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Integrated Control of COVID-19 in Resource Poor Countries

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ABSTRACT

COVID-19 aka corona virus aka SARS-COV-2 a very unpredictable wrath on medical society. Raising its head in 2019 in Hubei province in Wuhan, China COVID-19 took many lives to be precise 51.7 lakh cases over worldwide and total affected cases are 25.9 cr. over the globe as per WHO.

The virus has indeed been attributed to inherent illnesses such high blood pressure, raised blood sugar, coronary artery illness, severe lung illnesses, malignancies, and weakened immunity systems. The pandemic's repercussions can be financial, compromising the medical arrangements and jeopardising individuals lives. Furthermore, elderly men have indeed been documented to have much more worse consequences of coronavirus disease than women. Nevertheless, there are indeed a number of characteristics associated with the context of traditional sexual identity which should be considered, given females in perhaps the most influenced portions are financially underprivileged as well as over worked.

When perceived through the prism of immigration, the financial consequences could very well be enormous and worldwide, intensifying xenophobic as well as unfair behaviour. An extra mental strain of such pandemic will indeed undoubtedly have an impact on people's mind, specifically in disadvantaged communities. Sociological remoteness, for example, can weaken societal access to unique groups which rely on this for their regular activities throughout the instance of such a pandemic. To aid those people as well as control this pandemic, comprehensive methods are required. COVID-19 management is problematic for low as well as middle economic revenue countries. Intensive care unit units and beds are few, and so are the medical supplies. The use of RT-PCR diagnostics is constrained, hence therapeutic choices are limited.

Key words: COVID-19, Poor countries, Effects, Influence, Resources, Control, Prevention

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INTRODUCTION

COVID-19 aka corona virus aka SARS-COV-2 a very unpredictable wrath on medical society. Raising its head in 2019 in Hubei province in Wuhan, China COVID-19 took many lives to be precise 51.7 lakh cases over worldwide and total affected cases are 25.9 cr. over the globe as per WHO [1]. The USA has been on the forward edges in considerations of caseload, whereas African nations have a reduced amount on accountancy [2]. Investigators cautioned, nevertheless, that illnesses might go undiscovered in nations having inferior medical services, such as those in Africa as well as Southeast Asia, where the regional pandemic would swiftly overwhelm them [3].

When perceived through the prism of immigration, the financial consequences could very well be enormous and

worldwide, intensifying xenophobic as well as unfair behaviour. An extra mental strain of such pandemic will indeed undoubtedly have an impact on people's mind, specifically in disadvantaged communities. Sociological remoteness, for example, can weaken societal access to unique groups which rely on this for their regular activities throughout the instance of such a pandemic. To aid those people as well as control this pandemic, comprehensive methods are required [4].

Even though it is hard to forecast the exact implications of the Corona virus pandemic, a few of contributing elements can be deduced from earlier pandemic encounters including SARS-COV-2 related problems which have been intensified from period to period, primarily in underdeveloped nations. The above viewpoint strives to clarify corona virus's predicted impact through the perspective of resource constrained nations and disadvantaged groups [5].

Objective of this article: The virus has indeed been attributed to inherent illnesses such high blood pressure, raised blood sugar, coronary artery illness, severe lung illnesses, malignancies, and weakened immunity systems.

The pandemic's repercussions can be financial, compromising the medical arrangements and jeopardising individuals' lives [6].

When perceived through the prism of immigration, the financial consequences could very well be enormous and worldwide, intensifying xenophobic as well as unfair behaviour. An extra mental strain of such pandemic will indeed undoubtedly have an impact on people's mind, specifically in disadvantaged communities [7].

Immunization, microbiological and immunological detection, cleanliness and Sanitize measures, as well as cheaper medicines are all discussed in this commentary as significant approaches to managing corona virus. We further examine how these programmes should be provided in terms of reaching the most vulnerable people. Through ways that minimize global pandemic's expanding healthcare disparities, the suggested advanced management approach requires fast response and governmental commitment [8].

LITERATURE REVIEW

Health protection minimum requirements for the country

The basic criteria serve as a catalyst for incrementally adding extra key aspects to the IPC essential parts depending on local circumstances. The corona virus epidemic has highlighted the need of basic IPC precautions and having these basic set of standards once more [9].

