



Monthly Newsletter on Psychiatry for Doctors & Medical Students
Volume 10 Issue 9 March 2020

GUEST EDITORIAL
A TALE TO REMEMBER

"It Was the Best of Times, It was the Worst of Times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair."

These are the opening lines of the very widely read and appreciated book that talked about the French Revolution, by Charles Dickens, 'A Tale of Two Cities'. These lines almost depict the current times, in more ways than one! Just a while ago, the world at large was at its peak of development, say the men of finance, and this was probably the best time ever, to be alive. In a span of a few weeks, history repeated itself, and the world re-enacted a pandemic that had occurred a hundred years ago, the Spanish Flu. Discussions about world financial growth were replaced with other, currently more relevant questions requiring immediate attention: should we close schools, should all offices be closed, should people be asked to work from home, how should those who survive on earnings from daily wages be managed, should we have a lock down, and for how long??? COVID 19 was proving to be a mirror image of the Spanish Flu, a pandemic that had claimed 50 million lives.

With the governments taking quick decisions, the world has come to a standstill. Children have stayed home, away from schools, away from exams. Offices have been closed, and those who can, have begun to work from home. Those who cannot, either have braved going to work, or have had to face the prospect of a job loss. Daily wage labourers are leaving cities, turning away from their 'greener pastures', returning home to possible unemployment and poverty. Psychological impact of these changes would ultimately be immense.

In the face of the above changes, the medical profession is being called upon to brave the onslaught of the virus labelled COVID 19, in a stoic manner. Doctors from all specialties have been roped in, and will be roped in, to deal with this monstrous infection. Initially, there was a call to shut all clinics and outpatient work, and deal with only emergencies. Fearing the over whelming response at designated COVID centres, they have been again asked to open the clinics and deal with cases as a first point of contact. Entire hospitals have been designated for the quarantine and care of the possibly infected and the infected.

(Cont'd on Page 2)

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GUEST EDITORIAL

The frontline doctors, who have had to deal with the actively symptomatic cases, or critically ill patients, have begun their work as any soldier would. All of life has changed for them!

On the other hand, the routine of the students of medicine has been totally disrupted. Classes have been called off, hostels shut down, and many have had to return to their hometowns. Examinations and the like are not even a consideration. All else has to wait. We then ask ourselves the question, how much and for how long. Nobody but nobody has the answers. Are we going to maintain a status quo, or do unprecedented times call for unprecedented changes?

All of us in the medical profession must rally around and make major contributions towards handling the pandemic. It calls for a huge change in our mind set, to step out of streamlined lives and give off our best as physicians. We must understand that we can all contribute to treating those affected directly or indirectly. Telemedicine is becoming more of a reality, and we must become comfortable with treating patients and prescribing medication as and when possible through this medium.

As teachers, it is equally important that we keep the lives of our students going in a goal directed fashion. We need to consider online platforms for teaching our students, covering the respective subjects as best we can. We need to devise a system that can evaluate their understanding and knowledge at the end of each class or at the end of a set of classes. Teachers and institutions must adapt themselves to prepare and provide for the same. A system of coordination must be put in place as far as teachers are concerned so that meaningful synchrony of subjects can occur. All teachers must put their heads together to devise a mechanism for teaching and evaluating clinical knowledge as well, so that their course work does not come to a standstill.

As we are totally unaware of the timeline to any form of normalcy, we need to act fast, act together, and do our best.

“Do the best you can until you know better. Then when you know better, do better”.

**Dr. Lakshmi Pandit,
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Perspective of a medical student on COVID 19

When Corona gave us all a vacation
Or, so we thought at first....

It has been 15 days since our classes have been called off due to the spread of the COVID-19. Over the past two months we had been hearing a lot about the situation and lockdown in China and other countries, but we never thought that we would ever be in a situation like this.

The minute the first case in India got confirmed, we started getting calls from our families, asking us as medical students what precautions we were taking as we attend OPDs and interact with patients on the wards. We tried to allay their fear by saying that it is less likely to affect us and that it will be contained, just as any other disease. We started to take it seriously only when the numbers started increasing in India and all over the world. Exams were called off for schools, but we thought that since we were in the medical field, we would not get an off.

