

COVID-19 and Medical Solutions

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Why in News

According to the **World Health Organization (WHO)** the virus **SARS-CoV-2**, has caused the world's largest pandemic infecting nearly six lakh people globally.

- Considering the grave scenario the discovery of vaccine and the licensed use of a drug has been ruled out as an immediate solution noting that even if the process is fast-tracked, a process would take over 18 months to be ready for use.
- Hence, WHO and other health agencies are re-looking the efficacy of **known** therapies such as convalescent plasma therapy and drugs to treat **COVID-19**. The known drugs include a combination of two HIV drugs- lopinavir and ritonavir, anti-malaria medications- chloroquine and hydroxychloroquine, and antiviral compound namely, remdesivir.

Efficacy of Known Drugs

- Anti-Malaria Medications: Chloroquine and Hydroxychloroquine
 - The Indian Council of Medical Research (ICMR), has suggested the use of hydroxy-chloroquine to contain the spread of SARS-CoV-2 (Coronavirus) for restricted populations.
 - Also, the small study conducted in **France** found that it led to a **significant** reduction in viral load in COVID-19 patients.
 - However, Hydroxychloroquine is known to have a variety of side-effects, and can in some cases damage the organs like the heart.

• HIV Drugs- Lopinavir and Ritonavir

- The combination drug, ritonavir/lopinavir was introduced to treat HIV infections.
- It was experimented in China with COVID-19 patients but there was no significant difference observed among them.
- Although the drug is generally safe, it **may interact with other drugs** usually given to severely ill patients with other diseases.
- The drug could cause significant **liver damage.**

• Antiviral Compound-Remdesivir

- The drug, remdesivir is developed to treat Ebola and related viruses, is being tested to find out whether it can be used on COVID-19 patients.
- According to WHO, the drug helps to prevent COVID-19 viral replication.
- It has the best potential and can be used in high doses without causing toxicities.

Convalescent Plasma Therapy

Basis of the Therapy:

- The convalescent plasma therapy seeks to make use of the antibodies developed in the recovered patient against the coronavirus.
- The whole blood or plasma from such people is taken, and the plasma is then
 injected in critically ill patients so that the antibodies are transferred and
 boost their fight against the virus.

• Time Period for Infusion:

- A study in The Lancet Infectious Diseases stated that a COVID-19 patient usually develops primary immunity against the virus in 10-14 days.
- Therefore, if the plasma is **injected at an early stage**, it can possibly help fight the virus and prevent severe illness.

• Infusion into COVID-19 Patients:

- The plasma can be infused into two kinds of COVID-19 patients— those with a severe illness, or individuals at a higher risk of getting the virus.
- However, while plasma transfers immunity from one person to another, it is not known if it can save lives in COVID-19 infection.
- The treatment could be **effective for patients in the age group 40-60,** but may be **less effective for people aged beyond 60 years.**

• Previous Application of the Convalescent Plasma Therapy:

- The United States used plasma of recovered patients to treat patients of Spanish flu (1918-1920).
- Hong Kong used it to treat <u>SARS (Severe Acute Respiratory Syndrome)</u>
 patients in 2005.
- In **2009, the <u>swine flu (H1N1)</u>** patients were treated with plasma.

A study in Oxford University's journal Clinical Infectious Diseases found that "convalescent plasma reduced respiratory tract viral load, serum cytokine response, and mortality" in H1N1 patients.

• WHO Guidelines (2014):

- WHO guidelines in 2014 mandate a donor's permission before extracting plasma.
- Plasma from **only recovered patients must be taken**, and donation must be done from people not infected with HIV, hepatitis, syphilis, or any infectious disease.
- If whole blood is collected, the plasma is separated by sedimentation or centrifugation, then injected in the patient.
- If plasma needs to be collected again from the same person, it must be done after 12 weeks of the first donation for males and 16 weeks for females.

• Application in India:

- Currently, India has facilities for removing 500 ml of plasma from a donor.
- For this experimental therapy, the Drug Controller General of India will first have to grant blood banks approval for removal of plasma from recovered COVID-19 patients.
- In India, the **special care of the risk of infection during transfusion** needs to be taken care of.

Relapse in Patients Recovered from COVID-19

Patients who test positive for COVID-19 develop protective antibodies. Theoretically, **there can be a relapse even in patients who have antibodies.** There are various reasons for such relapsing of COVID-19, some of them are:

Mutation of the Virus:

The **probable mutations**, is one of the major reasons for making an individual vulnerable to reacquire the COVID-19 infection.

Unknown Behaviour of the Virus:

- Since the exact behaviour of the novel coronavirus is still being studied,
 immunity against it is not fully understood.
- At this stage, it is not fully understood as to how long the antibodies provide protection against the viral infection.
- Also, in the absence of any vaccination, it is not known whether the immunity acquired by the persons is permanent.
- False RT-PCR test (Reverse Transcription Polymerase Chain Reaction) Test:
 It has been observed that a "false negative" <u>RTPCR test</u> the RNA test being conducted to diagnose COVID-19 infection can lead to a patient testing positive a second time after testing negative in between.

Source:TH