

News from here and there

COVID BEEP II wireless physiological parameters monitoring system launched

The ESIC (Employees' State Insurance Corporation) Medical College, Sanath Nagar, Hyderabad, Telangana, in addition to providing medical education, has been at the forefront of innovation in healthcare. With the technical support of scientists of the Electronics Corporation of India Limited (ECIL), doctors of ESIC Medical College developed COVID BEEP (Continuous Oxygenation & Vital Information Detection Biomed ECIL ESIC Pod), which is India's first indigenous, cost-effective, wireless remote health monitoring device for use in Covid-19 patients. Union Minister of State, Dr Jitendra Singh launched COVID BEEP on 7 June 2020 in a teleconference.

COVID BEEP facilitates non-invasive blood pressure (NIBP), electrocardiogram (ECG), body temperature and respiratory rate (bioimpedance method) monitoring. All data are uploaded to an online server for remote monitoring. The device is equipped with a battery that works for 3 days after 8 hours of charging. Professor M. Srinivas, Dean, ESIC Medical College, told this correspondent that COVID BEEP II was the first comprehensive physiological parameter recording indigenous device made using native technology, developed by doctors of ESIC Medical College and scientists of ECIL, both government organizations. It is a wearable device that can be used by patients for use at home, in office, schools, remote areas, and also in hospital isolation wards where Covid-19 patients are admitted. The device facilitates real-time sharing of vital data to doctors through mobile apps, android application and a URL. Indigenous 'Bhuvan Maps' developed by the Indian Space Research Organization (ISRO), Government of India, is used for real-time location tracking of patients in emergencies.

Other initiatives and innovations by ESIC Medical College, Hyderabad, during the Covid-19 pandemic include a first-of-its-kind Mobile Virology Research and Diagnostic Laboratory (MVRDL) with BSL-2 and BSL-3 facility in collaboration with the Defence Research and Development Organization (DRDO), Government of India; Lab on Chip technology for early detection of SARS-CoV-2 in collaboration with the Indian Institute of Technology (IIT)-Hyderabad; designing, testing and validating UV-C devices, sanitizers and disinfection chambers; COVSACK unit for sample collection, PAPR (positive air pressure respirators) and reusable N95 equivalent masks.

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WHO launches aggressive counter-marketing campaign on 'World No Tobacco Day 2020'

The World Health Assembly passed Resolution WHA4231 in 1998 to recognize 31 May as World No Tobacco Day. For 2020, WHO launched a fresh campaign focused on protecting youth from tobacco industry-driven manipulation that aims to promote tobacco and nicotine use. The global campaign will aim at

exposing marketing tactics used by the tobacco and related industries and to empower young people with knowledge about the intentions and gimmicks of tobacco and related industries to expand their customer base. WHO plans to involve people recognized as influencers in social media and in educational fields to reach out to youth across all strata of society. Some of the negative strategies used by tobacco industries highlighted in the WHO campaign include the use of contemporary flavours such as cherry, bubble gum and cotton candy, which encourages young people to underestimate the health risks related to nicotine use, and the use of deceptive shapes for nicotine-based products to mimic items used in other aspects of daily life. Tobacco companies have also been known to position nicotine-based products near venues frequented by young people in malls and supermarkets and to encourage sale of their products as single pieces and discounted items, as a ploy to increase usage among youth.

WHO urged awareness about tactics being used by the beneficiaries of the tobacco-based industry, such as providing monetary incentives to persons widely recognized in the media to advertise nicotine-based products. The filing of litigations in courts to weaken rulings and regulations related to tobacco usage with their associated pitfalls were other activities WHO cautioned against.

MAHARRA HUSSAIN, *United Arab Emirates*

Telemedicine practice guidelines in India

The advent of the Covid-19 pandemic has affected the way medicine is practised. Both, patients as well as doctors have been reluctant to physically meet for a consultation, as was the practice in the 'before Covid-19' era. The Board of Governors in supersession of the Medical Council of India released the 'Telemedicine practice guidelines' (Gazette notification dated 14 May 2020) resolving the ethical and legal dilemmas and bringing much relief to both doctors and patients.

