

COLLECT COVID DATA TO TAKE DECISIONS, PREPARE SYSTEMS: EXPERTS

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School students wear masks as a precaution against COVID-19 as they visit the Vidhana Soudha in Bengaluru on December 21, 2023. | Photo Credit: PTI

Over the last four weeks, [COVID cases have gone up rapidly](#) with JN.1 becoming the predominant strain. For an endemic infection, surges are common, but they will have to be anticipated and handled appropriately, says Soumya Swaminathan, former Chief Scientist, WHO, and chairperson, MSSRF.

“There will be surges in the future. It is important to collect data in order to make decisions, in case another surge with a more deadly strain were to appear. Our systems will have to be prepared,” she adds. This includes having vaccines and drugs at hand to use if the need arises.

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“I think there is no point panicking over the number of cases. Testing is still negligible, and if we increase the number of tests, obviously the number of cases will also go up,” she explains. Rather than looking at the COVID test numbers, governments should look at SARI and ILI surveillance data, and look at what proportion of those cases COVID is, and communicate that information, Dr. Soumya says.

Senior infectious diseases consultant Ramasubramanian says it is possible to work without having the full picture, regarding numbers. “We have moved over to syndromic management, and treat the symptoms. Anyway there are a number of cases of flu, people coming in with upper respiratory tract infections. Among inpatients at Apollo Hospitals, for instance, there are 5-10 cases of COVID-19.” Some of these patients also get anti-virals such as remdesivir, and nirmatrelvir, though both these anti-virals are in short supply, the latter more so, he adds.

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Dr. Soumya suggests: “Clinically, it may not be COVID, but if you have an upper respiratory tract infection — breathlessness, drop in O2 saturation, respiratory distress, persistent cough, leading up to pneumonia. It is good to test, and treat.”

For those who are symptomatic, it is necessary to isolate, mask up and test. Former Chennai Corporation Health Officer P. Kuganatham advises that it is better to mask up while travelling on metro trains, and while present in air conditioned rooms without ventilation. Healthcare workers and people visiting hospitals must take care to wear masks, he says, adding that encouraging more people to take the pneumococcal and flu vaccines regularly will protect against severe respiratory tract infections.

“All said, it is not just a cold, there are post COVID sequelae that might be severe, so vulnerable groups need take extra precautions, including getting booster shots,” Dr. Soumya says. The WHO itself has recommended that nations study lab assays and look at the neutralising effect of the virus strains with the protection afforded by vaccinations and/or natural infections. “We have to check if the immunity is holding good, and we need India specific data on this. Once we have this kind of information, it will be possible to come to a conclusion on whether annual or bi annual vaccination against COVID should be instituted.”

Dr. Ramasubramanian says it is likely that this current wave will wind up in about 6 weeks. It is possible to predict how long a surge will last, looking at the previous waves. It usually lasts six to eight weeks and the faster it spreads (as far as JN.1 goes, it is clearly spreading at a faster rate.) The faster a strain spreads, the faster will be its peak and it will also come down, Dr. Soumya adds.

Significantly, the gap between appearance of variants that are significant seems to have become once in six months, while earlier it was once in four months, Dr. Soumya explains. “It seems to be slowing down, besides, it is basically Omicron that we have for two years now.”

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