to avoid invalid results. Kucirka LM et al showed that on the day of symptom onset, the median false-negative rate was 38% (CI, 18%-65%). This decreased to 20% (CI, 12%-30%) on day 8 (three days after symptom onset) then began to increase again, from 21% (CI, 13%-31%) on day 9. False negative result varies with days of performing RT-PCR. No specific pharmacological treatment is effective against COVID-19 and here chloroquine and chloroquine-related formulations have been tentatively used to limit the total burden of COVID-19.

Within Bangladesh’s national guideline for COVID-19 management (version 6) the prophylactic use of Hydroxychloroquine is recommended. Thus, 15.3% patients took hydroxychloroquine prophylactically and still they became infected. Comorbidity remains an important factor for case fatality. Juan A et al discovered after reviewing literature that 30% and 14% patients are hypertensive and diabetic respectively which do not align with our limited data. Premier comorbidity that we got is bronchial asthma in 10 (19.23%) patients among COVID-19 positive physicians though according to national asthma prevalence study (NAPS) revealed (5.2%) population of Bangladesh suffering from asthma. This is possibly because we received a limited data and large-scale study may alter our comorbidity findings.

Limitation:
This is a small-scale study on targeted population. Lab parameters were not included in this study. Large scale, multicentered study including lab parameter may represent actual scenario of the COVID pandemic in the country.

Conclusion:
Undoubtedly, physicians are the most important resource among all healthcare workers during a pandemic period. Infected physicians remain out of work for a prolonged period of time. This seriously hampers work environment as well as decreases the morale of healthy physicians. In our study all the cases were milder variety and dominant presentation was lethargy which should be focused. Suspected symptomatic patient should go for repeated testing and prophylaxis treatment before being infected doesn’t work.

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