I was almost about to leave for my class on Saturday morning when I heard a group of my classmates talking excitedly. Our classes were called off for a week and the management asked us to restrict social gatherings and travelling. I was slightly disappointed with the holidays.

My mind was filled with questions

- Why can't we, as medical students, go ahead with our classes and clinical postings?
- Our seniors who are interns have been asked to continue with their postings. How are we different?
- What about our Pediatrics posting? Will we ever have a re-posting for what we've missed?
- How will we continue practicing for the Inter Class Cultural competitions which will happen in 10 days?
- How will we prepare for our Pharmacology group seminar? Are we really such a burden to this place?

A minute later I started thinking again, but this time:

- Maybe it's for the best. It will put an end to all the worries of our families.
- Maybe we aren't trained to handle a situation like this.
- If we keep walking around the hospital, there is a higher chance of us catching the virus and spreading it to patients and staff.
- We will use up all the hospital resources like masks and sanitizers.



Perspective of a medical student on COVID 19



The time at Home:

The initial days at home gave us a good break from our college lectures and hostel food. It was the first time that my entire family was staying inside doors for one full week.



- It gave many of us time to go back to our hobbies like singing, dancing and reading a book Some of us tried out new things like baking and gardening. Suddenly we had so much time!
- Movies and TV shows were being shared in the Whatsapp groups; people were coming up with all sorts of challenges on Instagram.
- This was a good time to catch up with all our studies, pending records and assignments.

- Slowly our conversations with classmates started drifting away from patients and academics to what we ate and how much we slept.
- While it all seemed like a very pleasant vacation for the first three days, the situation was worsening everywhere, and we could do nothing about it except read the information circulated. But somewhere inside us, we felt guilty that we can do better than just sitting here.

When it got extended

All my questions came back to me again. But this time we were going to do better with the time we had.

- There were many volunteering groups being formed on social media to create awareness about the situation with the right source of information, many of us readily joined them to help, in whatever way we could.
- The Health awareness club of our college decided to open up a quiz for all, to bust all the myths that have been going around about the disease and people were more than ready in helping with the questionnaire.



- People started sending links to some useful online courses that we could take
- PDFs of "All the Kannada you need to know as a medical student" were shared
- The college decided to use the online platform to share lecture slides which we had to read, and we would be assessed with an MCQ test. It involved a lot of self-study and I liked the way my learning was assessed at the end.

Looking ahead:

Teaching, especially in the medical field is not just about theoretical knowledge, it is also experiential and observational.

Perspective of a medical student on COVID 19

- We learn a lot by watching our doctors and interacting with our patients.
- Learning through photos of how the pathology slide should look or reading through the steps of how to stain a slide in Microbiology, is not fun! It is better done in the labs



The biggest disadvantage of all of this is not having your friends with you.

- Loneliness creeps in when you have to try to figure out the answer to your doubt on your own.
- There is no one to be confused with, there is no one to laugh with, when you finally figure out how simple the answer was.
- While you can always text them or do a video call, it's a totally different thing when you go through the learning process with them. It gives you confidence and motivation to do a lot better.
- There is very little scope for team-based learning.

This unexpected vacation shows no sign of coming to an end and we have had enough of it already!
Maybe we can still stay connected while we maintain social distancing.

All the medical students across the country can form a larger task force and come up with innovative ideas on how to deal with the pandemic. Or some of us medical students could undergo brief rapid sessions of clinical education and start our own telemedicine help line to answer basic questions and ally myths regarding the disease. We could also prepare patient education materials.

If the crisis worsens, the functioning workforce in the hospital is going to be depleted and under such circumstances can the final year MBBS students be fast tracked to minimal clinical work? Maybe even other interested medical students can also help with administrative work in the hospital.

Maybe in the next decade, if we encounter a situation like this, we will have to take the role that our doctors are taking up now. **But will we be able to deal with it better if we watch this as a bystander in the hospital or stay back here?**

Tanvi Deshpande,
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We are in the midst of an unprecedented phase in the history of medical education: lecture classes and clinical postings cancelled, exams postponed and undergraduate students asked to be at home. There is uncertainty over when things are going to return to earlier routines. Under the circumstances it is suggested that the medical students could adopt the following strategies:



1. Stay safe and healthy first

- a. Following standard protocol of social distancing- washing hands even at home is for everyone and don't consider this as exceptional for yourself.
- b. Know and access right information from authentic sources such as World Health Organization, Ministry of health and family welfare etc.
- c. Spread awareness about pandemic to near and dear ones in simple language. Never forward fears.
- d. Your body and mind require- exercise at least 30 minutes a day, hobbies are important - take it up. Healthy food and sleep hygiene are also need of the hour.



