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AHMEDABAD MEDICAL ASSOCIATION

(Branch of Indian Medical Association)

ESTD : 1902

AHMEDABAD MEDICO NEWS

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President - AMA



DR. DHIREN R. MEHTA
Hon. Secretary - AMA

Imm. Past President - DR. MEHUL N. SHELAT

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FEBRUARY-2020

ISSUE-10

HIGHLIGHTS

29-02-2020 & 01-03-2020

Sports Day Events

08-03-2020

International Women's Day

29-03-2020

AMACON-2020

1. Article - Breast Cancer - Diagnosis and Treatment

2. Article - Understanding Corona Virus

05-03-2020

Ladies Club

21-03-2020

Ladies Club

REPUBLIC DAY 26th JANUARY 2020



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PREPARATION, HARD WORK AND PERSEVERANCE'

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Message From President's & Hon. Secretary's Desk

Dear Doctors,

Our life's journey is moving so fast, opportunities knock on everyone's door but if you falter you lose it and if you are bold enough to take a chance, take a risk you would have a chance to succeed. Majority of us are too timid to take a risk or opt for a change and then curse the monotony of life.

Well, our team of Managing Committee has been bold enough to bring changes in the usual trends of our association. This year we are having our Annual Conference on 29th March-2020 - Sunday at Ahmedabad Management Association, ATIRA. Our Conference will be with a difference and I am sure the ones who will miss it, will be missing lot of fun from his/her life. The change or difference is, there will be NO ACADEMIC SESSIONS. But still you will be learning a lot about your Life style skills. We plan to make your whole Sunday a memorable one which you would remember for years to come and will set a new trend for the coming years. Kindly go through the details of the speakers and their topics inside our bulletin.

Next, we are also celebrating Sports Day for our members and their family so do take part in events and enjoy and stay fit.

Another important event is the Celebration of International Woman's Day- We have called excellent speakers from Bombay and I am sure no woman will like to miss this Fitness, Diet, Grooming and 'Quick Make-up' sessions with of course Dances by Medical Students and our lady Doctors and a Skit.

Friends, this year it is going to be whirlwind of 'Happening' events so remain updated and do not miss any of them.

We are also making our Medical Student Network-(MSN) very active and strong so that their problems can be dealt with properly and they are our future so to ensure our safe future we have to make our Children Physically and Mentally healthy.

**“MANKIND IS MADE GREAT OR LITTLE
BY ITS OWN WILL”**

Dr. Mona P. Desai

President

Ahmedabad Medical Association

Dr. Dhiren Mehta

Hon. Secretary

Ahmedabad Medical Association



REPUBLIC DAY 26th JANUARY 2020



REPUBLIC DAY 26th JANUARY 2020



REPUBLIC DAY 26th JANUARY 2020



SCIENTIFIC PROGRAMME-CYBER SAFETY 26-01-2020



SCIENTIFIC PROGRAMME-CYBER SAFETY 26-01-2020



S.H. KHARAWALA A.G. & L.D. PRIMARY SCHOOL

13-02-2020



ANNUAL CULTURAL PROGRAMME 2019-20

S.H. KHARAWALA A.G. & L.D. PRIMARY SCHOOL



ANNUAL CULTURAL PROGRAMME 2019-20

SPEAKER AT IIMA FOR ZERO TOLERANCE - VIOLENCE AGAINST DOCTOR - 15-02-2020



'We are not Gods' to save docs from violence

TIMES NEWS NETWORK

Ahmedabad: An internal survey carried out by the Indian Medical Association (IMA) in 2017 revealed that one in three doctors under survey had reported facing some sort of violence in their career. "Nobody has authentic statistics as the definition of violence is also broad. But we are now pushing for the stringent norms to stop it," said Dr R V Asokan, secretary general of IMA.

Dr Asokan was one of the speakers at IIM Ahmedabad (IIM-A) on Saturday at an event to launch a short film 'We are not Gods.' The short film, made in association of a city-based hospital and IIM-A, is based on a true story and highlights issues inclu-



The short film aims to create awareness about the violence faced by doctors

ding doctor-patient relationship, importance of right communication and expectations of the relatives.

Dr Rajesh Chandwani, chair of Centre for Management of Health Services at

IIM-A, said that the film is aimed at creating awareness about the violence faced by the doctors that not only affects morale of the professionals but also creates trust issues. "The film has been submitted to IMA and it would soon be made public," he said.

