

Summary Report

Global COVID-19 Network | Webinar Learning Series

Personal and Institutional Prevention and Protection

Moderator

- **Dr. Subhash Hira** | Professor of Global Health, University of Washington, Seattle; Sambodhi/ISRN New Delhi

Speakers

- **Dr. Daniele Dionisio** | Member, European Parliament Working Group on Innovation, Access to Medicines and Poverty-Related Diseases, Italy
- **Dr. Leena Inamdar** | Consultant Epidemiologist, Global Health Lead Consultant for National Infection Service, Public Health England, Leeds, UK
- **Dr. Shivangi Pawar** | AYUSH Consultant, India

Discussion Summary

The fifth session of the Webinar Learning Series explored the theme of 'Personal and Institutional Protection and Prevention', with speakers from Italy, UK, and India sharing regional experiences and measures in controlling virus spread as economic and community activities approach resumption. Core issues pertaining to the predominance of physical distancing norms over and above mask-wearing, adapting to workplace environments for increased safety, and the role of homeoprophylaxis in boosting immune defense systems against viral infections were discussed.

Dr. Daniel Dionisio of Italy started by elaborating the spread of the coronavirus in Italy, and the various gaps in the country's initial response which amounted to the rapid increase in cases. He laid out the various response measures taken to finally control the spread, stressing on multi-sectoral partnerships and the transparency in communication from public organizations to curb false information.

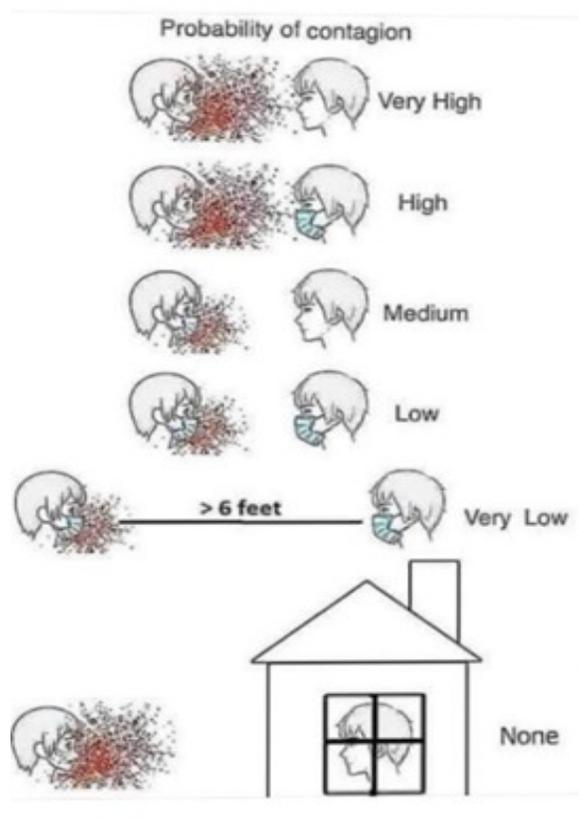
Dr. Leena Inamdar from the UK spoke about the various personal and institutional protection and prevention measures that must be adopted, especially as rates of Corona infection are growing in the Global South and countries are at various stages of reopening economic and community activities. Delineating a pyramid of risks associated with different professions and the hierarchy of effectiveness of different control mechanisms, she detailed the importance of protection measures in workplaces and schools.

Finally, Dr. Shivangi Pawar of India shared the historical background and role of homeopathic treatments in preventing and curing epidemics and infectious diseases. She shared anecdotal data on the potential of homeopathic treatments for prophylaxis against COVID-19 that have been endorsed by the national and state AYUSH ministries. She stressed the importance of holistic health and well-being to boost a healthy and balanced immune system.