2. Reflect upon things happening around and have broader perspective of life

- a. Learn to be humble- Medicine as a science is still evolving- there are millions of things we don't know- being humble is the first & foremost thing to learn
- b. Learn to respect nature- you are part of it, medical profession is facilitator of healing process inherent in the human beings and "recovery" in all its interpretations -is inherent in nature.
- c. You are human, you will have your strengths and vulnerabilities, it is ok to talk about your fears. Taking help is a sign of immense strength
- d. Be compassionate about fellow human beings and help to an extent feasible. Resilience develops by facing the adversities, being hopeful, having presence of mind and adapting to the changes.



3. Be prepared to act upon if needed in an emergency

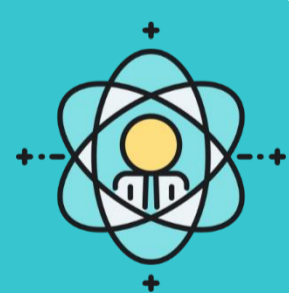
- a. Accept risks of being in the medical profession, just as those privileges which you considered when you decided to take up this profession.
- b. Every profession has its own risk and advantages. In pandemic- let your precautions not lead to avoidance because of fears.

- c. This is an opportunity for students to sharpen their axes, and learn important clinical skills, procedures, manoeuvres (including effective triage, mechanical or assisted ventilation procedure, basic and advanced life support etc.), for serving this world to your fullest potential.
- d. Be conversant with protocols and follow the instructions of health care team. Upgrade your skills as the situation demands.
- e. Be under the supervision of a senior and don't hesitate to seek clarifications when needed.



4. Don't flatten the learning curve!

- a. Since resumption of regular classes/ postings is going to take significant time, it is worthy to explore ways to indulge in learning the scheduled topics.
- b. Participate in the digital learning initiatives like webinars or complete the tasks /assignments planned by your staff/institution if any.
- c. Initiate threads of academic discussion in social media platform with small group of like-minded close friends. Even discussing over phone at a fixed time in a day is helpful.
- d. Keep in mind however that the internet can be your friend as well as foe, it's up to you to use it prudently
- e. Keep in touch with faculty for timely updates and mentoring.
- f. Remember 'Your learning is your responsibility'. Plan a schedule to engage yourself and also to finish as far as possible the syllabus content for this period.
- g. Preparing for NEET: You have got some time on your hands which would never have been possible and will probably never happen again. Use it to start familiarizing yourself with the NEET preparation. Download relevant apps, do a few mock tests and connect it with the classes you have had thus far.



5. Self-development is key to success

- a. We all agree that no one is perfect, as we all have so many assets and several areas to work upon. Hence, we should start our task in form of listing our short, intermediate and long-term goals for different domains of life.
- b. We may have areas to improvise like- goal setting, communication skills, time management, emotional regulation, mindfulness, assertiveness, healthy relations, nutritional excellence, physicality, regular relaxation exercise- meditation, pranayama etc., critical thinking, constructive thinking, stress management skill and many more things to learn for better life and service.
- c. Someone has aptly said that 'your competition is with yourself.' If we self-reflect, stay aware about the self, act appropriately and grow to fullest extent then we see the brighter side of ourselves, which will be beneficial for the entire world.



6. A message for teachers and administrators

- a. Depending upon government policies and institutional decisions, steps are undertaken for meeting the curricular needs of the students.
- b. Individual tele-mentoring can be done once there is intact communication provision between staff and students.
- c. Various institutions and medical colleges can come up with state or national level online activities platform to encourage students specially. This could be in the form of creative writing, essay writing, writing research proposal, quiz contest and debates
- d. Organisation like the Indian psychiatry society could take the lead to hold such state and national level online activities for students.
- e. Merely sending modules to students might not be productive on the long term. We need to find ways to have real time dialogues and discussions.
- f. Assessments and examinations also need to happen in an online format.
- g. We need to also create protocols for those students who might not have access to the same technology, internet services or varied acesibility.
- h. Social networking can help to team up students from distant locality to pursue new projects or survey or any other activity mentioned above.

