



Letter to Editor

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Why COVID-19 Will Stay in Community? Implications of Corona Focused Approach



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COVID-19 has clouded the conscious thought process in such a manner as never before since the Homo sapiens ever lived on this planet, to remain so for a very long time to come. We, being the only self-declared social animal on this planet since the known history of mankind, are now learning newer rules of engagement including social distancing where we tend to develop an obsessively compulsive sense to clean our body repeatedly. While the scientific dimensions to the pandemic are now almost acknowledged by every class of society, as of now we have not comprehended the adoptive requirements needed to obstruct this tiny RNA species. The requirements to stop the spread of viral species within the human host are simple and clear but tagged with the mammoth price of economic shutdowns with rise in poverty in ever country of the globe. The post-corona world will be poor, weak and afraid.

The literature and evidence review about the SARS-CoV-2 suggests comparatively lower fatality rate with a reproduction number (RN) to be approximated around 3, thus defining it as less of hazard and being moderately communicable than many of the other biological threats like Ebola, MERS-CoV and Measles the world has already faced [1]. We do learn that the viral threat had minimal effect on young and becomes mortal for people who are old with comorbid conditions. This phenomena is not new and has already been appreciated by many in previous studies, where we have learnt to adopt with few in a various ways like generating herd immunity through infection or vaccination in early life [2]. So do we need to live with the organism acknowledging that it is bound to stay in our community as a permanent resident?

Studies associating weather with many respiratory tract infections like influenza like illness (ILI) suggest an upsurge with specified environmental conditions. Dai et al have shown seasonal upsurge in influenza A and respiratory syncytial virus (RSV) with cold weathers implying a definite possibility of environmental factors in allowing viral transmission [3]. So there remains a possibility that SARS-CoV-2 could also be affected by environmental changes as highlighted by Chan et al who has shown high humidity and temperature to be not favoring major outbreaks of SARS-CoV-1 [4]. Based upon available data there appears a possibility that COVID-19 could see some environment related upsurges in the cold weather in coming years till human population develops some degree of immune defiance. Believing this notion will require some real test of time before the health policy makers adopt this in near future as every move is usually triggered by the public and varying modes of information media.

The related dilemma associated with the Corona focused approach prevailing today remains the burden of diseases which still remain the key major killers specifically in patients with COVID-19. Secondly, the mortality biostatistics affecting COVID-19 patients is higher with the association of comorbidities coupling with the viral disease. Ji et al have shown that presence of any comorbid condition or older age are independent risk factors leading to adverse outcomes in COVID-19 disease [5]. Further to this remains the economic and civic dimensions which in developing countries could be further compromising the poor due to non-provision of baseline essentials thus leading towards a compromise on "Sustainable Development Goals (SDGs)" which by all means will be further detrimental to health.

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In conclusion, the discussion is closed on the narrative that COVID-19 will stay in the community like seasonal Influenza. COVID-19 focused approach will result in a shift of policy away from major killers on this planet like famine, cardiovascular diseases and basic hygiene linked pathologies especially in the developing world.

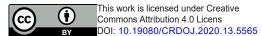
Contribution

SHK: (Corresponding author) Writing manuscript, referencing, SKZ: Manuscript writing and finalization. All authors approved the final manuscript.

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