Dr. Subhash Hira-Moderator

Key takeaways

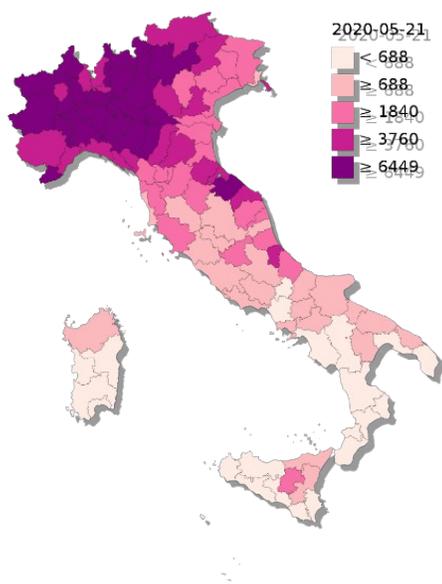
- He explained the slide for the use of facial mask as a protective agent against COVID-19. Although facial mask use looked very simple, the slide showed atleast six scenerios of its effective use that required 'common sense' versus its non-effective use:
 - Scenerio 1: The bottom row on the slide showed that person inside a closed house was safe from COVID even when there were COVID-infected persons in the communities not wearing masks.
 - Scenerio 2: The second row from the bottom showed 'correct use of facial mask' by infected and community persons, and maintaining 6 feet physical distance. The likely COVID transmission rate may be very low at 2-3%.
 - Scenerio 3: "Correct use of facial mask" but not maintaining 6 feet physical distance may cause low COVID transmission rate of about 5%.
 - Scenerio 4: "Non use of facial mask" and not maintaining 6 feet physical distance may cause medium COVID transmission rate of about 13%.
 - Scenerio 5: "Non use of facial mask" and not maintaining 6 feet physical distance may cause high COVID transmission rate of about 24%.
 - Scenerio 6: "Non use of facial mask" and not maintaining 6 feet physical distance may cause very high COVID transmission rate of about 33%. heart failure, stroke, etc.



Dr. Daniele Dionisio

Key takeaways

- Doctors dealing with pneumonia in Italy between January-February 2020 were unaware that it was the coronavirus since the symptoms were so similar to influenza and the coronavirus was still believed to be largely confined to China.
- Even after Italy documented its February 21st cluster of cases, the unusual way COVID-19 could present itself was not understood, with some patients rapidly declining to breathing insufficiency.
- Because Lombardy region's intensive care units (ICUs) were already filling up within days of Italy's first cases, many primary care physicians tried to treat and monitor patients at home. That strategy proved deadly, and many died at home or soon after hospitalization, having waited too long to call an ambulance.
- In Italy, there has been increased focus on flexibility and taking an integrated approach to combat COVID-19. Organizations that generally work in sectors that are very distant from each other, have integrated their operational capabilities to deliver important tools and machines to fight against COVID-19.
- It is interesting to note that the Italian response has been neither top-down nor bottom-up. It has instead proved to be an effort of spontaneous, reciprocal collaboration between multi-sectoral actors of any kind and any level, who are willing to cooperate in new innovative ways.
- Italy has very rapidly developed infrastructures (for example, the development of ad hoc "COVID hospitals" throughout the country) and emergency transportation systems. This complex effort also has involved the coordination between military and civil institutions, in particular for the carriage of people in extreme situations.
- While Italy reported more than 900 deaths on 27 March, its daily death toll is around or below 100 now that the number of new cases keeps decreasing.



The Italian government released a 'relaunch decree' containing financial measures worth 55 billion euros (59.6 billion U.S. dollars) to support the economy hard hit by the coronavirus pandemic. As part of the decree, the national health service has been allocated 3.25 billion euros, meaning a much higher figure than what our State usually invests in the national health service (SSN) in a whole year. Health service investment was specifically earmarked to regional network, stronger hospital network and health personnel recruitment

Dr. Leena Inamdar

Key takeaways

- The first wave of COVID-19 may be receding in part of eastern and western Europe, Asia, and North America; however, it is taking off in Latin America, Africa and South Asia. These low and middle-income countries are experiencing spiraling infections, hospitalization and deaths. Because of scarce testing, the numbers might be an underrepresentation of actual figures.
- It is known that the spread of COVID-19 is linked to transmission of respiratory droplets through coughing and sneezing, as well as contact with infected surfaces. Hence it is key that prevention measures interrupt these routes by breaking the chain of transmission.
- There are three key areas we need to pay attention to in order to protect ourselves: Social Distancing, Personal Protective & Hygiene Measures, and Environmental Measures. Face coverings do not replace social distancing measures.
- COVID-19 has affected the workplace by increasing absenteeism/ work from home, change in the pattern of commerce, and interrupted supply chain.