***“The most intense conflicts, if overcome, leave behind a sense of security and calm that is not easily disturbed”
-Carl Jung***

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MITIGATION STRATEGIES

for the challenges in professional and personal life of a Postgraduate student in the times of Corona: A TEACHER'S PERSPECTIVE

In the last few decades, the focus of healthcare systems in several countries had shifted from infectious diseases to non-communicable diseases. Infectious diseases in the form of Coronavirus have staged a pandemic to remind us about the magnitude of impact that they can have. The postgraduate student (PG) is likely to be the front-line responder during such a crisis. This can pose challenges to the personal and professional life of the post graduate student.



PROFESSIONAL CHALLENGES

- **Long work hours** - The student when asked to work in long shifts needs to anticipate the additional work hours and accordingly prioritize the rest of the professional responsibilities.
- **Protecting oneself** - Personal protective equipment (PPE) needs to be worn as per guidelines. Every PG whether engaged in the management of an infective individual or not, needs to be aware of the proper protocol to use PPE. Proper use and disposal of PPE is also important to prevent cross infection to other patients and family members.
- **Adherence to protocols** - It is natural to have a tendency to experiment new techniques and treatments. However, one needs to remember that handling a pandemic is a team effort and a team can optimally function when all the team members adhere to the protocol. Whenever one wishes to try a new technique/treatment it is very important to inform the rest of the team members.
- **Communication and leadership skills** of the PG will become an asset during epidemics. The general public as well as paramedics will look for instructions and decisions from the doctor and the PG may have to take up the role of the leader of the team which includes effective and clear communication.
- **Working outside the comfort zone** – As pandemics put a severe stress on the health systems, all the available resources may be diverted to deal with the pandemic. One needs to be ready to work out of hospitals in the field with minimal resources, in a different specialty depending on the need and possess readiness to adapt to the new situation.
- **Balancing the non-clinical, academic responsibilities** – While the institution may support the clinical responsibilities of the PG, dealing the academic responsibilities may be considered as individual's responsibility. Use of online/virtual resources is an alternate to continue the academic activities. Thesis/dissertation activities like sample collection may get hampered. Hence, one needs to plan accordingly for activities like completion of review of literature/analysis/writing the thesis.

- **Helping patients, caregivers and non-clinical staff** - For some who have not yet been called to work on the frontline this is an unexpected decrease in the usual clinical workload. Utilize this time. Spend enough time in supporting caregivers in your setting. They must be distressed that they are not allowed to go outside the hospital, some of them might not be able to return home for a significant period. Discuss about the patient's illness and challenges associated with the pandemic. Conduct sessions for the security, housekeeping and canteen staff about Covid 19, social distancing and general wellbeing.



CHALLENGES IN MAINTAINING A WORK-LIFE BALANCE

- **Absence of personal time and space** – To prevent the risk of spreading the infection to the loved ones and vulnerable dependents, one may have to shift their accommodation to the hospital on a temporary basis. One may have to share the living space with another health worker. The change in living arrangement may also mean that one may have to forego the personal passions/hobbies till the pandemic is settled.
- **Anxiety of contracting the infection** – The risk of contracting the infection and spreading it to others may overwhelm the individual. Constantly scrutinizing oneself and loved ones for the symptoms, spending considerable amounts of time to collect the information on the topic and potential treatments can worsen the anxiety.
- **Expectations of the family members** - One may find it difficult to meet the expectations of the rest of the family due to the additional professional demands as a result of long work hours and different setups. However, having a clear, honest conversation usually helps alleviate family's concerns, and helps reassure them of their and the PGs safety (be it through phone or video chat, if a physical visit is not possible!)
- **Attitudes of the society** – While the majority of society applauds the efforts by the health care workers, there are instances where one may find themselves in a position of being scrutinized by neighbors for the possible risk of infection spreading from the hospital to the neighborhood. This may result in an ethical dilemma whether one has to risk the lives of self and significant others for the society when the efforts are not appreciated by the society. It's true that one thinks of these things in the face of extreme stress, but nevertheless, it's important to remember that one patient treated/educated has positive implications in the geometric progression. By treating one person, he/she is protecting hundreds and thousands of potential contacts from risk of infection.