These regulations enable registered medical practitioners (RMPs) to provide healthcare using telemedicine and constitute Appendix 5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics Regulation, 2002). These regulations provide clear definitions of the terms RMP, telemedicine and telehealth. As per these regulations, RMPs using telemedicine shall uphold the same professional and ethical norms and standards as applicable to traditional inperson care, within the intrinsic limitations of telemedicine. RMPs may use any telemedicine tool suitable for carrying out technology-based patient consultation (e.g. telephone, internet, mobile or landline phones, chat platforms such as WhatsApp, Facebook Messenger, etc. among others). The regulations classify telemedicine applications into four types: according to the mode of communication (video/audio/text-based); timing of the information transmitted (real-time video/audio/text interaction, asynchronous exchange of relevant information); purpose of the consultation (first/follow-up consultation); and the

interaction between the individuals involved (patient-to-RMP, caregiver-to-RMP, RMP-to-RMP and health worker-to-RMP). The term 'health worker' implies a nurse or allied health professional, or mid-level health provider or auxiliary nurse midwife or any other health worker designated by an appropriate authority. The strengths and weaknesses of the various modes of communication such as video, audio or text are also described.

The regulations provide clarity regarding prescribing medications and also categories of medicines that can be prescribed via tele-consultation (which will be notified in consultation with the Central Government from time to time, as required) including a prohibited list of medications. Telemedicine practice guidelines are not applicable for the use of digital technology to conduct surgical or invasive procedures remotely. It was also mentioned that these guidelines are not applicable for the use of digital technology to remotely conduct surgical or invasive procedures.

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Two elite medical journals retract coronavirus papers over questions on integrity of data

The Lancet as well as *The New England Journal of Medicine* have retracted papers related to Covid-19 because of concerns over the integrity of the data that was published. The retraction was done on 4 June 2020.

The paper in *The Lancet* (Mehra *et al.* Hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: A multinational registry analysis. *Lancet* 2020; doi:10.1016/S0140-6736(20)31180-6 published on 22 May 2020), claimed that the antimalarial drug hydroxychloroquine promoted by many for treatment of Covid-19, could cause serious harm and even death. This resulted in the halting of trials by the WHO and others.

The New England Journal of Medicine study (Mehra *et al.* Cardiovascular disease, drug therapy, and mortality in Covid-19. *N Engl J Med* 2020; doi: 10.1056/NEJMoa2007621) was published on 1 May 2020. It concluded that people already taking certain blood pressure-lowering drugs, including

angiotensin-converting enzyme (ACE) inhibitors, did not appear to have an increase in the risk of death if they developed Covid-19. The journal, while retracting the paper, published a short statement from the paper's authors of not being able to validate the primary data sources by way of inability to access the raw data which further could not be made available to a third-party auditor.

What was common to both papers was the company Surgisphere. Surgisphere is an American healthcare data analysis company founded by Sapan Desai. Both the retracted studies were based on Surgisphere's patient data from hospitals across various countries.

In a third similar episode, two Surgisphere preprints from April 2020 authored by Patel and promoting the antiparasitic medicine ivermectin as the magic bullet against Covid-19, were completely deleted by the Elsevier-owned preprint server SSRN but with backups on internet archive such as the 'Patel, Amit. Usefulness of ivermectin in COVID-19 Illness (19 April 2020). Available at SSRN: <https://ssrn.com/abstract=3580524>'.

As a result of this vigorous promotion of ivermectin as capable of dramatically reducing mortality in Covid-19 patients, there was increased use and government authorization of the drug in several Latin American countries. A look into the history of article retraction suggests that medicine and pure sciences are more fraught with this tendency compared to business or marketing research and that the most common grounds are often plagiarism and duplication of data. Further, retractions are more common in high-impact journals and are also more common in drug trials. WHO will now resume its hydroxychloroquine trial along with several others but the damage is done as every paper critical of chloroquine may now be dismissed as fraudulent by association. Surgisphere's authenticity has now been marred for ever. The flood of Covid-19 preprints, which are not peer-reviewed, highlights the undue rush to publish, and even elite journals are no exception. 'Publish or perish' should not be a compelling reason for undeserved authorships which is a form of research misconduct. Journals need to be cautious of future publications and should not cite these retracted studies as has happened in the past.

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