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Stand together by not standing together - Covid awareness

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Abstract

Introduction: COVID-19 an outburst epidemic in China hit the global at various levels and had caused predicament psychologically, physically and economically. Due to the unavailability of nimble therapy for ceasing the spread of COVID-19, awareness has to be created among the general population as a preventive and control measure.

Aim: This study was conducted to obtain the basic knowledge and awareness on COVID vaccine among the general public.

Methodology: This was an observational survey study conducted by designing questionnaires sent and the responses were collected through online mode and the results were analyzed.

Results: A total 192 participants responded to the questionnaires, after analysis it was found that majority of the people had a good basic knowledge on COVID infection and its vaccine except less percent of people were not aware properly on vaccine. Though with the

good knowledge, still majority of the people are scared to get vaccinate through various pseudo conspiracy theories from social media.

Conclusion: Though various researches to ensure the protective efficacy of COVID vaccine is under streamline, it is necessary to increase the awareness, to strengthen the mind and reduce the queries on COVID vaccine administration.

Keywords: COVID-19, General population, Ouestionnaire, Vaccine awareness,

Introduction

COVID-19 outbreak first appeared in China's Hubei province of Wuhan City, on December 2019. The wet markets were said to be affected first which contains the wild life species. Following this, a large number of outbreaks were reported in this particular area and eventually the spread started to the nearby zones. There was an outburst of this disease which ended up becoming an epidemic in China. This upsurge hit the entire globe and the World Health Organization (WHO) had declared

this flare-up on the 12th March 2020 as a global pandemic, with progressively increasing reported cases [1]. COVID-19 is a disease caused by a seventh member of human coronaviridae family called Severe Acute Respiratory Corona virus 2 (SARS-CoV-2) [2].

CoV was first identified back in the late 60's and it showed mild influenza like symptoms. For many years it was believed that the Corona virus only causes alarming and comprehensive infections in vertebrates including snakes, camel, birds, bats and other mammals [3]. The coronaviridae family which is said to cause mild infection has become a threat in recent years as there has been an outbreak from 2003 were the virulent strains known as Severe Acute Respiratory Syndrome (SARS) was first detected in China. Another outbreak in 2012 occurred with another Corona virus strain, known as Middle East Respiratory Syndrome (MERS) and in 2019 it is COVID 19 [4].

The outbreak of queer acute respiratory tract infection was initially recorded in South China Seafood Market- The Huanan in Wuhan City of Hubei Province, China on 12 December 2019[5]. The source of contamination is said to be the respiratory driblet from the infected persons which contaminates the surfaces. The Covid 19 virus can stay upto 5 days on surfaces [6]. The infective respiratory secretions from nose, mouth of >5-10µm in diameter, discharged from patients infected with the corona virus, the chief source of infection are spread[7] [8]. Asymptomatic individuals spread the infection during the incubation period[9]. The infection is more severe in case of elderly and people with immunocompromised and suppressed conditions are very much susceptible [10]

The COVID 19 pandemic has hit the global at various levels and had caused predicament psychologically, physically and economically. Extreme precautions are

being taken by the governing bodies' across and around the globe to protect the communities against the present scenario [11]. Due to the unavailability of nimble therapy for ceasing the spread of COVID 19, awareness has to be created among the general population as a preventive and control measure [12]. At present as the vaccinations are available, this study was conducted to see if the general public were readily volunteering themselves for vaccination or if they were scared of vaccinating themselves.

Methodology

This observational survey study has been conducted among the public people that included 192 respondents aged between 15 to 65 years old. The questionnaire was developed in English language accordance to the common queries clinging in the general population, which could help to obtain the knowledge and awareness on COVID-19 vaccine prevailing among them (Table 1). All the participants were requested to fill the questionnaire which was distributed through online survey platform. The questionnaire consisted of background information such as age, gender and occupation; and the questions (Table 1) regarding the level of COVID-19 and its vaccine among the participants.

