

COVID-19 Mortality in India
<2% in general population
8-10% in Doctors
We need to act now

An educational initiative by
The Bengal Obstetric & Gynaecological Society

Why Healthcare Workers get COVID 19 (Zabarsky et al. Am J Inf Control Aug 11)

- Whenever we let our guard down, we are at risk. In other words, even though we think we are taking precautions, there are everyday situations where we become careless
- Patients as well as colleagues must be considered as virus carriers
- Pre-symptomatic & asymptomatic colleagues spread infection
- Interacting with colleagues with mask down can be potentially dangerous
- Spread also happens in non-patient care areas : break rooms, nursing stations, cafeteria
- Having lunch together involves not only lowering of masks, but also conversations (generates aerosols) and prolonged exposure (sitting together at a table)

Why Healthcare Workers get COVID 19 (Zabarsky et al. Am J Inf Control Aug 11)

- Infections occurred more in non-COVID wards – where people were less alert
- There were no infections in ICU or COVID wards (everyone was alert)
- Patients with atypical symptoms and delayed diagnosis contributed to HCW infections
- When more testing became available, there was less infection (people were identified early)
- HCW can get infected outside the workplace (14%), i.e. family or community
- In 50% cases no source was identified

- If you have symptoms s/o COVID-19, please isolate yourself
- Usual symptoms are symptoms of flu, anosmia, diarrhoea
- Monitor SpO₂ (several times daily, at least once daily after a 6 minute walk)
- Consult a COVID Physician especially if you have any comorbidity
- It's a good idea to get tested around Day 5 of symptoms
- If you get well in a couple of days and choose not to get tested, still monitor your SpO₂ for two weeks

- If you are symptomatic around Day 5, you must get tested
- If you have any co-morbidity (age/obesity/HT/DM/Asthma/COPD) get Imaging of Chest and bloods (inflammatory markers) done around Day 7 of symptoms
- Most complications happen in the second week (Day 10-12 most dangerous) and early treatment reduces mortality and morbidity
- Breathlessness/Reappearance of fever/SpO₂ <95%/Drop in SpO₂ by >4% after 6 minute walk are warning symptoms and warrant investigation +/- admission