- Traditionally, hierarchy of controls is a method used for occupational safety. The methods at the top of the pyramid are usually considered more effective than the ones at the bottom i.e. PPE.
- There are Standard Infection Control Precautions (SICPs) and Transmission-Based Precautions (TBPs). The SICPs include basic infection prevention and control necessary to reduce risk of transmission from both recognized and unrecognized sources. Sources include blood, body fluids, mucous membranes, or other equipment. TBPs, on the other hand are used when SICPs are insufficient for prevention. They include contact, droplet, and airborne precautions.
- The public health risk and the economic reality varies greatly as we consider the restart of the economy globally. As we progress through each phase of the pandemic, the public health risk diminishes. Some countries have opted to restart the economy after cases have started plateauing. Others have taken a more cautious approach and are waiting for significant decline.
- There are 4 key considerations when planning for phased return of economic activities – Adapting businesses to a post-plateau world, accelerating structural workforce shifts by segment, Crafting operational plans for workforce safety, and Timing the transition given the local context.
- For schools to resume, it is important to pay attention to risk, health, and safety assessment in both teaching and non-teaching environments. One-way circulation within the school premises, converting outdoor spaces for learning, are some of the aspects that deserve attention.
- It is important to consider transport arrangements for schools – how parents will be dropping children to school, not crowding common areas within the premises, etc. need to be carefully considered.
- Chinese and Australian authorities made the COVID genome freely available for international research efforts. Collaboration is necessary to promote research especially for Global South countries which may pool their resources. Collaboration is at the heart of global science, especially for developing countries.

Dr. Shivangi Pawar

Key takeaways

- Homeopathy has a very good track record of treating epidemics and infectious diseases worldwide for centuries.
- The use of homeoprophylaxis since the time of Dr. Samuel Hahnemann 1798 to the present day is widely evidenced throughout homeopathic literature. It is now a part of alternate systems of medicine called AYUSH (Ayurveda, Yoga, Unani, Sidha, Homeopathy) and are legally practiced in India.
- The epidemiological evidence clearly shows that homeopathy discloses a very consistent and strong prophylactic and therapeutic effect, while at the same time offers safe, cost-effective and clinically viable alternatives to conventional medicine for the prevention and treatment of patients with infectious diseases.
- Homeoprophylaxis aims to instill a natural immunity by stimulating the natural immune system, so that when we are exposed to the disease, our vital force is primed to react with the mild or asymptomatic version of that disease.
- Many homeopathic practitioners claim that patients who have been exclusively treated with homeopathy or alongside with conventional modern therapy recovered faster, used fewer medications, and had a better prognosis.

- Unlike bacteria, viruses depend on living cells to survive and replicate. When we are exposed to a viral infection, our body's immune defense systems intervene with its innate response. In many cases, this initial response is sufficient to kill the virus. It is seen that a robust immune response across cell types is associated with quick clinical recovery, like in influenza.
 - In order to recover, we must have a healthy, balanced immune system to fight back when it is under attack. In order to promote a healthy immune system, we can definitely rely on homeopathy when we use them prophylactically before viral infections are contacted.. They are used in numerous public health settings, treating a range of infectious diseases.
 - Homeopathy is inexpensive, does not cause any side effects, it is not toxic, and has a history of treating infectious diseases without harming the immune system. By using homeopathy as an adjunct to conventional modern medicine, patients, clinicians, and society as a whole has nothing to lose because there are no 'drug interactions' **reported till date. On the contrary, community have everything to gain.**
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