Insufficient supply of N95 respiratory protection had resulted from frantic purchasing as well as inappropriate utilisation of Personal Protection Equipment (PPE), and so these limitations may have disastrous effects for multidrug resistant/extremely drug resistant Tb treatment across Low and middle income [10].

Authorities must provide specific guidelines on using PPE and move early to obtain appropriate resources and stockpiles in event the incident advances to these nations, to forestall scarcity of vital PPE for the pandemic response [11]. To lessen the possibility of PPE shortages during critical moments, local medical supply manufacturing must be addressed for any and all regions.

Measures required for resource poor countries to control corona virus

Search for vaccine: To create an immunological response, numerous older and newer approaches have been applied to generate various vaccines. Biological vaccines, which are using one maybe more COVID genetic traits; virus based therapies, which use a virus (unable to replicate) to produce COVID genetic traits into cells so as to make viral proteins; protein-based vaccines, which use the COVID signal protein or a subunit of it; and even whole virus immunisation shots, which use relatively weak or neutralised viral infections [12].

Many vaccine experts believe that inactivated vaccines are the top pick for corona virus because there is no

threat of violent reversion. Throughout the last century, inactivated vaccinations have proven to be extraordinarily powerful in eliciting defence *vs.* a variety of lethal viral infections, including polio, rabies, hepatitis, and influenza [13].

There are also uncertainties about whether these vaccinations would be accessible to low and middle income nations as well as whether vaccine manufacturing plants will indeed be sufficient to ensure a consistent flow in a timely manner to fulfil world demand [14].

Diagnosis of COVID through RT-PCR: This really is the standard method for identifying strains of corona virus, and it is used globally as well as in nations with limited resources. Due to a shortage of clinical laboratories, skilled people, and a consistent availability of RT-PCR equipment, most lower and middle income nations are having difficulty testing specimens and tracking the actual rate of infection. As a result, the rates of infection predicted by all these nations might simply be the top of the ice [15].

In resource poor nations, a shortage of qualified personnel able to complete the molecular genetics experiments required for corona virus diagnostics plus interpreting the data is indeed a serious restriction. Numerous papers recently documented on the effective utilisation loop-mediated isothermal amplification dependent procedures to analyse for corona virus in urination, saliva, or oropharynx and nasopharynx samples, both using and not using viral RNA isolation. As a result, different test methods notably LAMP, that uses instantaneous antigen identification using low capital and skills, would be very valuable [16].

Testing of COVID through serology: When opposed to nucleic acid based testing, serologic diagnostic tests are easier to execute and demand fewer technological equipment and expertise.

Serologic diagnostic tests can be used in conjunction with RT-PCR to diagnose active infection in ill as well as admitted to hospital patients with serious symptomatology who've already found negative with RT-PCR, or even to determine the antibody condition of medical practitioners (as well as other employees) who already are prepared to come back to career after just being contaminated with corona virus [17].

Serological screening might potentially be utilised in order to determine the overall damage of a community wide outbreak pandemic incident, identify asymptomatic carriers and choose recovered serum donations for intervention [18].

Enhancing assessments capabilities through antibodies screening somewhere at national level would facilitate significant population stage monitoring, yielding critical knowledge on disease spread and mortality due to corona and ensuring prompt deployment of containment measures. Because of the exceptional requirement seeking quick diagnostic testing to facilitate successful therapy and management of corona virus, the US FDA has

granted urgent usage permission for serological testing, enabling more broad reach to serology testing [19].

Cheaper medication: Several reclaimed medications were uncovered through retrospective studies and were being utilised on basis of various readings, in laboratory, or speculative results when in the absence of a vaccination to counteract corona [20].

Because of risk characteristics, adverse reactions, dosage, and pharmaceutical combinations among these pharmaceuticals have already been documented, shifting existing pharmaceuticals to be used as antiviral therapies for corona patients seems to be a logical option during in the pandemic [21].

Chloroquine, hydrochloroquine, favipiravir, remdesivir, ritonavir, danoprevir, convalescent plasma and bromhexine hydrochloride, are among these medications.