When questioned whether IMA would also pay heed to the genuine complaints in cases against the doctors, Dr Asokan said that all have duty to prevent unfortunate incidents and surely they would think about it. "We have already pushed the law to prevent violence with the central government and are hopeful of positive outcome," he said. Panel experts raised issues such as commercialization of doctor-patient relationship and general intolerance in the society.

LADIES CLUB PROGRAMME



LADIES CLUB PROGRAMME



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AHMEDABAD MEDICAL ASSOCIATION - SPORTS DAY - 29-02-2020 & 01-03-2020

Dear Members,

Our life is full of stress and hectic schedule of our practice and we hardly get time to play our games which were our passion in our younger days. So, after few excellent entertaining programs let us all get together and run a little and also play indoor games. So friends, let us all celebrate 'AHMEDABAD MEDICAL ASSOCIATION - SPORTS DAY'. It will be an event in which all our family can also participate. It is said with exercise Endorphins - happy hormones- secrete in our body and it brings happiness and reduces stress. So do not miss this wonderful event and participate actively and make it a grand success. The different sport events will be as follows. :-

INDOOR SPORTS EVENT :- 1) TABLE TENNIS 2) CAROM

Date : 29-02-2020, Saturday **Time :** 2.30 pm to 6.30 pm

Venue : AMA Hall, Ashram Road, Ahd.

OUT DOOR SPORTS EVENTS :-

Track Events :-

- | | |
|----------------------------------|----------------------------------|
| 1. 100 mts. Run | 5. Lemon-Spoon Race - (Fun Race) |
| 2. 200 mts. | 6. Slow Cycle - 100 mts. |
| 3. 400 mts. Relay race - 100 x 4 | 7. Long Jump |
| 4. Sack Race - (Fun Race) | 8. Shot put |

INDOOR SPORTS EVENTS :- Badminton

AGE GROUPS :-

- | | |
|----------------|----------------|
| - 5 to 9 yrs | - 26 to 35 yrs |
| - 10 to 16 yrs | - 36 to 50 yrs |
| - 17 to 25 yrs | - 50 yrs above |

Date : 01-03-2020, SUNDAY

Time : 8.00 AM Onwards

Venue : Gujarat Vidyapith, Ashram Road

Please register at AMA Office 079-26588775
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Dr. Mona P. Desai
President, AMA

Dr. Dhiren R. Mehta
Hon. Secretary, AMA

INTERNATIONAL WOMEN'S DAY CELEBRATION - 8/03/20

Ahmedabad Medical Association, Woman Doctors Wing and Ladies Club of AMA celebrates 8th March – Sunday - International Women's Day. This day brings us special joy and its time to celebrate. Women now play a vital and responsible role in the upliftment of family and society at large. Hence their challenges are unique. We wish to galvanise women to contribute more on these fronts as well as celebrate their success.

We have organized a wonderful event full of interesting talks and entertainment. The details are :-

- 1) 'Prescription to Fitness'
Speaker :- Dr. Jyotindra Pandit M.S.(Ortho)
- 2) 'Age Gracefully'
Speaker :- Ms. Bina Ashar (Mumbai) –Fitness Expert and Nutritionalist
- 3) 'Grooming' and 'quick' Make up
Speaker :- Mrs. Khushbu Sejpal- Peach Glow –the Beauty Studio
- 4) Organ Donation Awareness
⇒ Two short films
⇒ Organ Donation Awareness talk by **Dr. Mona Desai**
⇒ Skit of Organ Donation Awareness
- 5) Two Dances – performed by **Medical Students**
So, don't you think ladies it is 'DO NOT MISS' Event .

Date :- Sunday -8th March-2020

Time :- 10 :00 am to 1:00pm

Venue :- AMA Hall, Ashram Road, Ahmedabad

Reg. :- Rs. 50/- per person

Program will be followed by LUNCH.