TIPS for PGs to effectively handle the COVID-19 challenges to personal & professional life

- Take breaks from the news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs
- Make time to unwind. Try to do some other activities you enjoy.
- Talk with people you trust about your concerns and how you are feeling. Remember that it is okay to draw boundaries and say “no” when it is overwhelming to you.
- Identify signs of burnout - Sadness, depression, apathy, tiredness, exhaustion or feeling overwhelmed. Feeling like a failure, nothing you can do will help or you are not doing your job well are some of the signs. Speak to your colleagues or superiors and take a break if you are noticing signs of burnout.
- Limit working hours to no longer than 12-hour shifts. Remind yourself that it is not selfish to take breaks. Working all of the time does not mean you will be efficient.
- Work in teams and limit the amount of time working alone. Remember that there are other people who can help in the response.
- Develop a buddy system – get to know your team members, partner together to support each other, and monitor each other’s stress, workload, and safety.
- Take care of your academic needs. When time permits, complete your other academic responsibilities and continue professional development using online resources.
- Avoid self-medication and treating the family members. Connect to a trusted friend or a colleague and get their opinion when you think that you or your family member needs prophylaxis or treatment.
- Remember that your efforts are appreciated by the society and the institute
- Online resources to health care workers on taking care of yourself - <https://emergency.cdc.gov/coping/responders.asp>

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PSYCHOLOGICAL IMPACT OF QUARANTINE



Quarantine is an important concept of public health that has been used for centuries in an effort to prevent the introduction, transmission and spread of communicable diseases. It refers to the separation and restriction of movement of people who have potentially been exposed to contagious disease to ascertain if they become unwell, so reducing the risk of infecting others. This concept has been implemented multiple times in the past be it during SARS epidemic of 2003, Equine influenza(2007) or Ebola outbreak(2014).Quarantine can be carried out as a self-isolation or through state run facilities and differs from isolation wherein people already diagnosed with a contagious disease are separated from healthy population.

Quarantine undoubtedly is a necessary preventive measure during epidemics, but it has been consistently shown to have a negative psychological impact on people who undergo it. Psychological consequences can range from distressed feelings to serious consequences like suicide in some cases. Quarantine can give rise to behavioral changes as well as frank psychiatric disorders. The psychological distress can extend to months and years beyond the quarantined period leading to a delayed integration to normalcy.

Negative emotional states could include boredom, anger, frustration, sadness, insomnia, fear, nervousness, suspicion, guilt, confusion etc. are extremely common during this period and have shown to negatively impact the functioning, strain interpersonal relations and further predispose to psychiatric disorders. Acute stress reaction, Depression, Obsessive compulsive disorder, post-traumatic stress disorder and Phobia have been noted in the quarantined subjects. Also, behavioral problems that may emerge include but not limited to vigilant handwashing, avoiding crowded places, minimizing social contact, hypochondriacal beliefs leading to frequent health checkups etc. Which may continue well beyond the quarantined period.

Health care professionals have of late received special attention as a group with propensity to developing psychological distress as they form a high-risk group and form the front liners in managing an epidemic. They are especially prone to feelings of inadequacy when quarantined and commonly face stigma from common public and acquaintances. Their professional performance post quarantine also suffers as they show reluctance in treating patients with suspected infections, are subjected to undue suspicion by family members and relatives and some may even contemplate to resign from jobs as they perceive it too hazardous.

The various stressors that predispose to psychological distress during quarantine include –

- Longer and unspecified duration of quarantine
- Fears of infection that arise from inadequate information about the disease and need for quarantine
- Disruption in daily schedule leading to boredom and frustration
- Inadequate supplies –food, healthcare and other requirements
- Inadequate information and media sensationalism
- Stigmatization of quarantined persons
- Fear of reintegrating into social and professional lives after quarantine
- Intrahousehold tensions and interpersonal issues

Measures to mitigate the negative consequences of quarantine:

At the governmental level:

Keeping the quarantine period short with scientifically reasonable duration and not allowing indiscriminate extensions; arranging for provision of adequate supplies, IEC activities to inform people adequately, ensuring telecom and internet connectivity, restricting media sensationalism and setting up helplines staffed by medical and psychiatric professionals for easy information accessibility by public etc.

