

COVID-19 Pandemic and Department of Medicine, Rawalpindi Medical University

Muhammad Khurram¹

¹ Professor of Medicine & Dean, Department of Medicine, Rawalpindi Medical University

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In Wuhan, China a sudden surge of pneumonia cases was noted in the last quarter of 2019. As the disease spread widely, workup showed that Coronavirus infection was responsible for this sudden boom. This disease was termed as a novel Corona Virus Infection/Disease. It was reported to the World Health Organization on 31 December 2019 and illness was eventually named Corona Virus Disease 2019 (COVID-19) in February 2019.¹

COVID-19 virus belongs to the genus Beta-coronavirus. The disease spreads through direct contact and droplets. Airborne transmission of COVID-19 is controversial. The incubation period is 4-5 days; this may however be up to 14 days.² Based on severity, COVID-19 infection is divisible into mild to moderate, severe, and critical illness. Patients with mild to moderate illness have no or mild pneumonia. They may have a cough, fever, headache, aches, and gastrointestinal symptoms. They constitute up to 80% of COVID-19 patients. Patients with severe COVID-19 infection are breathless, tachypneic, hypoxemic, and have >50% pulmonary involvement on chest X-Ray. 14% of COVID-19 patients are categorized to have severe infection.³⁻⁶ 5% of COVID-19 patients have critical illness i.e., they are in respiratory failure or have a shock. Its case fatality rate is variable. It is however considered to be about 2.3%.³

Rawalpindi Medical University (RMU), Rawalpindi attached three hospitals (Holy Family Hospital-HFH, Benazir Bhutto Hospital BBH, and DHQ Hospital-DHQH) are providing health care facilities to not only Rawalpindi but other adjoining and non-adjoining of Khyber Pakhtunkhwa and Gilgit Baltistan, etc. BBH was initially declared a focal center for COVID-19 patient management for RMU. Rawalpindi Institute of

Urology and Transplant (RIU&T) was later dedicated as the COVID-19 treatment hospital under RMU by the Government of Punjab. It is worth mentioning that the RIU&T COVID-19 management center started with one-person, Medical Superintendent Dr. Khalid Randhawa. Consultant Physician (Dr. Qaiser Aziz) who has been exclusively involved in patient management and sorting other RIU&T issues was shifted from Taxila here. Vice-Chancellor, RMU in collaboration with Punjab Health Department, Rawalpindi administration, and philanthropists pushed to make the hospital in working status. Recently BBH is has been designated as COVID-19 specific hospital.

RIU&T was without staff initially, so health care workers and other ancillary staff were provided by other RMU Allied Hospitals. Nursing staff, Medical Officers and other staff were recruited for RIU&T in the meantime. Consultant and Senior Registrar (SR) cover to RIU&T cover is being provided by Medicine & Allied Department of RMU (HFH, BBH, DHQ Hospitals). It is thus important to note that the Department of Medicine and Allied RMU is managing general medical patients at indoor, intensive care, outpatient, and emergency in addition to the provision of similar COVID-19 patient management at RMU Allied Hospitals.

Department of Medicine & Allied RMU Professorial staff includes 3 Professors, 2 Associate Professors (1 Medicine and 1 Department of Infectious Diseases-DID), 7 Assistant Professors (4 workings in Medicine Department, 1 Intensive Care, 1 Pulmonology, and 1 Emergency Medicine). Additionally, 1 FCP-Pulmonology and 1 FCPS Medicine Specialists involved in ICU management are there. Two

Professors and 1 Assistant Professors are dedicated to BBH. 1 Professor is dedicated at DHQH. DID Associate Professor had been on leave due to COVID-19 till recently. For HFH, DHQ, and RIU&T, we were left with 1 Professor, 1 Associate Professor, 6 Assistant Professors (2 Intensivist categorized, 1 Pulmonologist), 1 SR Pulmonologist, and 1 Intensive Care SR equivalent, in addition to single Consultant Physician of RIU&T.

To facilitate working in addition to 24 hour SR cover at RIU&T, there are 3 Teams for patient management. Senior Intensive Care Team comprising RIU&T Consultant Physician, Assistant Professor Pulmonology, and one Pulmonologist. Medical Team comprising two Assistant Professor Medicine, and 3rd Junior Intensive Care Team including doctors with experience in ICU patient management.

For HFH Intensive Care Team comprises Assistant Professor with ICU experience and one ICU specialist. 1 Professor, 1 Associate Professor, and 2 Assistant Professors along with SRs provide medical cover here in addition to the Medical floor and RMU related working. In charge of Medical, ICU HFH is providing cover to both RIU&T and HFH. Dean of Medicine and Allied is providing consultation/cover wherever asked.

As per Government policy Senior Registrars (SRs) from HFH, BBH, and DHQ Medicine Departments have been working on a 6/24 hourly roster for one week followed by two weeks off period at RIU&T. Professorial staff is working without rest/quarantine due to staff deficiency. Since BBH has withdrawn SRs recently, it has been suggested that SRs from HFH and DHQ will have to work for one week followed by rest for one week. Out of senior clinical team, Department of Infectious Diseases Head of Department an Associate Professor, one Assistant Professor-Medicine, and two Intensive Care Team members have suffered from COVID-19 infection.

COVID-19 infection is pandemic now. In Pakistan, the first COVID-19 patient was noted on 26th February 2020. Initial COVID-19 infections were linked to Iran's visit. In subsequent week confirmed cases were noted at Rawalpindi and Islamabad.⁷ Till today (17th June 2020), 154,760 patients have been diagnosed to be suffering from COVID-19 in Pakistan. 2975 deaths have been attributed to COVID-19 infection and closed case fatality is 5%.⁸

First COVID-19 confirmed the patient was reported from RMU Allied Hospitals on 23rd March 2020. Till today 1841 confirmed COVID 19 patients have been managed at RMU Allied Hospitals. 956 improved, and

252 patients expired. 366 patients are currently admitted, and 247 (67.48%) of these are severe to critically ill.⁹ Closed case fatality at RMU Allied hospitals is 20.86%.

Fear and anxiety of getting COVID-19 were noted in health care workers when they were involved in COVID-19 patient management. Questions were raised concerning the quality of personal protective equipment (PPE). Manipulation in this context ended only when it was announced that PPE is provided by Government and complains about it can be made at a specific phone number. Similarly, clinical team seniors were held responsible and penalized for administrative issues and Government policies. This however has improved with time.

Despite all challenges, the Department of Medicine and Allied is working utmost for better patient management. Treatment protocols, HCW exposed to COVID-19 SOPs, return to work criteria for HCW, the involvement of Surgery, Gynecology-Obstetric Teams, etc, and mortality reports are few of the documents prepared by Dean of Medicine and Allied office.

COVID-19 situation is worsening nowadays. Beds, oxygen provision, and testing facilities are being improved. The recruitment of HCW is on cards. The senior clinical team cover remains the same. It is high time that deficient professorial staff and SRs should be filled. Intensive care and Pulmonology teams require the most in this context. It is high time that the Medical and Allied team has to reinforced at least for stable patients by other departments until the dedicated staff is available. We pray Allah to bestow us health, life, strength, wisdom, and courage to tackle this pandemic at our area

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