Dr. Mona P. Desai
President, AMA

Dr. Dhiren R. Mehta
Hon. Secretary, AMA



CONGRATULATION

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rfLkkhu"

Dr. NAVINCHANDRA S. MEHTA has attended the 73rd

WE WELCOME FOLLOWING NEW LIFE MEMBERS

| | | |
|------|----|-------------------------------------|
| 9937 | L | DR. PATEL ARJAV RAJENDRA |
| 9938 | L | DR. SHAH URVI HIMANSHUBHAI |
| 9939 | L | DR. CHAUDHARI HARDIK KHUMJIBHAI |
| 9940 | Lc | DR. SHAH HENIL PARESHBHAI |
| 9941 | Lc | DR. SHAH DHWANI HENIL |
| 9942 | L | DR. DALWADI HARSH MADHUKAR |
| 9943 | L | DR. PATEL RAVI MANUBHAI |
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| 9945 | L | DR. GARG POONAM NIKHIL |
| 9946 | L | DR. DAVE RUCHA TARUNKUMAR |
| 9947 | L | DR. BHANSALI SURESHCHANDRA KIRTILAL |



AMACON-2020 – ‘THE ALCHEMY OF HEALTH’ (Setting Newer Trends) - 29-03-2020

Ahmedabad Medical Association is organizing its Annual Conference on Sunday- 29th March-2020 at Ahmedabad Management Association, ATIRA. This will be a conference with a difference. NO ACADEMIC SESSIONS. But you all will learn a lot about how to live your life and how to progress in life from this one day conference.

The highlights and attraction of this conference are its Speakers. Let us give a glimpse of them and their topics:

- 1) **Shri Bhagyesh Jha** – IAS

Topic :- Morpinch rang- Jindagi

- 2) **Dr. Deepak Agrawal** - MS, MCh, Professor, Neurosurgery & Gamma Knife – AIIMS – New Delhi

(He is the Inventor of MOBILE VENTILATOR- A great revolution for our Medical Fraternity)

Topic :- ‘Innovations in Indian Healthcare : AgVA ventilator

- 3) **Mr. Kishor Shah** (Goa) –Director ideaz Limited

Topic :- Growth - Outstand – Accelerate

- 4) **Dr. Raeesh Maniar** (Surat) – Poet , Expert in ‘fun’ literature

Topic :- ‘Laughter Clinic’

- 5) **Dr. Pradeep Joshi** (Bhavnagar)

Topic :- ‘Doctor no Daiyro’

- 6) **Dr. Parag Rughani** - (Gandhinagar) – Associate Professor in Gujarat Forensic Science University

Topic :- Cyber Safety

- 7) **Dr. Himanshu Patel** – Professor and Head of Nephrology and Transplant Medicine- IKDRS and ITS

Topic :- Organ Donation Awareness and Organ Transplants.

So from the above deliberations you can imagine the quality of this Conference. We guarantee you a day full of relaxation and fun and also you will get so many tips to augment your career.

So do not miss and register as early as possible as only 600 delegates will be entertained.

Delegate Registration Charges :- Rs.500/-

Spouse Registration Charges :- Rs.500/-

Register at AMA Office between 2:00pm to 6:00pm.

No Telephonic Registrations entertained

***Conference Gift will only be given to those who attend, at the Venue ONLY. No Proxy**

Dr. Mona P. Desai

President, AMA

Dr. Dhiren R. Mehta

Hon. Secretary, AMA

REPORT OF 71ST REPUBLIC DAY - 26/01/2020

Ahmedabad Medical Association celebrated 71st Republic Day, as is the custom, with full patriotic spirit. Hon. Secretary Dr. Dhiren Mehta first welcomed the crowd and then invited AMA-President - Dr. Mona Desai to do the National Flag Hoisting. After the flag hoisting by Dr. Mona Desai everyone Saluted the unfurled National Flag and sang the National Anthem . President Dr. Mona Desai , then addressed the members and spoke about importance of Republic Day and asked each one to have national spirit and appreciate good things of our nation instead of cursing the negative things. She said -"It is better to light a candle instead of cursing the darkness"- After her address-'Vandemataram' was sung and then all proceeded for breakfast and Tea/Coffee.

It was a wonderful celebration with record breaking presence.

REPORT OF SEMINAR ON 'CYBER SAFETY ' AND 'BE SMART WITH YOUR SMART PHONE'

This seminar was organised on 26/01/2020- Sunday at AMA Hall. The topic was selected as this awareness about Smart phone operations and Cyber Safety is the need of this hour.

The Programme started with welcome address by President-AMA - Dr. Mona Desai and then the moderator of the Program - Dr. Pragnesh Vachhrajani was invited on

stage to conduct the rest of the seminar. Dr. Pragnesh in his speech pressed on importance of Cyber Safety and Smart Phone different applications to make our life easy and to enhance our practice.

