

Facing the COVID-19 crisis: where do we stand after six months?

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Six months have now been passed since the first COVID-19 patient was detected in Bangladesh. Bangladesh has been fortunate to see a low percentage of symptomatic patients with a low death rate as compared to many other nations. This offered an opportunity to control the pandemic, but only if appropriate steps are taken in a timely fashion. If not, underestimating the infection might result in grim consequences.

Although a glimpse at the recent daily case counts may present a semblance of a controlled infection situation, a deeper look shall reveal otherwise. The percentage of daily tests that come out positive (test positivity rate) is high enough to clearly indicate that a large number of infections do remain unidentified and these undetected cases are spreading the disease throughout the community.

Therefore, the steady decline of daily cases as reflected from the official records is merely deceptive and can be credited to the decreasing number of daily tests. The anticipation that nine percent of Dhaka city dwellers have already been infected with coronavirus, according to a recent investigation by the Institute of Epidemiology, Disease Control And Research (IEDCR) and International Centre for Diarrhoeal Disease Research, Bangladesh (icddr), also endorse the same.

As of September 5th, Bangladesh has the tenth most active COVID-19 cases among the world countries while being



159th as regards to the number of tests per one million population. This inadequate testing not only lets to lose control but also limits the government's ability to plan, monitor and take necessary actions to keep track of the pandemic.

In contrast to the World Health Organisation's (WHO) strong recommendation of achieving a positivity rate lower than 5% for at least 14 consecutive days before reopening, Bangladesh's infection scenario and testing measures are nowhere close to that.

Moreover, imposing fees for testing and delayed reporting have discouraged people to test and isolate. Many have now arrived at pandemic fatigues to show reluctance in following the safety measures which is alarming.

Downplaying the severity of the pandemic at the policy level or in public messaging should be avoided, as an underestimation would discourage people to follow the safety guidelines, which may contribute to an upsurge of infection.

Surely, the pandemic will not go away on its own without an effective vaccine and proper interventions to control the transmission. Therefore, there is no escape from taking actions appropriate to the situation, which may include:

1. Deploy rapid antigen-testing and eliminate any barrier to test (testing fees, long reporting time, stigma related to COVID-19) to effectively identify and isolate infected persons.
2. Closely monitor three health measures to track the course of the disease:

i. test positivity rate, ii. hospitalisation rate, and iii. daily new cases both at national and at local levels.

3. Engage and mobilise local resources and deploy the field-level administrations to conduct massive awareness campaigns.

4. Monitor whether the safety guidelines are followed by institutions and individuals and ensure penalisation for violations.

5. Protect the healthcare professionals to ensure resources/workforce are available to treat patients and utilise telehealth to decrease pressure on the health system.

6. Employ vaccine diplomacy and development of an implementation plan (e.g., from pre-ordering syringe to identifying priority groups) to vaccinate before vaccines become available.

Although the infection slowed slightly as the country is passing through the first wave, it may witness a surge in the coming winter. It is essential to take a precautionary approach and make evidence-based decisions to ensure that we do not let the pandemic go unleashed. Visit <https://www.cridaction.org/> to learn more about the recommendations.

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DID YOU KNOW?

Evening eating is associated with higher total calorie intake and lower diet quality

A study of nearly 1,200 UK adults, being presented at this year's European and International Conference on Obesity (ECOICO 2020) suggests that there is a link between eating a larger proportion of one's daily energy intake during the evening and having a higher total energy intake and lower quality of diet.

In recent decades there has been a growing interest in how the timing of our food consumption can influence metabolism and other physiological processes. Sensations of hunger follow a strong daily rhythmic pattern and are often most intense later in the day. This phenomenon could influence both the type and amount of food we eat.

Across the whole sample group, eating during the evening provided an average of almost 40% (39.8%) of daily energy intake (EI). The authors found a significant variation in total EI across the different quartiles, with individuals in the lowest quartile of evening EI consuming fewer calories in total over the day than those in the other three quartiles.

The results suggest that consuming a lower proportion of EI in the evening may be associated with a lower daily energy intake, while consuming a greater proportion of energy intake in the evening may be associated with a lower diet quality score. Timing of energy intake may be an important modifiable behaviour to consider in future nutritional interventions. Further analysis is now needed to examine whether the distribution of energy intake and/or the types of food consumed in the evening are associated with measures of body composition and cardiometabolic health.

HEALTH bulletin



Heavy electronic media use in late childhood linked to lower academic performance

A new study of 8- to 11-year olds reveals an association between heavy television use and poorer reading performance, as well as between heavy computer use and poorer numeracy — the ability to work with numbers. Lisa Mundy of the Murdoch Children's Research Institute in Melbourne, Australia, and colleagues present these findings in the open-access journal PLOS ONE recently.

