News from here and there

WHO declares Covid-19 a global pandemic

On 11 March 2020, Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), officially declared the coronavirus disease 2019 (Covid-19) a global pandemic. *The Dictionary of Epidemiology* defines a pandemic as 'an epidemic occurring worldwide or over a very wide area, crossing international boundaries, and usually affecting a large number of people'.

Covid-19 is caused by a novel coronavirus. It began in Wuhan, China, in December 2019 and has since then spread to over 100 countries. The virus has been designated as SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2).The earlier provisional name was 2019-nCoV (novel coronavirus). This pathogen is a betacoronavirus and is similar to the agents that cause SARS (severe acute respiratory syndrome) and MERS (Middle East respiratory syndrome).

As of 11 March 2020, there have been more than 118 000 cases in 114 countries, with 4291 deaths. The situation is grim in countries such as the USA, Italy and Iran. Twenty countries have reported over 100 cases. Cases have not been reported in 81 countries. Ten or less cases have been reported in 57 countries. In India, the number of confirmed cases stands at 65.

The WHO Director-General has said that it was possible the numbers of cases, deaths, and affected countries would increase. He has given a call to all countries to detect, test, treat, isolate, trace and mobilize their populations so that the current number of cases will not become clusters, and in turn, these clusters will not become community transmission. Even countries with community transmission or large clusters can redress the situation. He highlighted the fact that there were countries facing a paucity of resources, capacity, or the purposefulness to turn the tide. There was a fine balance between the respect for human rights and the need to protect health and minimize economic and social disruptions.

It is crucial that all countries take a comprehensive approach to build an all-inclusive strategy that will prevent infection, minimize impact of the disease, and save lives.

There are four crucial areas: Preparedness; Detection, protection and treatment; Transmission reduction; and Innovation and learning.

It is the business of all to know about the risks of this pandemic and the need to protect themselves. Every case must be isolated, tested and treated. Every contact of a positive case must be traced. Hospitals must be readied and healthcare workers must be trained and protected.

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Zero tolerance for violence against health workers: Strong stand by Indian government during Covid-19

The Covid-19 pandemic has confined people to homes as they face lockdown and other restrictions. Healthcare providers, however, continue their duties often risking their own lives while working amidst highly infectious patients. In India, unfortunately, these frontline workers are also being subjected to violence and discrimination. The public, owing to fear and anxiety, are frustrated and this has resulted in much verbal abuse and threats to actual physical assaults on doctors and other healthcare workers.

The Union Cabinet of the Government of India, after scrutinizing the seriousness of the situation, urgently approved the ordinance amendment of the Epidemic Diseases Act, 1897, on 22 April 2020.The President has also consented for the same. The reformed Act declared that violence against healthcare providers is a cognizable and non-bailable offence. It also permits provision of compensation for injury to healthcare personnel or damage/loss to public property, if any.

The ordinance proposes stringent deadline of completing the investigation within one month and the final decision arrived at, within one year. The punishment could be between 3 months and 5 years with the fine of ₹50 000 to ₹200 000. In severe cases of grievous injuries, punishment will be between 6 months and 7 years and a monetary fine of ₹100 000 to ₹500 000. Besides, the offender shall be required to pay compensation to the victim and twice the fair market value for damage of property.

The prompt move on the part of the government was as a result of multiple incidents of violence and harassment of healthcare workers engaged in Covid-19 care or contact tracing in various parts of the country. There have been several reported incidents of such violence, although the exact number of such cases cannot be determined. In Indore, Madhya Pradesh, healthcare workers engaged in contact tracing were attacked by a mob while in Chennai, an ambulance carrying a dead body of a Covid-19-infected neurosurgeon for burial was attacked by a mob. The attacks ranged from verbal abuse and aggressive gestures to manhandling and murder.

Attacks on doctors have been prevalent long before the pandemic. Though 75% doctors face violence, such incidents remain under-reported. The Indian Medical Association (IMA) has been demanding protective legislation. The Central Government has agreed that the security of doctors and nurses is non-negotiable and has decided on the promulgation of the ordinance.

Strategies to combat violence need to be practised. These include better communication, positive role of social media and training for self-defence and posting of marshals in big government and private hospitals.

The government favours zero tolerance for violence against doctors and other healthcare employees. Though the Epidemic Act has been amended, a strong, permanent special legislation devoid of loopholes applicable in non-pandemic conditions too is necessary.