The first speaker -Dr. Yatin Mehta was introduced by Dr. Mitesh Patel.

Dr. Yatin Mehta very interestingly talked about different 'Apps' in our Smart Phone which can help us in our day to day practice plus also help in differential diagnosis of a disease and also in investigating it. In short we can make 'SMART' use of our phone to enhance our practice and also to make our lives easy.

The second speaker was - Dr. Amit Shah. He was introduced by Dr. Kalpita Dave. He talked about Dos and Don'ts of internet and gave information about different 'sites' for different uses in our day to day routine.

The third Speaker was -Dr. Parag Rughani - and he was introduced by Dr. Nisarg Dharaiya.

He talked about Cyber safety- what steps to be taken, what to be done if your account is hacked, the right way of selecting password and also Dos and Don'ts about FaceBook, Twitter and such different social media sites.

In the end Dr. Pragnesh Vacchrajani moderated a Panel discussion with all three speakers.

They were all given Memento and also our Moderator was thanked by a Memento. It was a very well attended , useful and interesting Seminar which ended by lip smacking Lunch.

**PROFESSIONAL PROTECTION SCHEME; G.S.B. I.M.A.**

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(Reported by Dr. Bipin M. Patel, Managing Director, P.P.S.)

Sub. : Renewal Notice : 2020-2021

The Office has received back the Renewal Notices of the following members with postal remarks as 'left' or 'Not Known'. The concerned members are requested to notify immediately change of their addresses to the P.P.S. Office.

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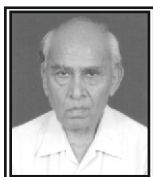
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OBITUARY

**We send our sympathy & condolence to the bereaved family.
May his/her soul rest in eternal peace.**



DR. HARSHADBHAI T. VORA

Date of Birth : 24-05-1939

Date of Death : 05-01-2020



DR. MUKULBHAI A. JOSHI

Date of Birth : 17-12-1962

Date of Death : 13-02-2020

BREAST CANCER-DIAGNOSIS AND TREATMENT

Breast cancer is the highest occurring cancer in women. The incidence of Breast cancer in India, Gujarat and Ahmedabad is increasing by leaps and bounds and the age of occurrence is decreasing. Younger women are diagnosed with cancer as early as in their 20s and 30s !

But the good thing is that Breast cancer is curable if detected at an early stage. So the key to cure is **EARLY DETECTION !**

Aetiology :

The exact cause of Breast cancer is not known but there are risk factors which are thought to increase the risk.

1. Early Menarche, Late menopause
2. Nulliparous women
3. Not breast fed the child
4. Family/Genetic history of Breast cancer
5. Taking hormones(Oestrogens)
6. History of Breast cancer in opposite breast

But probably in the Indian scenario some different factors play a role as most of the women do not have a family history or they have borne children and breast fed them. We do not know if the environmental factors, Diet or the stress of the modern day woman play a role in the increased incidence.

SYMPTOMS and SIGNS :

Usually there is a painless lump in the breast and/or axilla. Pain occurs in the benign cystic and inflammatory disease, rarely in cancer.

A bloody nipple discharge is usually from a papilloma but could be an early sign of carcinoma. Retraction of nipple, orange

peel like appearance of the skin, ulceration, redness are signs of advanced carcinoma.

DIAGNOSIS :

TRIPLE ASSESSMENT is done for diagnosis.

1. Clinical assessment by a Breast Surgeon
2. Radiology-Mammography &/Ultrasonography
3. Pathology - Core biopsy of the lesion
- Nipple discharge cytology

(FNAC is no longer used for establishing a diagnosis of Breast cancer)

* BREAST SELF EXAMINATION remains the main stay of early diagnosis and it begins as early as at the age of 20 years.

It should be done every month 3-4 days after completion of menstruation and any one day for the women who are menopausal or have undergone Hysterectomy.

TREATMENT

The treatment plan is decided as per the staging of the tumor.

In early and operable stages-usually Stage I,II and early III surgery is the first line of choice.

Surgery is usually of two types -

1. **Breast Conservation Surgery (BCS)**

Wide excision of the lump with clear margins

(margins can be confirmed with frozen section biopsy)

Axillary- sentinel lymph node biopsy in node negative disease on radiology or complete axillary clearance if the sentinel lymph node is positive.

