



## Editorial

# COVID-19 pandemic: Current scenario and our role

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The entire world is currently facing COVID-19 pandemic disease that is caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).<sup>[1]</sup> It is not the first time that mankind is going through such a fearful situation.<sup>[2]</sup> Whenever there is a breach in the peaceful coexistence between widely diverse fauna and flora, micro- to macro-cosmos has seen repercussions. Henceforth, the concept of one health can never be underestimated.<sup>[3]</sup> To control COVID-19, the World Health Organization (WHO) has emphasized early testing, prevention, meticulous sanitization, social distancing and lockdown for flattening the epidemiological curve, and urged that defiance of these preliminary measures will result in worsening of the pandemic. Guidelines issued by international and national agencies for do's and don'ts are available at various national and international portals.<sup>[1,4-6]</sup> Efforts are being made to disseminate correct and accurate information regarding etiology, clinical course, prevention, importance of personal protective equipment, real-time count of infected cases worldwide, etc., along with related scientific research.<sup>[5,7-11]</sup> Statistics is changing on daily basis and rapidly. As on April 07, it has affected more than 206 countries, and more than 13 lakh confirmed cases have been reported worldwide.<sup>[8]</sup>

Although scientific research for health care may sometimes be seen as an extravagance and non-essential luxury, the COVID-19 outbreak has proven that health research saves lives.<sup>[12]</sup> COVID-19 was first reported to emerge between December 1, 2019 and 8, 2019, in Hunan Seafood Wholesale Market of Wuhan, Hubei, China, as a “pneumonia of unknown etiology.”<sup>[13-18]</sup> On January 7, 2020, the complete genome of novel coronavirus was identified for the first time in a bronchoalveolar lavage fluid sample by the Chinese Centre for Disease Control and Prevention through combination of Sanger sequencing, Illumina sequencing, and nanopore sequencing.<sup>[13,18]</sup> On February 11, 2020, the causative pathogen was named “Severe Acute Respiratory Syndrome Coronavirus-2 SARS-CoV-2 (also as 2019-nCoV or Human Coronavirus-2019) by the Coronavirus Study Group of the International Committee on Virus Taxonomy due to phylogenetic analysis of related coronavirus.”<sup>[19]</sup>

India reported its first laboratory-confirmed case on January 30, 2020, from Kerala.<sup>[20]</sup> Since, then separate reports have been published indicating potential role of valproic acid Co-A and Vitamin B12 to manage COVID-19 patients by inhibiting nsp12 of SARS-CoV-2.<sup>[21-23]</sup> India is a densely populated country, thus at a risk of high super-spreading probability. The Indian Government's Empowered Committee for COVID-19 response directed central and state governments, as well as private and government sectors to cooperate with national laboratories to work together, and urged to overcome any lack of collaboration to fight against Covid-19.<sup>[24]</sup> The Indian Council for Medical Research (ICMR) revised (Version 3) its strategy on March 20, 2020, for COVID-19 testing in India. “Current testing strategy includes all symptomatic individuals with international travel history within the past 14 days; all symptomatic contacts of laboratory confirmed cases;

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all symptomatic healthcare workers; all hospitalized patients with Severe Acute Respiratory Illness (fever and cough and/or shortness of breath); and asymptomatic direct and high risk-contacts of a confirmed case once between days 5 and 14 after coming in contact with an infected person.<sup>25]</sup> Han *et al.*<sup>26]</sup> recently reported the use of a non-invasive “induced-sputum” methodology for SARS-CoV-2 RNA detection instead of throat swabs in convalescent patients. This method may be utilized to assess COVID-19 patients to reduce the risk of disease spread in the near future.<sup>26]</sup>

As every block is important in any Legos game, similarly we all have our own responsibilities to fulfill, our roles to play, and must rise from our own individual level to family, city, state, national, and global level for the service of mankind. Recently, the Chief Dental Office of England offered to work in unison with medical health-care providers in newly built hospitals to enhance critical care and other parts of the National Health Services.<sup>27]</sup> In India, oral health-care providers in various government and non-government dental colleges can also be trained to become a part of health-care services in the current emergent situation. Online training modules including audio and video can be provided to oral and other healthcare workers not involved in urgent health services as part of epidemic preparedness. This may empower frontline health-care providers in fever clinics for triaging patients, in supervising critical, isolation, and quarantine centers. They can also play an active role in screening, sample collection, recording parameters, data recording, data analysis, establishing new health-care centers, and in conducting training, motivation, and education programs.

In this situation of emergency, an editorial published in Lancet emphasized sharing of rapid, reliable, accurate, and independently scrutinized information and data.<sup>28]</sup> The Asian Journal of Oral Health and Allied Sciences in its new format, is steadfastly ready to fulfill its responsibility by timely publishing quality scientific research papers pertaining to health care, and seeks thoughtful, authentic, ethical, and quality scientific contribution for the service of mankind.

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