Table 1: Questionnaire

Q1	What kind of an infection is COVID-19?
Q2	Are you aware of the symptoms of COVID-19?
Q3	How is COVID-19 spread from person to person?
Q4	What is the test done for COVID-19 identification?
Q5	Are you vaccinated for COVID-19?
Q6	Vaccination was Voluntary or Forced?
Q7	What are the COVID vaccines available in India?
Q8	How many doses of COVID vaccination has to

	be taken in India?		
Q9	What do you think COVID vaccine does?		
Q10	Since the vaccine is new are you scared of		
	getting vaccinated?		

Results

A total of 192 participants had completed the survey, 54.7% of the respondents were male and 45.3% were female. In terms of age groups, 43.8% respondents were between 15-25 years, 34.4% 12.5%, 7.3%, 2.1% were of 26-35, 36-45, 46-55 and 56-65 years of age respectively. Half of the respondents (51%) were employed in private sector and 26 were college students.

To measure the participant's basic awareness on COVID-19 and its vaccines, questions were designed accordingly. Majority of the people (91.1%) responded that COVID is a viral infection and 8.3% responded that it's a bacterial infection. In relation to the symptoms and the mode of transmission 90.1% were aware of the COVID symptoms and majority of participants 98.4% and 93.8% responded that respiratory droplets are the main source of transmission and RT-PCR is the diagnostic test respectively with very few responses to other source of transmission (Table).

Regarding the vaccination status only very less percentage 6.3% were vaccinated and 93.8% had not taken COVID vaccine. Out of 6.3% of vaccinated participants 58.9% voluntarily taken the vaccination. 85.9% had the knowledge on vaccines available in India and 76.6.3% were aware that vaccination scheduled for COVID includes two doses and 18.2% had given response to single vaccination dose in India. In view of the action of COVID vaccine among the vaccinated people, 49.5% and 37.5% responded that the vaccine prevents the COVID spread and reduces the complication respectively. More

than half of the participants 54.7% were scared to take the vaccine (Table/Chart).

Table 2: Percentage of responses to questionnaire

Questions	Options	Percentage
	Bacterial	8.3
Q1	Fungal	0.5
	Viral	91.1
	Worms	0
	Yes	90.1
Q2	No	6.8
	May be	3.1
	Respiratory droplets	98.4
Q3	Urinary tract	0.5
	Sexual Transmission	0.5
	Blood transfusion	0.5
	RT-PCR	93.8
Q4	Urine analysis	0.5
	Blood analysis	5.7
Q5	Vaccinated	93.8
	Not vaccinated	6.3
	Voluntary vaccination	58.9
Q6	Forced vaccination	2.1
	Not applicable	39.1
.	Pfizer and mRNA	8.9
	1273 vaccine	
Q7	Covishield and	85.9
	Covaxin	
	Covishield and mRNA	4.7
	1273	
	AstraZeneca vaccine	0.5
	1 dose	18.2
Q8	2 doses	76.6
	3 doses	3.6
	4 doses	1.6
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	Prevents COVID	49.5
Q9	spread	
	Reduces complication	37.5
	None of the above	13
	Scared for getting	54.7
Q10	COVID vaccine	
	Not scared	45.3

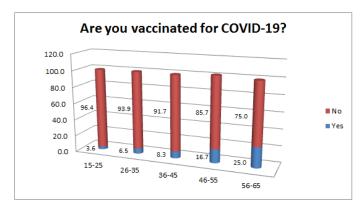


Chart 1: Percentage of vaccination status of study respondents

Majority of the respondents in this study were between the age group of 15-25 years of which only less percentage (3.6%) were vaccinated, followed by 6.5%, 8.3%, 16.7% among 26-35, 36-45, 46-55 years. Among the age group of 56-65 years, only 25% got vaccinated out of 4 respondents.

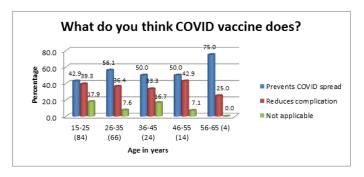


Chart 2: Awareness on the vaccination use

Out of 192 study respondents, highest percentage of responses received that COVID vaccine prevents the spread of infection among all age groups (Chart 2).