Preserving the nodes reduces the cases of Lymphoedema, which is a common side effect of Axillary clearance.

2. **Modified Radical Mastectomy (MRM)** with or without reconstruction

Complete removal of the breast and axillary lymph nodes

In locally advanced disease, which means that the disease is only in the breast or axilla, but not metastasized to other distant areas, we can give **Chemotherapy** before surgery- Neoadjuvant Chemotherapy- to downstage the disease and make it operable.

In Stage IV disease we give palliative treatment.

The newer chemotherapeutic agents give very good results with fewer side effects.

Radiation is advised where we go for Breast Conservation Surgery or in cases of Mastectomy, where there is extensive axillary nodal disease or the size of the tumor is large.

PROTOCOL FOR SCREENING :

- Self Breast examination every month starting from the age of 20 years(to know your normal)

-Clinical check up by a Breast Surgeon

Every year after 30-35 years

-Mammography and sonography

* Baseline- between 35-40

* Every 2 years- after 40 years

* Every year- after 50 years

These may be done at an earlier age if you have a positive family history of Breast Cancer or if you are BRCA positive(the gene responsible for hereditary breast cancer).

BY:-

Dr. Shefali Desai

Breast Surgeon

Breast Care Clinic,

Samved Hospital, Ahmedabad



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Understanding Corona Virus

We are not just fighting an epidemic;
we are fighting an infodemic.

This is a time for facts, not for fear.
This is a time for rationality, not for rumors.
This is a time for solidarity, not for stigma.

Background :

An outbreak of pneumonia of unknown etiology in Wuhan City was initially reported to World Health Organisation (WHO) on December 31, 2019. A novel coronavirus was confirmed as the cause of the outbreak. Reportedly, most patients had epidemiological links to a large seafood and animal market which was closed on January 1, 2020. World health Organisation (WHO) declared a global health emergency over a new coronavirus that has killed at 1,700+ people following an outbreak in the central Chinese city of Wuhan. Nearly 68,500 cases of infection have been reported across China, most of them in Hubei province, of which Wuhan is the capital.

Virology :

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV)..

The name coronavirus comes from the Latin word corona, meaning "crown or halo". Under an electron microscope, the image of the virus looks like a solar corona.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet

infected humans.

A new virus called the 2019 novel coronavirus (2019-nCoV) has been identified as the cause of a disease outbreak that began in China. The Coronavirus Study Group of the International Committee on Taxonomy of Viruses has proposed that this virus be designated severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This is a new strain that had not been previously identified in humans. Little is known about it, although human-to-human transmission has been confirmed. The disease is called COVID-19. (Figure 1 and 2)

There is not much known about this new virus yet. **From past experiences with other corona viruses, it is presumed, but not proven that the virus will not survive the hot environment.**

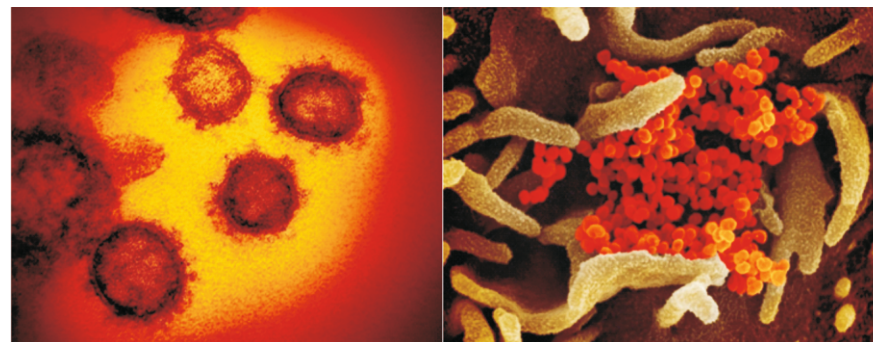


Figure 1 image shows SARS-CoV-2 – also known as 2019-nCoV – the virus that causes COVID-19 **Figure 2 shows SARS-CoV-2 isolated from a patient in the U.S.**

Who can catch infection?

