

Second wave of COVID-19 in Bangladesh and concerns

PROF M KARIM KHAN

According to the World Health Organisation (WHO), for the first wave of COVID-19 to be over, the number of people testing positive for COVID-19 has to drop below 5%. Bangladesh's present data says the infection rate is still above 10%. So the first wave of COVID-19 in Bangladesh is continuing and the rate of infection is increasing to some extent.

Why is the infection rate still increasing? The answer probably is we have become relaxed, or exhausted, or both. Unfortunately, nine months of COVID-19 infection has gone, yet we are not accustomed to using masks and hand washing. The question of social distancing is far away.

More than 50% of people who are outside the home do not use a mask. Out of which more than 50% do not know how to use the mask properly, most of their nose is exposed, so inappropriately using mask does not give them any protection. Soap and water are easily available in our country but we are reluctant to wash our hands. During winter most of the social events occur, like marriage, travelling for tourism,



and in every occasion, there is a large gathering of people so the virus transmits easily. Another cause of the spread of infection in winter probably is, the novel coronavirus can remain in the air for a long period inside enclosed rooms and the people keep the doors and windows shut during winter.

The number of infections is rising in many cold countries

as the winter approaches. So we can assume that the outbreak may surge here in the coming winter. Washing hands with soap and water are one of the key hygiene rules to reduce the risk of infection, but people tend to avoid water during winter, so that may also facilitate the spread of viral infection.

Fortunately, winter usually is relatively brief in Bangladesh,

they will be quarantined for two weeks. Strong and strict monitoring is mandatory. Masks must be used properly while outside the home, otherwise, they should be penalised.

For COVID-19, data to date suggest that 80% of infections are mild or asymptomatic, 15% are severe infections, requiring oxygen and 5% are critical infections, requiring ventilation. The cause of death due to COVID-19 are either lung damage or coagulopathy. Occasionally sepsis or septic shock is also responsible.

The older population with comorbidity succumb to death more frequently. Bangladesh is lucky enough to have a lower death rate in comparison to other countries but unfortunately, the death rate of doctors, nurses and paramedics are very high, probably the highest in the world.

We are harbouring hope that an effective vaccine will come soon to give relief to the whole world. Please maintain health hygiene, keep yourself and others safe.

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HEALTH bulletin

Do's and don'ts of wearing a mask



DR ZUBAIR KHALED HUQ

When you wear a mask, you are making an effort to protect the health of others in your community and you are also keeping yourself and the people you love safe from COVID-19. Wearing a mask shows that you care, not only for yourself but also for your family and community. Make wearing a mask normal part of being around other people. Be used to it as part of a comprehensive strategy of measures to suppress transmission and save lives.

A mask is only effective if it is worn correctly. Choose a mask that allows you to breathe easily. Do not touch the mouth covering a portion of the mask, if you have to hold it, hold the ear loops. One should clean their hands before putting the mask on, as well as before and after taking it off. Make sure it covers your nose, mouth and chin.

Wear a fabric mask unless you are in a particular risk group. This is especially important when you cannot stay physically distanced, particularly in crowded and poorly ventilated indoor settings. Wear surgical masks if you: are over 60 and have underlying medical conditions; are feeling unwell and looking after an ill family member.

Do not put a mask on a child less than two years, or who is incapacitated, unable to open it without help. Never put a mask around your neck or forehead.

Do not reuse a single-use mask, it could be dangerous. When a mask is wet, make sure to change it, to be on the safe side. A wet mask becomes porous and spoils the intention.

For health workers, medical masks are essential personal protective equipment when engaging with patients with suspected, probable or confirmed COVID-19. Respirator masks (such as FFP2, N95) should be used in settings where procedures generating aerosols are performed and must be fitted to ensure the right size is worn.

Coronavirus spreads mainly from person to person through respiratory droplets. Respiratory droplets travel into the air when you cough, sneeze, talk, shout or sing. These droplets

You should wear a mask, even if you do not feel sick. This is because several studies have found that people with COVID-19 who never develop symptoms (asymptomatic) and those who are not yet showing symptoms (pre-symptomatic) can still spread the virus to other people. The main function of wearing a mask is to protect those around you, in case you are infected but not showing symptoms. It is especially important to wear a mask when you are unable to stay at least six feet apart from others since



can then land in the mouths or noses of people who are near you or they may breathe these droplets in. Masks are a simple barrier to help prevent your respiratory droplets from reaching others.

Studies show that masks reduce the spray of droplets when worn over the nose and mouth. When the virus is on the surface of any object, it can live there for some time. If you unknowingly touch the virus, you are still safe, since your face is covered by a savour mask. No contact no entry can break the chain of transmission.

COVID-19 spreads mainly among people who are in close contact with one another that is within about six feet.

Above all, the law is to protect people from impending danger. We all should be aware of the fact, by respecting the law we are supporting a humanitarian cause, who knows if we show disrespect to nature it might choose you for revenge.

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LEGISLATION



Huge research gaps need to be addressed in medicinal cannabis industry

Both the popularity and legalisation of medicinal cannabis products are continuing to increase globally. However, an expert on medicinal cannabis, speaking at Euroanaesthesia congress says there are huge gaps in our research knowledge that the cannabis industry and other researchers must address to guarantee the safety and efficacy of these products.

"Patients are turning to cannabis as a therapeutic option for several medical conditions," says Prof Silvius Brill, Director of the Pain Institute Centre and Centre for Medicinal Cannabis Research and Treatment, Tel Aviv Medical Centre, Israel.

He highlights the lack of focus in the current literature towards understanding the medical chemistry of the actual cannabis products being consumed. "The cannabis industry must rigorously invest into understanding what people are consuming from a chemical composition standpoint and what compounds in addition to tetrahydrocannabinol (THC) and cannabidiol (CBD) may be producing physiologic/therapeutic effects from plant-based extracts. Longer-term monitoring for functional outcomes is needed," explains Prof Brill.

He concludes: "While it is reasonable to consider cannabinoids for otherwise unresponsive pain, care should be taken in frail clinical populations. ... there is a pressing need for unbiased empirical data and high quality evidence to better inform prescribers and patients."



THC impairs driving, CBD's effects unclear

Vaping tetrahydrocannabinol (THC) impairs driving performance, while the effects of cannabidiol (CBD) are uncertain, according to a crossover trial in The Journal of the American Medical Association (JAMA). THC-dominant cannabis is typically used recreationally, while CBD-dominant products may be prescribed for medicinal use.

Twenty-six healthy adults who used cannabis occasionally participated in four separate experimental sessions in randomised order, at least 1 week apart: They inhaled vapourised THC-dominant cannabis, THC/CBD-equivalent cannabis, CBD-dominant cannabis, or placebo, and then underwent hour-long, on-road driving tests at 40 minutes and again at 240 minutes after vaping.

Participants showed impaired driving — measured using a marker of lane weaving and swerving — during the first test after vaping THC and THC/CBD, relative to placebo. The impairment was comparable to that observed at a blood alcohol concentration of 0.05%. There was no significant impairment during the later test.

Meanwhile, CBD did not appear to affect driving. The authors note, however, that "the effect size ... may not have excluded clinically important impairment, and the doses tested may not represent common usage."

While the findings from this trial do not support the conclusion that it is safe to drive after consuming CBD, it is clear that THC did impair driving.

/StarHealthBD

United Hospital

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