At Individual level:

Managing boredom- having telecom to connect with loved ones, access to helpline facilities, taking up hobbies, Online gaming, distance learning courses, access to entertainment portals, attending virtual physical training, relaxation techniques etc.

Safeguarding mental health- sharing and discussing psychological distress, accessing mental health helplines and getting help through online consults with psychiatrists, limiting information overload by media, participating in online support groups etc.

To conclude, Quarantine is a necessary unavoidable step but with wide-ranging negative mental health consequences. It ensures a wider public good but curbs basic liberty at individual level. Various measures can be implemented at government, health sector and individual level and the altruistic component of it needs to be highlighted along with ensuring adequate and prompt reciprocation to physical and psychological needs that arise.

**Dr. Najla Eiman,
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ANSWERS TO THE CROSSWORD APPEARING ON PAGE 14

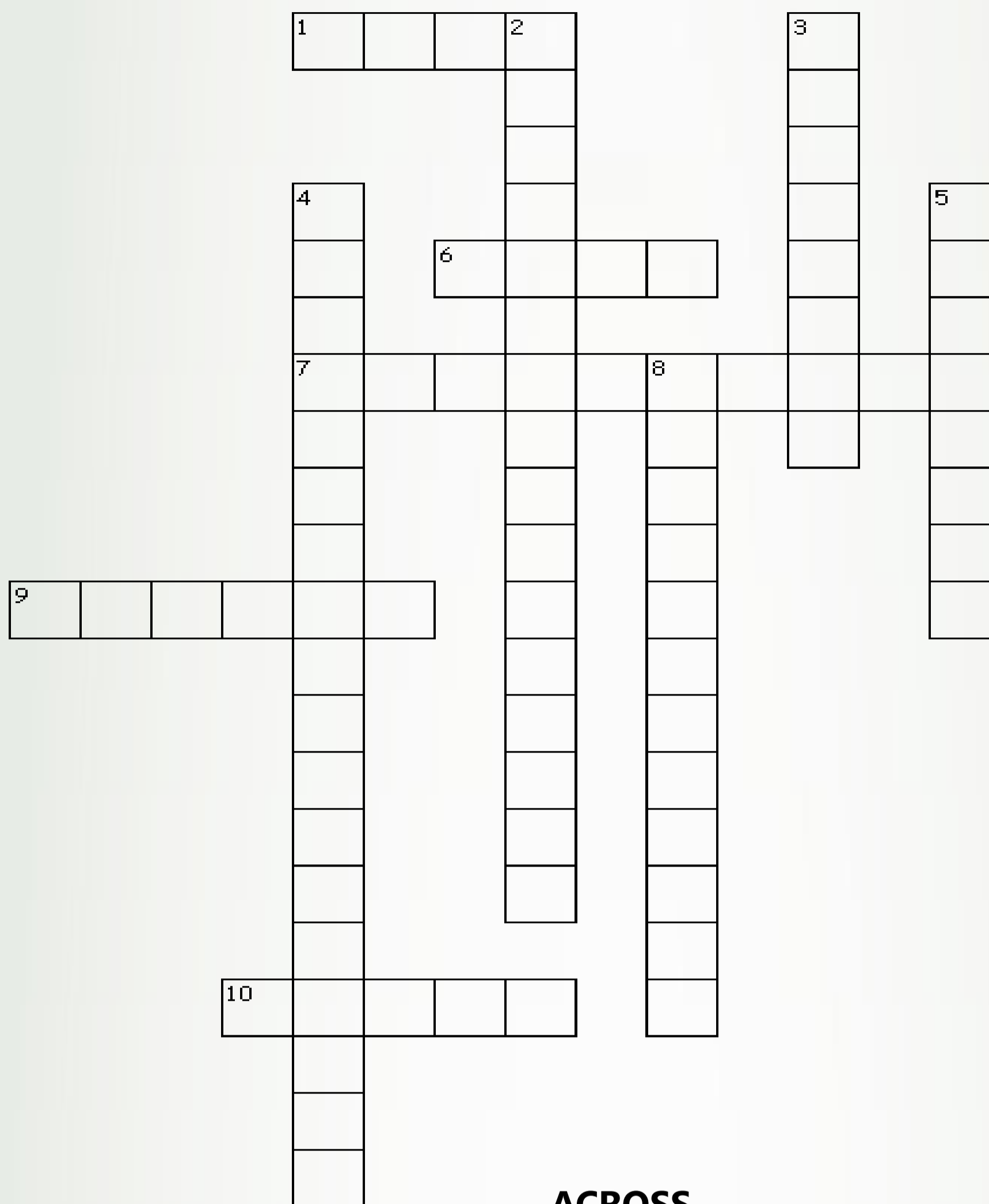
ACROSS

- 1.MERS
6. Bats
7. Remdesivir
9. rRTPCR
10. Wuhan

DOWN

- 2.Social distancing
- 3.SARSCOV2
- 4.Hydroxychloroquine
- 5.Fourteen
8. Shrimpseller

COVID 19 CROSSWORD



**ANSWERS TO THE CROSSWORD
ARE ON PAGE 13**

ANSWERS TO MCQ ON PAGE 15

1. C. ACE II (Angiotensin Converting Enzyme 2)
2. D. All of the above
3. C. 2-14 days
4. B. Person with laboratory confirmation of SARS COV-2 regardless of signs and symptoms
5. A. Round shape with cobbled surface structure

ACROSS