People living or travelling in an area where the 2019-nCoV virus is circulating may be at risk of infection. At present, 2019-nCoV is circulating in China where the vast majority of people infected have been reported. Those infected from other countries are among people who have recently traveled from China or who have been living or working closely with those travellers, such as family members, co-workers or medical professionals caring for a patient before they knew the patient was infected with 2019-

nCoV. Health workers caring for persons who are sick with 2019-nCoV are at higher risk

People of all ages can be infected by the new coronavirus (2019-nCoV). Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.

Transmission :

Current estimates of the incubation period range from 1-12.5 days with median estimates of 5-6 days. These estimates will be refined as more data become available. Based on information from other coronavirus diseases, such as MERS and SARS, the incubation period of 2019-nCoV could be up to 14 days. WHO recommends that the follow-up of contacts of confirmed cases is 14 days.

The animal source of the 2019-nCoV has not yet been identified. It's likely that an animal source from a live animal market in China was responsible for some of the first reported human infections. The disease is not likely to transmit from pet animals.

The new coronavirus is a respiratory virus which spreads primarily through contact with an infected person through respiratory droplets generated when a person, for example, coughs or sneezes, or through droplets of saliva or discharge from the nose. The question of whether asymptomatic individuals with COVID-19 or individuals in the incubation period can transmit the virus to others remains controversial.

Clinical features :

As with other respiratory illnesses, infection with 2019-nCoV can cause mild symptoms including **a runny nose, sore throat, cough, and fever. It can be more severe for some persons and can lead to pneumonia or breathing difficulties. More rarely, the disease can be fatal.**

SARI : Severe acute respiratory infection with Corona Virus is defined as An ARI with history of fever or measured temperature \geq

38 C° and cough; onset within the last ~10 days; and requiring hospitalization. However, the absence of fever does NOT exclude viral infection.

WHO analysis of currently available data showed 82 percent of cases appear to be mild, about 15 percent progress to severe and 3 percent are critical.

In a study describing 138 patients with COVID-19 pneumonia in Wuhan, the median age was 56 years (interquartile range 42 to 68 years). Nearly all (99 percent) reported fever, 59 percent had a dry cough, and 35 percent had myalgias. Dyspnea developed in 31 percent after a median of five days of illness.

Mortality :

With more than 1,700 recorded deaths, the number of fatalities from this new coronavirus has surpassed the toll of the 2002-2003 SARS outbreak, which also originated in China.

SARS killed around 9 percent of those it infected - nearly 800 people worldwide and more than 300 in China alone. MERS, which did not spread as widely, was more deadly, killing one-third of those it infected.

While the new coronavirus is more widespread in China than SARS in terms of case numbers, the mortality rate remains considerably lower at **approximately 2 percent**, according to WHO.

Acute respiratory distress syndrome developed in 20 percent, and mechanical ventilation was implemented in 12.3 percent; 6 patients died; those who died had higher D-dimer levels and more severe lymphopenia than survivors. Similar clinical features have been described in other smaller cohorts of patients from Wuhan with confirmed COVID-19

Diagnosis :

Patients with fever and/or cough and with conspicuous ground glass opacity lesions in the peripheral and posterior lungs on CT images combined with normal or decreased white blood

cells and a history of epidemic exposure are highly suspected of 2019-nCoV pneumonia, of course those having a history of exposure.

Laboratory abnormalities include lymphopenia and elevated aminotransferase levels. On admission, most patients have had normal serum procalcitonin levels. Parenchymal lung abnormalities on computed tomography of the chest, including bilateral patchy shadows or ground-glass opacities are quite common.

The CDC clinical criteria for evaluation of a 2019-nCoV patient under investigation (PUI)

- 1) Fever AND symptoms of lower respiratory illness (e.g., cough, shortness of breath)
 - and in the last 14 days before symptom onset,
 - History of travel from Wuhan City, China -or- Close contact with a person who is under investigation for 2019-nCoV while that person was ill.
- 2) Fever OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)
 - and in the last 14 days before symptom onset,
 - Close contact with an ill laboratory-confirmed 2019-nCoV patient.

CDC has developed a new laboratory test kit for use in testing patient specimens for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19. The test kit is called the “Centers for Disease Control and Prevention (CDC) 2019-Novel Coronavirus (2019-nCoV) Real-Time Reverse Transcriptase (RT)-PCR Diagnostic Panel.”

Collection of specimens :

Collect specimens from BOTH the upper respiratory tract (URT; nasopharyngeal and oropharyngeal) AND lower respiratory tract (LRT; expectorated sputum, endotracheal aspirate, or

bronchoalveolar lavage) for 2019-nCoV testing by RT-PCR.