Hand wash regime in COVID-19: For prophylaxis, management, as well as containment, timely surveillance of corona transportation channels is essential. Although this has still not been proven if faces to oral dissemination is feasible, research has revealed whether corona RNA molecule could be chronically released inside the stools lasting approximately up to three to four weeks even after the individual has got tested negative for COVID RNA in lungs.

In impoverished nations as well as shanty towns, effectively managing stools from diseased, recuperating, and restored individuals is indeed a major concern [22]. Near days evaluations after screening for COVID-19 in drainage, emphasis on prior diagnosis as well as preventions of epidemics, demonstrate that new horizons are opening up, despite significant difficulties. COVID-19 has been detected through drainage throughout India, Netherlands, China, Australia, Sweden, and the USA according to investigators.

Corona may benefit out of a comparability depending on proves from investigations on washing hands and flu. As according Saunders-Hastings, et al. a comprehensive survey and study published in 2017, consistent washing hands does indeed have a substantial shielding impact versus disease outbreak. Washing hands, as according Aiello et al. lowers overall incidence of lung related infections through eliminating pulmonary germs out from hands, blocking them from going inside the bodily frame and otherwise spreading to everyone else.

According to new findings, scrubbing hands thoroughly with soap and water after excrement as well as prior to eating could reduce the prevalence of lung and chest infections by approximately to 25 percentages. Proper Washing hands techniques that really are efficient and easily accessible are consequently required while going into or getting out of homes and crowded locations, specifically following sneezing and coughing (Figure 1) [23].



Figure 1: Hand wash regime in COVID-19.

Delivery of necessary healthcare products and services

A prospective corona virus preventive emergency preparedness planning can be implemented on 3 tiers: a bulk approach, a neighbourhood approach, as well as a residential strategic planning.

Individuals in each region or sector would be notified of the 'corona virus monitoring and ensuring planning's' in each particular jurisdiction or sector through text alert messages, area medical facilities, EPI centres, pharmacists, and public bulletin board as well as advertisements, as part of the massive approach.

Corona virus danger causing elements as well as enhanced coughing hygiene habits would have been the subject of health and lifestyle promotion. A Safeguard our household against corona virus movie could've been featured inside the mainstream media regarding corona virus to demonstrate good washing practises targeted towards mitigating the hazard [24].

Quick screening checking (e.g. the Roche antibody test) for suspicious corona instances at medical centres as well as nearby clinics or hospitals regular intervals screening of town council government untreated wastewater again for existence of COVID virus; Smartphone dependent phone coverage of authentic as well as genuine diagnostics outcomes; Geographic information systems hazard modelling of medical centre sufferers' lists might all be used as component of a neighbourhood strategic plan.

Furthermore, especially homes having a recently affected individual of the family, a personal contingency Washing package should also be used as a domestic approach. The corona virus kit can indeed include: a family preventative measures advertisement about how to reduce the danger of attaining and transferring corona virus; a'soapy liquid' bundle (soap or hand wash as well as multiple containers) sufficient for a group of 5 for 1 month; an everyday domestic antiseptic with bleach (3 to 6 percent sodium hypochlorite); as well as residential face mask.

Partnership and advertisement on social media

Recent Ebola reactions in West Africa (2014-2016) as well as recent Democratic Republic of the Congo (2019-2020) revealed overall harmful impact by the mainstream press, which led to scepticism of IPC interventions as well as stigmatisation of victims. Each is important components of general populace healthcare solutions.

By collaborating alongside the administration to deliver continuous, basic, and unambiguous statements, digital networks might and must aid general populace healthcare interventions in general planning as well as breakout containment [25].

It's indeed clear that rapidly favourable and unfavorable advertising may sway the audience's opinion. To promote the adoption and endorsement of corona particular IPC procedures and isolation regulations, populations must receive clear, concise, and motivating statements.

Straightforward healthcare advertising have considerably boosted community credibility in governmental measures to curb overall transmission of this illness in nations where regionally relevant communications, including regular updates, are presented to general population.