The researchers found that watching two or more hours of television per day at the age of 8 or 9 was associated with lower reading performance compared to peers two years later; the difference was equivalent to losing four months of learning. Using a computer for more than one hour per day was linked to a similar degree of lost numeracy. The analysis showed no links between the use of videogames and academic performance.

These findings could help parents, teachers, and clinicians refine plans and recommendations for electronic media use in late childhood. Future research could build on these results by examining continued associations in later secondary school.

Protect your child from germs at home

AMIT SARKER

When you have an infant, it is very much important to keep him or her away from germ hazards. Primarily, people are one of the most potent sources of germs. When large numbers of people are together or share items, disease causing germs can spread at any time. Particularly in colder months, people spend a lot of time indoors and frequent contact with each other makes the germs spread easily. Not only the family members but also friends and complete strangers seem to surround the babies and are sometimes desperate to touch, hold and cuddle the baby. It can make it tough to keep your baby healthy. Although it is impossible to protect your child from all contagious illnesses, you can develop some healthy habits to reduce your child's risk of infections.

Here are some suggestions to keep your baby healthy and protected against germs and common infectious illnesses:

- Washing hands is the first and most effective weapon to fight against infections. You should tell the people to wash their hands before touching or holding your baby. Do not feel any hesitation about asking people to do this.
- Do not share hats, combs, toothbrushes, or other personal items with others, even with your other baby. Use disposable tissues to wipe your baby's nose or eyes and throwing them away to make sure that your baby cannot catch their own coughs and sneezes in

disposable tissues. Moreover, the practice of throwing tissues are also reducing the risk of infections on surfaces.

- Clean toys, surface area and other instruments by antibacterial cleaners. These antibacterial cleaners should also be kept far out of reach of the children.
- You should be careful and try to avoid people with cold-like symptoms such as sneezing, a runny nose, feeling generally unwell, or people with an upset stomach. Sometimes it feels uneasy to say, but you should always think about your baby's health.
- Smoking is not only injurious to the health of the smoker but also those around them. Babies and children can be seriously affected by cigarette smoke. Even smoke

from other sources will still have a negative impact on their health. So you should politely tell people to stop smoking around your baby and keep your baby away from second-hand smoke or any kind of smoking environment.

• If your baby is in daycare, make sure they are strictly following good hygiene practices such as sanitary food preparation, sanitation of toys, proper bathroom procedures and cleaning.

Finally, only you and your family can decide which environment is healthy for your baby. Do not be hesitant to take any decision to protect your baby.

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Data clearly show the more serious trajectory of COVID-19 disease in people with obesity

An analysis conducted by François Pattou, Professor of Surgery at the Faculty of Medicine of the University of Lille, and head of the Department of General and Endocrine Surgery at Lille University Hospital, France and colleagues included 124 intensive care unit (ICU) admissions with COVID-19, and compared them with 306 patients who had been in ICU for other reasons, without COVID-19.

The data showed that among ICU patients with COVID-19, around half had obesity (BMI above 30), with a quarter having severe obesity (BMI of 35 or above). Most of the remaining patients (around 40%) were overweight, with only around 10% of patients in the healthy weight range (BMI 25 or under). Among the non-COVID-19 ICU patients, the story was very different: a quarter had obesity or severe obesity; a further quarter were overweight, and around half fell into the healthy weight range.

A similar trend emerged regarding which ICU patients with COVID-19 had to be put on ventilators. Of the 89 requiring mechanical ventilation, more than half had obesity or severe obesity, while most of the other patients were overweight. Patients with a BMI in the healthy range of 25 and under made up less than 10% of patients needing a ventilator. Among the 35 patients in ICU who did not deteriorate to the point of needing mechanical ventilation, a much lower proportion had obesity or serious obesity (less than 25%), while around half fell into the overweight category, and the other quarter the normal weight range.

The data show that the chances of increasing to more severe disease increase with BMI, to the point where almost all intensive care COVID-19 patients with severe obesity will end up on a ventilator. Analysis by Pattou and colleagues showed that, among the patients analysed at Lille University Hospital, ICU patients with COVID-19 were almost 3 times more likely to have obesity than ICU patients without COVID-19.

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Rumors and Misconceptions Unveiled

Can COVID – 19 be transmitted in areas with hot and humid climates?

- The COVID- 19 virus can be transmitted in any climate, including areas with hot and humid weather.

The best and most effective way to protect yourself against COVID-19 is by maintaining physical distance of at least 1 metre from others and frequently cleaning your hands with alcohol-based hand rub or washing them with soap and water.

By doing this you eliminate viruses that may be on your hands and avoid infection that could occur by then touching your eyes, mouth and nose.

Can cold weather kill the new corona virus?

- There is no reason to believe that cold weather can kill the new corona virus or other diseases.

The normal human body temperature remains around 36.5 to 37 °C, regardless of the external temperature or weather.

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