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Pain in the neck identified as a serious health problem by the Global Burden of Disease Study 2017

The *BMJ* has published results of a systematic analysis of data collected from 195 countries between 1990 and 2017 related to morbidity associated with neck pain (Safiri *et al*., Global, regional, and national burden of neck pain in the general population, 1990–2017: Systematic analysis of the Global Burden of Disease Study 2017, *BMJ* 2020;**368**. *doi: https://doi.org/10.1136/bmj.m791*, published 26 March 2020). The data, collected under the Global Burden of Diseases, Injuries, and Risk Factors Study 2017, reported rates and trends of point prevalence, annual incidence, and years lived with disability for neck pain in the general population of the participating countries. The results showed that the age-standardized rates for point prevalence of neck pain, incidence of neck pain and years lived with disability from neck pain per 100 000 population did not change significantly between 1990 and 2017. Prevalence increased with age up to 70–74 years and then decreased, with global point prevalence of neck pain being higher in females compared to males. People from countries with higher socioeconomic demographic indices seemed to suffer greater disabilities with neck pain with the UK, Sweden and Kuwait having the highest increases in the number of individuals in each age-stratified group as sufferers. The study was funded by the Bill and Melinda Gates Foundation, and supported by Shahid Beheshti University of Medical Sciences, Tehran, Iran. It adhered to the guidelines for accurate and transparent health estimates reporting (GATHER) statement and defined neck pain as pain in the cervical spine region (with or without pain referred to the arms) that lasted for at least 24 hours. Globally, 288.7 million cases of neck pain were found in 2017 with the highest number of cases in the 45–49 years age group. The study recommended categorizing risk factors for neck pain into demographic and socioeconomic factors, previous health or past pain or comorbid conditions, road traffic injuries or workplace factors, psychological and social factors, genetics and health behaviours. It also suggested that policy-makers consider recommendations for management of neck pain based on country-specific patterns of risk factors.

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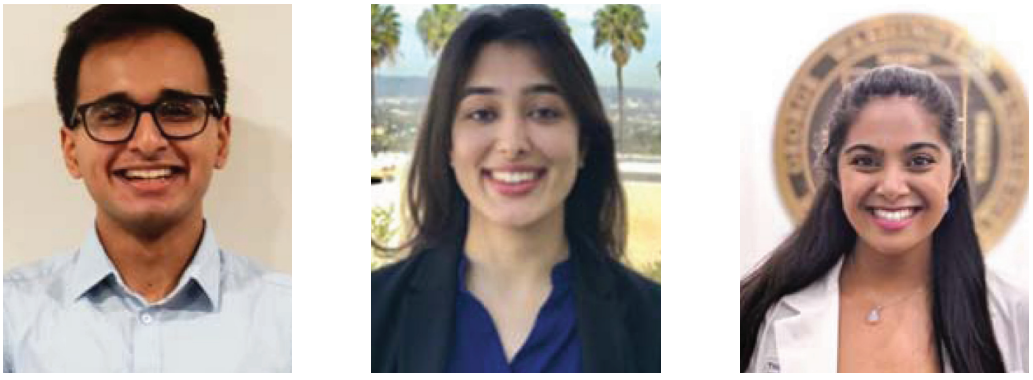
'RestEasy Devices' team wins the 'Viewer's Choice Award'

The George Washington University, Washington DC, USA held its annual start-up competition in 2020 virtually due to the ongoing Covid-19 pandemic. The final round of judging for the competition was done online and the awards ceremony was broadcast live on Facebook in place of the in-person ceremony that is usually held in the month of April.

An all-time high 428 entries were received for the competition. As per the competition's website (*https://newventurecompetition.gwu.edu/how-it-works*), the competition had three categories, namely 'tech ventures' (that offer new proprietary technology and an intellectual property component); 'social ventures' (that offer solutions to 'social or environmental problems'); and 'new ventures'. The competition consisted of several rounds of presentations to a panel of judges, as well as a round of popular voting to determine the recipient of the Viewer's Choice award.

The 'new ventures' category involved commercial services, products or businesses to 'drive substantial market impact'. On 16 April 2020, this year's inaugural 'Viewer's Choice Award' (US$10 000), the Best Medical Device Prize (US$7500), as well as the Finalist Prize (US$5000) for a total of US$22 500 was won by the 'RestEasy Devices team' comprising doctoral students Aditya Maddali, Shelly Mishra and Krithika Rao (George Washington School of Medicine and Health Sciences, Washington DC, USA, Class of 2023) for 'RestEasy' a wearable monitor that detects night time asthma attacks in children (*https://newventurecompetition.gwu.edu/2020winners*). 'RestEasy' was designed with the aim of facilitating better monitoring of asthma and also decreasing the stress faced by parents with asthmatic children. 'Parents of children with bronchial asthma are more likely to have sleep disturbances than parents with healthy children; sleep disturbances can be caused by hours lost attending to their sick child, as well as by stress and fear, worrying that they will not be able to catch their child's asthma attacks if they fall asleep. Further, asthma can cause children to fall behind in school if they are absent due to an acute asthma exacerbation. By monitoring a child's asthma, these stresses and setbacks can be alleviated', said Aditya Maddali, a member of the RestEasy team (message sent to this correspondent over WhatsApp).

ALLADI MOHAN, *Tirupati, Andhra Pradesh*



Winners of Viewer's Choice Award (from left to right): Aditya Maddali, Shelly Mishra and Krithika Rao