Clinicians may elect to collect only LRT samples when these are readily available (for example, in mechanically ventilated patients). Serology for diagnostic purposes is recommended only when RT-PCR is not available.

Collect blood cultures for bacteria that cause pneumonia and sepsis, ideally before antimicrobial therapy. DO NOT delay antimicrobial therapy to collect blood cultures.

Dual infections with other respiratory viral infections have been found in SARS and MERS cases. At this stage we need detailed microbiologic studies in all suspected cases. Both URT and LRT specimens can be tested for other respiratory viruses, such as influenza A and B (including zoonotic influenza A), respiratory syncytial virus, parainfluenza viruses, rhinoviruses, adenoviruses, enteroviruses (e.g. EVD68), human metapneumovirus, and endemic human coronaviruses (i.e. HKU1, OC43, NL63, and 229E). LRT specimens can also be tested for bacterial pathogens, including *Legionella pneumophila*

In hospitalized patients with confirmed 2019-nCoV infection, repeat URT and LRT samples should be collected to demonstrate viral clearance. The frequency of specimen collection will depend on local circumstances but should be at least every 2 to 4 days until there are two consecutive negative results (both URT and LRT samples if both are collected) in a clinically recovered patient at least 24 hours apart. If local infection control practice requires two negative results before removal of droplet precautions, specimens may be collected as often as daily

Treatment :

Immediate isolation remains the first and foremost step in management.

Specific anti-Novel-CoV treatments and clinical research

Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV. No vaccine or specific

treatment for 2019-nCoV infection is available; care is supportive. However, those infected with 2019-nCoV should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation and will be tested through clinical trials. There is no current evidence from RCTs to recommend any specific anti-nCoV treatment for patients with suspected or confirmed 2019-nCoV infection.

Unlicensed treatments should be administered only in the context of ethically-approved clinical trials or the Monitored Emergency Use of Unregistered Interventions Framework (MEURI), with strict monitoring.

The WHO and CDC recommend **glucocorticoids not be used in patients with COVID-19 pneumonia** unless there are other indications (eg, exacerbation of chronic obstructive pulmonary disease). Glucocorticoids have been associated with an increased risk for mortality in patients with influenza and delayed viral clearance in patients with Middle East respiratory syndrome coronavirus (MERS-CoV) infection

Management of hypoxemic respiratory failure and ARDS in Hospitalised patients :

- Give supplemental oxygen therapy immediately to patients with SARI and respiratory distress, hypoxaemia, or shock.
- Use conservative fluid management in patients with SARI when there is no evidence of shock.
- Give empiric antimicrobials to treat all likely pathogens causing SARI. Give antimicrobials within one hour of initial patient assessment for patients with sepsis
- Do not routinely give systemic corticosteroids for treatment of viral pneumonia or ARDS outside of clinical trials unless they are indicated for another reason.
- Closely monitor patients with SARI for signs of clinical deterioration, such as rapidly progressive respiratory failure

and sepsis, and apply supportive care interventions immediately

- Understand the patient's co-morbid condition(s) to tailor the management of critical illness and appreciate the prognosis. Communicate early with patient and family
- High-flow nasal oxygen (HFNO) or non-invasive ventilation (NIV) should only be used in selected patients with hypoxemic respiratory failure. The risk of treatment failure is high in patients with MERS treated with NIV, and patients treated with either HFNO or NIV should be closely monitored for clinical deterioration
- Recent publications suggest that newer HFNO and NIV systems with good interface fitting do not create widespread dispersion of exhaled air and therefore should be associated with low risk of airborne transmission
- In patients with moderate or severe ARDS, higher PEEP instead of lower PEEP is suggested.

The following measures ARE NOT specifically recommended as 2019-nCoV remedies as they are not effective to protect yourself and can be even harmful :

| | |
|--|---|
| Taking vitamin C | Smoking |
| Drinking tradition herbal teas | wearing multiple masks to maximize protection |
| Taking self-medication such as antibiotics | |
| Seeking early medical care with presumptive flu symptoms seems to be the key to better results | |

Infection prevention and control (IPC)

WHO and CDC recommend following the standard precautions for avoiding respiratory viruses :

Wash of hands often with soap and water, or use of an alcohol-based hand sanitizer.