Among the total of 192 respondents 50-75% are more scared to get this new COVID vaccination (Chart 3).

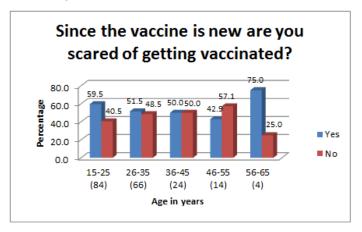


Chart 3 Percentage of respondents who were scare or not scare of COVID vaccination.

Discussion

The purpose of this survey study was to estimate the general level of awareness, attitude towards the emerging COVID-19 disease and vaccination in our local region. The majority of the participants had a good general level of awareness on Corona virus via collective information from social media. However, according to the few participants' responses, less knowledge was prevailing in various aspects related to the virus way of transmission and in diagnosis of infection.

The knowledge on newly evolved COVID vaccine is less and many people are more scared to take the vaccine. Among the 192 study participants very less percent were vaccinated when we started this survey and majority had scary attitude on COVID vaccine. The acceptance of this new vaccine remains uncertain at large among the general population. This uncertainty developed the anti-vaccine movement with pseudo-scientific conspiracy theories flooding in media reports.

COVID vaccination is voluntary in most of the countries. Various research studies are under process to test the efficacy of available COVID vaccines by assessing the protective antibody titre. It is necessary to increase the awareness to decrease the pseudo-conspiracies of vaccine which strengthens the mind and reduces the queries on COVID vaccine administration. So, let's "Stand together by not standing together" to win the war of COVID-19.

References

- Chan JF-W, et al. A familial cluster of pneumonia associated with the 2019 novelcoronavirus indicating person-to-person transmission: a study of a family cluster. Lancet 2020;395(10223):514–23.
- Grifoni A, et al. A sequence homology and bioinformatic approach can predict candidate targets for immune responses to SARS-CoV-2. Cell Host Microbe 2020;27(4):671–80.
- Weiss SR, Navas-Martin S. Coronavirus pathogenesis and the emergingpathogen severe acute respiratory syndrome coronavirus. Microbiol Mol BiolRev 2005;69(4):635–64.
- 4. Baharoon S, Memish ZA. MERS-CoV as an emerging respiratory illness: a review of prevention methods. Travel Med Infect Dis 2019;32:101520.
- 5. Guo et al. 2019
- 6. Casanova LM, et al. Effects of air temperature and relative humidity on corona-virus survival on surfaces. Appl Environ Microbiol 2010;76(9):2712–7.) (Kampf G, et al. Persistence of coronaviruses on inanimate surfaces and its inac-tivation with biocidal agents. J Hosp Infect 2020;104(3):246–51
- Wu Hl, Huangc J, Casper JPZ, Zonglin H, Ming WK.
 Facemask shortage and the novel coronavirus disease (COVID-19) outbreak: reflections on public health measures. EClinicalMedicine. (2020) 21:100329. doi: 10.1101/2020.02.11.20020735
- 8. World Health organization. Modes of Transmission of Virus Causing COVID-19: Implications for IPC

- Precaution Recommendations: Scientific Brief. World Health Organization, Geneva (2020). Available online at: WHO/2019-nCoV/Sci_Brief/Transmission_modes/2020.2 (accessed April 4, 2020)
- 9. Chan JF-W, et al. A familial cluster of pneumonia associated with the 2019 novelcoronavirus indicating person-to-person transmission: a study of a family clus-ter. Lancet 2020;395(10223):514–23.
- Novel CPERE. The epidemiological characteristics of an outbreak of 2019 novelcoronavirus diseases (COVID-19) in China. Zhonghua Liu Xing Bing Xue Za Zhi2020;41(2):145.
- 11. Hadil Alahdala, Fatemah Basingabb, Reem Alotaibic Journal of Infection and Public Health 13 (2020) 1446–1452
- **12.** Güner R, Hasanoğlu I, Aktaş F. COVID-19: Prevention and control measures in community. TurJ Med Sci. 2020;50(1):571–577.