1. Virus caused due to spill over of animal coronaviruses
6. Animal from which SARS COV2 was said to originate
7. Nucleotide analogue currently used to treat COVID anecdotally
9. Diagnostic test for COVID 19
10. Place of origin of COVID-19

DOWN

2. Most propagated method to reduce human to human transmission of COVID 19
3. Type of coronavirus causing COVID19
4. Used as prophylaxis for COVID 19 among health workers catering to COVID 19 positive patients
5. No. of days, a suspected patient has been in contact with confirmed or probable case of COVID 19 prior to symptoms
8. Patient zero of COVID 19 pandemic

COVID 19 MCQ QUIZ ANSWERS

1. Leading host cell receptor of SARS COV -2

- A. Aminopeptidase
- B. Heparan sulphate
- C. ACE II (Angiotensin Converting Enzyme 2)
- D. N and dipeptidyl peptidase 4

2. Effective strategies for management of a pandemic such as SARS COV -2

- A. Major investments on conventional laboratory sources
- B. Establishing laboratory emergency plans
- C. Reinforcing regional networks of clinical laboratories
- D. All of the above

3. Incubation period of SARS COV2 infection in humans

- A. 7 days
- B. 2-7 days
- C. 2-14 days
- D. 14-28 days

4. Criteria of World health organization to define a confirmed case of COVID – 19

- A. Person with signs and symptoms but without laboratory confirmation of SARS COV -2 infection
- B. Person with laboratory confirmation of SARS COV-2 regardless of signs and symptoms
- C. Person with acute respiratory illness and having been in contact with a confirmed or probable case of COVID 19 in the last 14 days prior to onset of symptoms
- D. None of the above

