

Corona pandemic overshadowing other diseases

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ABSTRACT

The devastating effects of the Coronavirus 19 pandemic and its implications for human health in the short and long term are presented and discussed in brief with a view to create awareness and elicit suggestions for feasible solutions to the crisis.

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INTRODUCTION

Coronavirus Disease 2019 (COVID-19), took the world by surprise in December 2019. The World Health Organization (WHO) announced the COVID-19 outbreak as a pandemic on March 11, 2020.¹ It caused havoc in all hospitals across the globe as patients showing symptoms were rushed into Emergency Rooms (ER) and Intensive Care Units (ICU) were quickly filled up. This resulted in putting hospitals under pressure to keep a track of how many ICU beds were occupied with patients and the nature of their diseases.² The Journal of The American College of Cardiology stated that the response to COVID-19 can compromise the rapid triage of non-COVID-19 patients with cardiovascular conditions.³ The government played a major role here and the general public was given stay-at-home orders ensuing curfews and quarantine.⁴ As a result, patients were deprived of clinical checkups and ended up not going to hospitals even in cases of emergency because of the fear of contracting the virus.⁵

Groups that were affected the most included the elderly, young, women of reproductive age, children, and people with pre-existing diseases.⁶ Some major pre-existing diseases to be considered here that can be life-threatening in the COVID-19 scenario are heart diseases, stroke, diabetes, pulmonary diseases, HIV, cancers, diseases that cause disabilities in children and complications of pregnancy.

Emergency Departments (ED) play a critical role in diagnosing and treating conditions that might result in serious disability or death. A research was carried out in the USA which found reductions in numbers of ED visits by males and females in all age groups for three conditions: Myocardial Infarction (MI) 23%, Stroke 20%, and Hyperglycemic Crisis 10%. These estimates are

consistent with but smaller in relative magnitude than the 42% overall decline in ED visits observed during the early pandemic period.⁷

In a study conducted in California, USA, the Emergency Medical Services (EMS) reported the highest-ever number of cardiac arrests in the field (45%) more than the previous month, suggesting that patients were waiting too long to seek cardiac care. Of note, all of these EMS heart patients tested negative for COVID-19.⁸

A scientific study was done in which the impacts of COVID-19 on HIV, Malaria and Tuberculosis were assessed. According to the results, in settings with high burdens of HIV, tuberculosis, or malaria, disruptions during the COVID-19 pandemic could cause an increase in deaths due to HIV of up to 10%, due to tuberculosis of up to 20%, and due to malaria of up to 36% over 5 years compared with if no COVID-19 pandemic occurred.⁹ Experts predict an additional 6.3 million cases of tuberculosis infection by 2025 due to attention diverted towards corona treatment. This is based on 3-months lockdown and 10 months restoration of TB services.¹⁰

Estimates of the effect of COVID-19 on maternal and child health pose a grim picture.¹¹ MNCH services, on the least severe scenario, are projected to decrease by 9.8–18.5% across 118 low to middle income countries, resulting in 253, 500 additional child deaths and 12, 200 additional maternal deaths. If sustained, this would have devastating effects on maternal and child health.

From the data of Big Data Observatory Platform for Stroke of China, the total number of thrombolysis and thrombectomy cases dropped 26.7% and 25.3% respectively in February 2020 compared to February 2019 based on the dataset collected by 227 stroke centers in China; the hospital admissions for stroke dropped ~40%.¹²

According to a WHO survey from 155 countries, more than half (53%) of the countries surveyed have partially or completely disrupted services for treating hypertension; 49% for diabetes and its complications; 42% for treating cancer, and 31% for cardiovascular emergencies. Rehabilitation services have been disrupted in almost two-thirds (63%) of countries, even though rehabilitation is key to a healthy recovery following a severe illness from COVID-19.¹³

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The solution to this problem is interdisciplinary. Telehealth programs should be established for easy communication with the patients. Clinicians should incorporate targeted questioning assessments and should regularly reinforce the indications for seeking medical evaluation. Both in-person and remote care services are of high value. Economic stability is one of the major factors required to be able to do all the necessary

changes. Policy changes are required.¹⁴ Financial security in the form of insurance for the frontline health workers (who are at greater risk), should be introduced.¹⁵ Countries must ensure that everyone can receive major services including health care, they must invest adequately in social protection programs to keep people safe and to shield them from the consequences of losing their livelihoods.¹⁶

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