Covering mouth and nose with elbow or tissue when coughing or sneezing.

Avoid touching eyes, nose and mouth if your hands aren't clean.

Avoid close contact with anyone who is sick.

Avoid sharing dishes, glasses, bedding and other household items if you're sick.

Clean and disinfect surfaces you often touch.

Stay home from work, school and public areas if you're sick.

Avoid eating raw or undercooked meat or animal organs.

Avoid contact with live animals and surfaces they may have touched if you're visiting live markets in areas that have recently had new coronavirus cases.

Maintain at least 1 metre (3 feet) distance between yourself and other people, particularly those who are coughing, sneezing and have a fever.

Wearing a medical mask can help limit the spread of some respiratory disease. However, using a mask alone is not guaranteed to stop infections and should be combined with other prevention measures WHO advises on rational use of medical masks thus avoiding unnecessary wastage of precious resources and potential misuse of masks. This means using masks only if you have respiratory symptoms (coughing or sneezing), have suspected 2019-nCoV infection with mild symptoms or are caring for someone with suspected 2019-nCoV infection. A suspected 2019-nCoV infection is linked to travel in an area in China where 2019-nCoV has been reported, or close contact with someone who has traveled from China and has respiratory symptoms.

Compiled by :-

Dr. Urman Dhruv

**Director, Department of Internal medicine & Diabetes,
HCG Hospitals, Ahmedabad**

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"Women are the real architects of society"

- Cher

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| Emergency - Medical, | |
| police, Fire | 108 |
| Police | 100 |
| Fire | 101 |
| Ambulance | 102 |

POLICE

| | |
|------------------------------|----------|
| Police Control Room | 25630100 |
| Police Commissioner | 25633636 |
| P.R.O. To Commissioner | 25633333 |
| Navrangpura | 26563711 |
| Saherkotda | 22111632 |

POLICE STATIONS

| | |
|---------------------------|----------|
| Amraiwadi | 22770280 |
| Khadia | 22142828 |
| Bapunagar | 22700585 |
| Danilimda | 25320153 |
| Dariapur | 22160906 |
| Ellisbridge | 26578202 |
| Ghatlodia | 27489127 |
| Gomtipur | 22941921 |
| Haveli | 25392647 |
| Kagdapith | 25454446 |
| Kalupur | 22167530 |
| Karanj | 25507580 |
| Madhavpura | 25632100 |
| Maninagar | 25460089 |
| Meghaninagar | 22681555 |
| Naranpura | 27472043 |
| Naroda | 22821480 |
| Navrangpura | 26440698 |
| Odhav | 22871091 |
| Rakhial | 22743609 |
| Sabarmati | 27517887 |
| Saherkotda | 22927072 |
| Sardarnagar | 22864345 |
| Satellite | 26860333 |
| Shahibaug | 22868025 |
| Shahpur | 25600545 |
| Sola Police Station | 27664590 |
| Vatva | 25710074 |

| | |
|------------------------------|----------|
| Vatva G1DC | 25830004 |
| Vejalpur | 26810614 |
| Women's Police Station | 25507967 |

FIRE STATIONS

| | |
|-----------------------------|----------|
| Gomtipur | 22776996 |
| Jamalpur | 25397959 |
| Jashodanagar | 32981439 |
| Manianagar | 25470221 |
| Naroda | 22200715 |
| Odhav | 22875434 |
| Panchkuva | 22120388 |
| Sabarmati | 27507302 |
| Chief Fire Officer HQ | 22148466 |

TELEPHONE SERVICES

| | |
|--|----------------------|
| General Inquiry | 197 |
| Morning Alarm | 116 + Time |
| Fault Repair | Exchange Code + 2198 |
| BSNL Customer Service Centre (Land Line) | 1500 |
| BSNL Customer Service Centre (Mobile) | 9426024365 |
| BSNL Phonogram / (India/International) | 1585 |
| BSNL Trunk Booking | 1580 |
| BSNL Trunk Booking International | 1586 |
| BSNL - Railwypura | 22124660 |
| Air Tel - Ashram Road | 40072668/ |
| | 9898954321 |
| Hutch Ltd. - Navrangpura | 9825098250 |
| Idea Cellular Ltd. - Stadium | 9824012345 |
| Reliance Infocomm Ltd | 30337777 |
| Tata Teleservices Ltd - Ellisbridge | 92270001 21 |