

Health Care Workers of Rawalpindi Medical University: The Vanguarders at the COVID-19 War

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COVID-19 has been ravaging the world since November 2019, when the first case was detected. The population affected by this affliction is well North of 21 million cases worldwide. The hardest-hit countries include the USA (5.5 Million), Brazil (3.3 Million), and India (2.6 Million), accounting for nearly 55% of all cases. No part of the world has been left untouched by the plague and at this point, daily cases seem to be only increasing, with more than 250,000 cases, being reported worldwide daily. Close to 775,000 individuals have fallen prey to this disease, with the daily death tally averaging north of 5000 cases.¹ 14.5 million people have recovered to date, demonstrating a closed case mortality rate of 5%.

Pakistan has faced its first wave of infections with great success and is currently trying to prevent a second wave of infections. The total number of cases tallies at 290,000, with the number of infections peaking mid-June, following the Eid festivities. Nearly 270,000 patients have recovered and 6,175 have fallen to this horrible disease. The overall situation in Pakistan has improved with slightly lower than 1000 cases being reported daily.² Even though this current salvage at the national level, is still unexpected and astounding for many, one irrefutable fact is that combating this pandemic would not have ensued without the diligent and conscientious contributions of the true frontline warriors; the health care workers. Nonetheless, there had also been a diverse opinion regarding calling the health care providers as frontline warriors, since they had been relinquishing their health and even lives for fighting a war that was not meant for them.³ Yet they proved to be altruistic, compassionate and emerged triumphed.

While treating any epidemic, there is always a great risk of contracting that disease, and similar was the case in this novel COVID-19 pandemic. Healthcare workers, including doctors, nurses, and paramedics have been offering their medical services relentlessly worldwide, at enormous personal risk. Hundreds of thousands of healthcare workers were exposed and thousands gave the ultimate sacrifice, in the line of duty. Due to the nature of the disease, working nearby of the patients and performing invasive procedures puts the healthcare workers at increased risk for contracting the disease.

The percentage of frontline healthcare workers affected by the disease has slowly risen as time progressed. There have been several tiers of healthcare workers working in, most of the health care facilities. In most of the public health care facilities, they were serving in the Intensive Care Units (ICU)/High Dependency Unit (HDU), COVID-19 Isolation wards, and general wards. At this point, it seems that the healthcare workers, working in the general wards and non-COVID-19 areas, were more susceptible to the risk, due to the limited preparedness status.

The number of healthcare workers affected worldwide has steadily grown, with initially a smaller percentage affected, but now, the latest reports indicate that more than 10% of all infected cases are those of healthcare workers.⁴ A compiled review of 152,888 reported infections, conducted during the earlier months of the pandemic, stated that infections were more in females (71.6%) and nurses (38.6%), whereas deaths were mainly in males (70.8%) and doctors (51.4%). Mortality was highest amongst those aged above 70 years, at 37.17%.⁵

Pakistan is one of the countries that was hit hardest by COVID-19, with the 19th most cases reported worldwide. With a sudden surge in the number of cases from the end of May till mid-June, a vast number of human resources had to be deputed in high-risk areas. At this time, a large number of patients required intensive care support, putting the healthcare workers in direct contact. By the end of June, official numbers from the Ministry of National Health Services reported 6,590 affected healthcare workers, which was 2% of the total number of cases. This number however could be a lot higher, considering the taboo associated with COVID-19. The most infected were doctors (61%), followed by Nurses (27%) and Paramedics (12%). 76 deaths were reported, whereas 5,030 recoveries have been reported.⁶

Rawalpindi Medical University, a public medical university in Rawalpindi, Pakistan, and its Allied hospitals have been fighting the COVID-19 war long before it reached Pakistan. All the Allied hospitals had meticulously planned out each step of the way and executed their plans successfully. Patients were cared for at 6 different healthcare facilities, 2 of those being field hospitals, staffed by those caring for patients at infected were involved in inpatient care in the ICU/HDU's, whereas 70% were those deputed in the isolation wards and filter clinics, exhibiting a potential relationship of infectivity with the level of preparedness. As regards the distribution of proportions of the various categories of healthcare workers, amongst 1045 tested for COVID 19, also displayed in Figure 1, 17.7% of the doctors were tested positive, followed by 21.6% nurses and 20.9% paramedics. This could be attributed to several potential contributing factors and reasons need to be delved into through research.

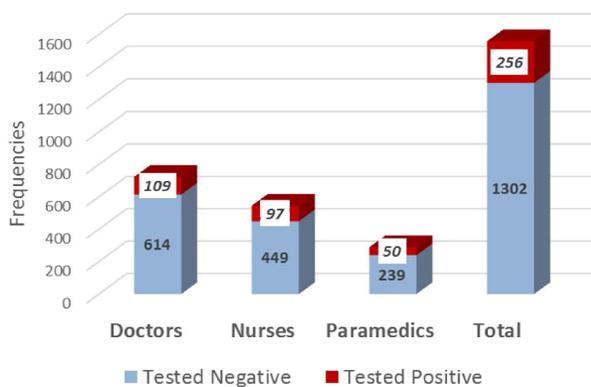


Figure 1: Distribution of Positive Cases of COVID-19 amongst Health Care Workers of RMU. (Source: Department of Infectious Diseases, RMU, Dated: 26.06.2020)

the 4 main facilities. Of the healthcare facilities involved, Holy Family Hospital catered to the sickest patients, Benazir Bhutto Hospital screened the most patients, Rawalpindi Institute of Transplant and Urology treated the most patients, and District Headquarters Hospital played a significant role inpatient care. Amongst the 30,000 patients screened in the Flu Filter Clinics, nearly 5,600 cases of COVID-19 were detected. These cases were managed at various departments of 6 different healthcare facilities, depending on the severity of their conditions. The healthcare workers at RMU worked diligently and meticulously since COVID-19 reached Pakistan. In the line of their duty, they forfeited their health and safety, by falling victim to infection themselves and risking their families by exposing even them to sources of the infection.

The number of Healthcare workers affected by COVID-19 at Rawalpindi Medical University was 256, which was nearly 10% of all reported cases, and 20% of the workforce deputed for COVID-19.⁷ Amongst the effected, 42% were doctors, whereas 38% were Nurses and the remainder were paramedics. Only about 30% of those

The number of affected healthcare workers exhibited a similar variation when distribution was explored based on the health care facilities, with 43% of doctors testing positive at Holy Family Hospital. Benazir Bhutto Hospital, District Headquarters Hospital, and Rawalpindi Institute of Urology & Transplant reported nearly 15% each. This high percentage at Holy Family Hospital can be attributed to the severity of patients at the facility, with 66% being admitted in critical condition and requiring ICU/HDU care plus the limited human resources available for care. Rawalpindi Institute of Urology and Transplant and Benazir Bhutto Hospital were both declared Corona Management Centers and a vast workforce was deputed at these locations, which minimized exposure duration and quarantine periods, which elevated the physical and psychological stresses associated with the curse of COVID-19.

In short, the efforts and contributions of the health care workers of RMU, the support staff, and administration are commendable and praiseworthy. The success of coping with the pandemic at the institutional level was not possible without effective leadership, proper administration; provision of all the necessary infrastructure and resources, motivation and encouragement of the staff, and last but of course not the least; the individual dedication and efforts of every health care provider. It was teamwork and all

health care workers stood united and proved unsurpassed despite many getting infected themselves. We hope and pray that the second wave of the pandemic never emerges at all. But even if it does, it will find all our health care workers geared up and expeditious because they comply with what Winston Churchill eloquently stated, *"Success is not final; failure is not fatal: It is the courage to continue that counts."*

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