DISCUSSION

COVID-19 aka corona virus aka SARS-COV-2 a very unpredictable wrath on medical society. Raising its head in 2019 in Hubei province in Wuhan, China COVID-19 took many lives to be precise 51.7 lakh cases over worldwide and total affected cases are 25.9 cr. over the globe as per WHO [26].

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When perceived through the prism of immigration, the financial consequences could very well be enormous and worldwide, intensifying xenophobic as well as unfair behaviour. An extra mental strain of such pandemic will indeed undoubtedly have an impact on people's mind, specifically in disadvantaged communities. Sociological remoteness, for example, can weaken societal access to unique groups which rely on this for their regular activities throughout the instance of such a pandemic. To aid those people as well as control this pandemic, comprehensive methods are required [27].

Corona virus has a multifaceted influence, encompassing monetary effects, a weakened medical infrastructure, as well as an increase in the susceptibility of specific segments of the community.

It's indeed critical to establish suitable tactical approaches, maintain as well as scale up dietary sovereignty solutions, especially safeguard overall lives of

the especially disadvantaged individuals, including individuals having underlining symptomatology, infants, the orphaned, females, expectant females, immigrants, and persons having handicap.

Encouraging towns as well as regional governments in one's efforts to reduce the disaster by exchanging information and encouraging participation is equally crucial [28].

Techniques for evaluating the efficacy of existing medical initiatives, as well as a higher degree of screening related to overall volume of a country's inhabitants, must be emphasised.

Furthermore, the correlation connecting features of elevated groups and corona virus's influence on healthcare consequences must be recognised, therefore such parameters must be taken into account as early as possible in investigation, therapeutic practise, and vaccination manufacturing.

SARS-COV-2 vaccinations should also be considered a universal societal benefit with the goal of considerably contributing towards the balanced preservation as well as enhancement of individual health there at worldwide and regional levels, founded on proportionality and authenticity. Whenever the catastrophe is finally over, the governments must use corona outbreak as a learning tool to manage for potential episodes [29].

CONCLUSION

Immunization would not be enough to stop the SARS-COV-2 outbreak. Comprehensive management techniques that are relatively minimal and concrete proof would be necessary. In addition to identify overall full incidence of illnesses, one should guarantee that everyone has exposure to trustworthy investigations.

In attempt to cure corona virus sufferers, evidence upon that efficacy as well as efficacy of publicly attainable, inexpensive, and cheaper pharmaceutical medications must be developed to complement the established medical infrastructure.

SARS-COV-2 will be better protected with a blend of successful immunisation, therapy, and hand washing. Whether we were really gonna stop the transmission of illness as well as stop this outbreak, then one must work together at the world, provincial, municipal, even county tier

Whenever global healthcare emergency management techniques and measures are applied promptly, the corona virus pandemic could get contained, like China had demonstrated. IPC programmes in Low and middle-income nations must be reinforced by guaranteeing that the bare basic prerequisites for IPC are in position as quickly as feasible, and multimedia alliances would indeed be established to avoid public anxiety.

REFERENCES

 WHO. COVID-19 Coronavirus Pandemic. Genève, World meters, (2020).

