



Covid-19: Mitigation Approach towards Pandemic

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ABSTRACT

The COVID-19 pandemic affected all layers of the population in the world. It has been spreading all over the world rapidly. In a large country like India, elimination may be achieved locally, but in every area, it may be daunting. Control measures would be attained by administering the actions to attenuate the infectious source, transmission route, and susceptible population epidemiologically. It could be possible in the collaboration of the following "approach" which potentially will turn out to be a hindrance to the spread of COVID-19 to combat the challenge of diminishing this pandemic.

Keywords: COVID-19, mitigation approach, reverse quarantine, MCH care

The COVID-19 pandemic affected all layers of the population in the world. It started on 31st December 2019, in Wuhan City, Hubei Province of China, the first case of pneumonia with unknown etiology was detected and since then it has been spreading all over the world rapidly.¹ In a large country like India, elimination may be achieved locally but, in every area, it may be daunting as one should always expect some spread. Control measures would be attained by administering the actions to attenuate the infectious source, transmission route, and susceptible population epidemiologically. It could be possible in the collaboration of the following "approach"-

Surveillance activities include contact tracing, testing, early isolation, quarantine and follow up of contacts. Testing of all suspect cases, symptomatic contacts, and asymptomatic direct and high-risk contacts of a confirmed case, ILI / SARI cases, and red zone travelers by installing "Testing booths" at the Community level. Social distancing measures should be carried out properly and create awareness on hand hygiene, respiratory etiquette, and sanitation. Workplace surveillance of symptoms could be undertaken by companies daily by prevailing Thermal screening and should be reported to public health authorities. While the spread of

COVID19 from high-intensity areas to low intensity areas could be prevented by restrictions of human travel/contact.

Epidemiological consideration for Herd Immunity and SARS Cov-2, as SARS Cov-2 is a novel pathogen so variation in the transmissibility plays a major role as it does depends on the various epidemiological factors such as, population density differences, population age structure, cultural behaviors, underlying co-morbidity rates, and contact rates. As there is no effective intervention still known so, the most relevant measures to achieve SARSCoV-2 herd immunity are the reproductive number (R_0), and overall infection fatality rate (IFR). Specifically, $(1 - 1/R_0)$ is the fraction of individuals in the population who need to be infected to generate herd immunity. Assuming an R_0 of 2.5 for SARS-CoV-2 in India, the herd immunity threshold is approximately 60%. This means that the incidence of infection would start to decline once the proportion of individuals with acquired immunity in the population with SARS Cov-2 exceeds 0.60. Thus, with the above-mentioned strategic approach, India can shift its efforts to slow down the spread of the SARS Cov-2 virus to flatten the curve.

Initiate Reverse quarantine, highly contagious SARS Cov-2 virus affects people differently. In the absence of widespread testing, it is impossible to estimate the extent of the virus spreading in the community. As testing in India is still low so every possible measure should be taken to limit the exposure to the virus for the vulnerable group by keeping them separate from other members to facilitate the prevention. Vulnerable population including age group above 60, immuno-compromised, having co morbidities like diabetes, hypertension, pregnancy, cancer, malnourished children, and people with low socioeconomic status.

Migrant workers and COVID-19, Specifically, Migrant workers are the most affected people with the miserable impact of this pandemic. As borders were sealed, transportation, factories, restaurants, and all types of economic activities were shut, which compelled them to move to their native places due to loss of wages for food, shelter, and fear of getting infected. In such a plight, various amenities should be provided to them, those are still struggling to reach out to their respective destination with transportation or quarantine centers to live in with basic requirements. Thermal screening to be done for everyone along with early access to tests, treatment facilities if necessary, by District health authorities who reached their destination and appropriate actions must be taken to ensure for the betterment of their livelihood.

Maternal and child health care during the COVID -19 pandemic, in the growing epidemic of

Corona virus special efforts to be made to continue the maternal and child health care services, any denial can have an impact on maternal and newborn mortalities and morbidities as well. Line listing of the high-risk pregnancies, monitoring of child immunization status, and referral of sick must be ensured by Grass root health workers in the containment zone and should be reported to the district health authorities. Regular delivery of essential MCH services should be provided outside the containment zone at a nearby health facility during the COVID 19 Outbreak to regulate definite care and prevention.²

CONCLUSION

This “mitigation approach”, potentially will turn out to be a hindrance in the spread of SARS Cov-2 to combat the challenge of diminishing this pandemic.

REFERENCES

1. World Health Organization. WHO Situation report -1 on Covid-19, 2020. Available: https://www.who.int/docs/defaultsource/coronaviruse/situationreports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4. Accessed September 2 nd, 2020.
2. Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 pandemic. Available: <https://www.mohfw.gov.in/pdf/GuidanceNoteonProvisionofessentialRMNCAHNServices24052020.pdf>. Accessed September 2 nd, 2020.