5. Suggested shape of COVID 19 by ICMR NIV, Pune

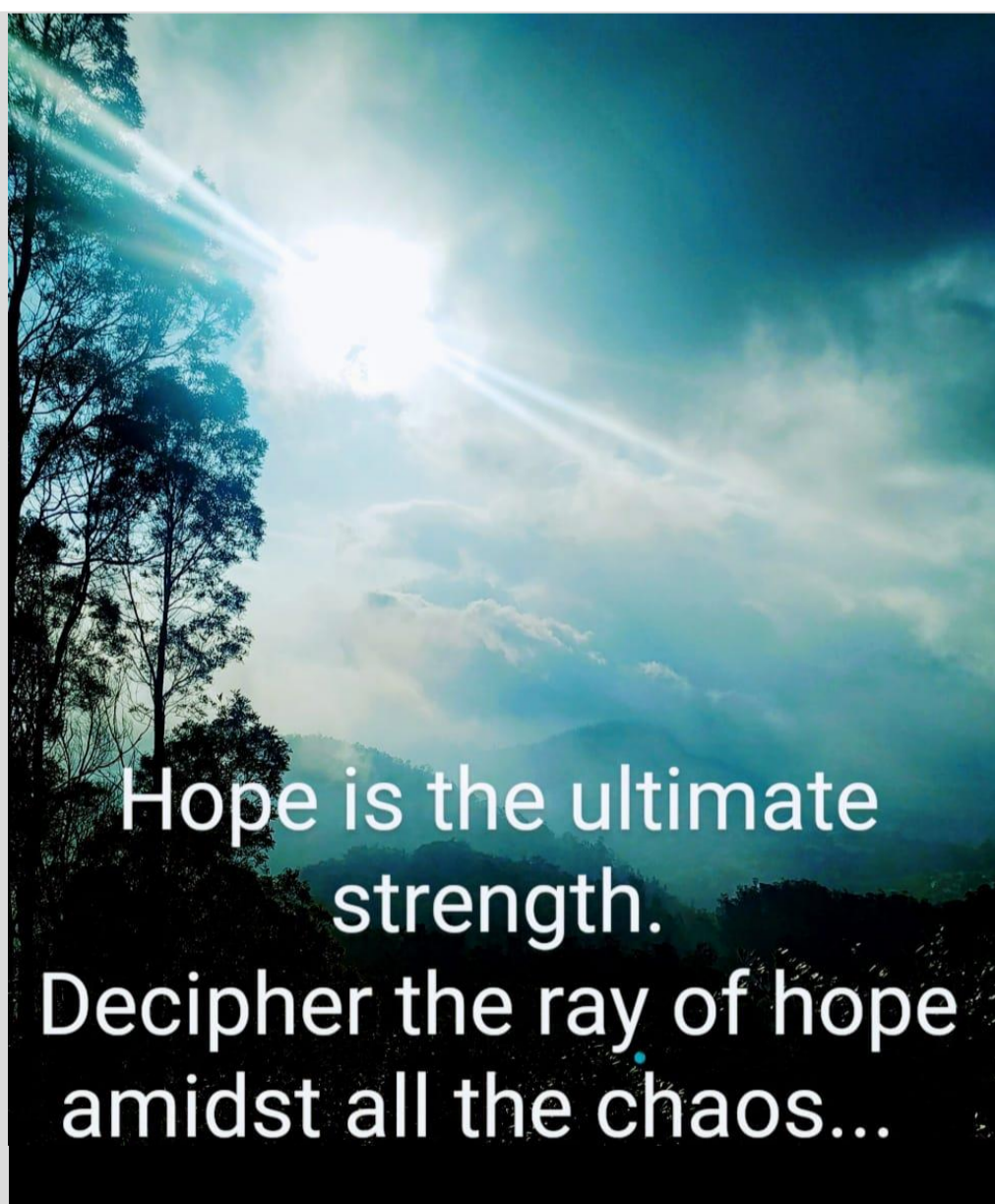
- A. Round shape with cobbled surface structure
- B. Round shape with alpha helix
- C. Round shape with projections
- D. Round shape with Beta pleated structure

Ramaswamy Sundararajan

INTERN, JSS MEDICAL COLLEGE, MYSORE

ANSWERS TO THE MCQ ARE ON PAGE

14



Hope is the ultimate strength.
Decipher the ray of hope amidst all the chaos...

Source:

Gargi Chakraborty
Clinical Psychologist
Senior Research Fellow, NIMHANS

COVID-19

*Travelling the countries umpteen
Spreading an epidemic unseen,
It is faster than the news
Making us all confused.*

*As to how to put a stop
To this scourge on the loose,
The science is finding a solution
To control this grave situation.*

*So Let's stay safe in quarantine
To end this wicked Covid-19,
Wishing that this nightmare ends soon
Let's pray to God to grant a remedy as a boon.*

By

Niranjani, Client.

Translated By Anupama Hegde

Your suggestions are important to us, kindly send them to: editormind@gmail.com

AN INITIATIVE SUPPORTED BY THE MINDS UNITED FOR HEALTH SCIENCES AND HUMANITY TRUST