- Luo H, Tang Q, Shang Y, et al. Can Chinese medicine be used for prevention of corona virus disease 2019 (COVID-19)? A review of historical classics, research evidence and current prevention programs. Chin J Integr Med 2020; 26:243-250.
- 3. Butterworth M, McClellan B, Allansmith M, et al. Influence of sex in immunoglobulin levels. Nature 1967; 214:1224-1225.
- 4. Cook IF. Sexual dimorphism of humoral immunity with human vaccines. Vaccine 2008; 26:3551-3555.
- 5. Zhu RF, Gao R, Robert SH, et al. Systematic review of the registered clinical trials of Coronavirus Disease 2019 (COVID-19). MedRxiv 2020; 18:274.
- 6. Luo H, Tang Q, Shang Y, et al. Can Chinese medicine be used for prevention of corona virus disease 2019 (COVID-19)? A review of historical classics, research evidence and current prevention programs. Chin J Integr Med 2020; 26:243-250.
- 7. Mallapaty S. Scientists Fear Coronavirus Spread in Vulnerable Nations. London: Nature Publishing Group 2020.
- 8. Ranscombe P. Rural areas at risk during COVID-19 pandemic. Lancet Infect Dis 2020; 20:545.
- 9. Zurayk R. Pandemic and food security, A View from the Global South. J Agric Food Syst Commun Dev 2020; 9:1-5.
- Walker P, Whittaker C, Watson O, et al. The Global Impact of COVID-19 and Strategies for Mitigation and Suppression: WHO Collaborating Centre for Infectious Disease Modelling. Imperial College London 2020.
- 11. McKibbin W, Fernando R. 3 The Economic Impact of COVID-19. In: Economics in the Time of COVID-19. London: CEPR Press Centre for Economic Policy Research 2020; 45.
- Lucas B. Impacts of COVID-19 on Inclusive Economic Growth in Middle-income Countries. K4D Helpdesk Report 811. Brighton: Institute of Development Studies 2020.
- 13. Union A. Impact of the Coronavirus COVID-19 on the African Economy. Adis Abeba: African Union 2020.
- 14. Jonga W. Street vending at megenagna (Ethiopia): challenges and prospects. Rev Manage Innov Creat 2012; 5:50-69.
- 15. Wodaje B, Zenebe K, Terefe Y, et al. Assessment of challenges and prospects of women petty traders: a survey study in Harar, Jigjiga, and Dire Dawa, Ethiopia. Soc Dev Issues 2019; 41:41-56.
- 16. Galanakis CM. The food systems in the era of the Coronavirus (COVID-19) pandemic crisis. Foods 2020; 9:523.
- 17. Chukwueloke E, Oghuvbu EA. The corona-virus pandemic and its impacts on human security in

- West Africa. Acta Univ Danubius Relationes Int 2020; 13:36-46.
- 18. Benjamin GC. Ensuring health equity during the COVID-19 pandemic: the role of public health infrastructure. Rev Panam Salud Publica 2020; 44:70.
- 19. Anand V, Thangavelu S, Fathah Z, et al. COVID-19 and the world with co-morbidities of heart disease, hypertension and diabetes. J Pure Appl Microbiol 2020; 14:1623-1638.
- 20. Dhama K, Patel SK, Kumar R, et al. Geriatric population during COVID-19 pandemic: problems, considerations, exigencies and beyond. Front Public Health 2020; 8:562.
- 21. Dashraath P, Jeslyn WJL, Karen LMX, et al. Coronavirus disease 2019 (COVID-19) pandemic and pregnancy. Am J Obstet Gynecol 2020; 222:521-531.
- 22. Hall V, Thomsen RW, Henriksen O, et al. Diabetes in Sub Saharan Africa 1999-2011: epidemiology and public health implications. a systematic review. BMC Public Health 2011: 11:564.
- 23. Mariotti A. The effects of chronic stress on health: new insights into the molecular mechanisms of brain-body communication. Future Sci OA 2015; 1:23.
- 24. Palmer K, Monaco A, Kivipelto M, et al. The potential long-term impact of the COVID-19 outbreak on patients with non-communicable diseases in Europe: consequences for healthy ageing. Aging Clin Exp Res 2020; 32:1189-1194.
- 25. Pinto RM, Park S. COVID-19 pandemic disrupts HIV continuum of care and prevention: implications for research and practice concerning community-based organizations and frontline providers. AIDS Behav 2020; 24:2486-2489.
- 26. Chersich MF, Gray G, Fairlie L, et al. COVID-19 in Africa: care and protection for frontline healthcare workers. Global Health. 2020; 16:46.
- 27. Kretchy IA, Asiedu-Danso M, Kretchy JP, et al. Medication management and adherence during the COVID-19 pandemic: perspectives and experiences from LMICs. Res Soc Adm Pharm 2021; 17:2023-2026.
- 28. Shigute Z, Mebratie AD, Alemu G, et al. COVID-19 and balance in access to health care in Ethiopia. Clin Epidemiol Global Health 2020; 9:1.
- 29. Mobula LM, Heller DJ, Commodore-Mensah Y, et al. Protecting the vulnerable during COVID-19: Treating and preventing chronic disease disparities. Gates Open Res 2020; 4:125.