

EDITORIAL

OUTBREAK OF SARS-COV-2OMICRON (B.1.1.529) IN UNION TERRITORY OF PUDUCHERRY, INDIA

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SARS-CoV-2 Omicron variant of concern (VOC) has rapidly expanded worldwide since it first emerged on November 24, 2021, in Southern Africa and has already reached every continent. Many issues surrounding Omicron remain unresolved, including the severity of the disease and the extent to which currently available vaccinations effectively prevent COVID-19 infection. Compared to the previous VOC (Delta version), more mutations were detected, which may address Omicron's characteristics.

On November 9, 2021, South Africa confirmed the first COVID-19 B.1.1.529 variant. Two confirmed COVID-19 variants of the B.1.1.529 virus were identified in Puducherry, India on November 28, 2021. WHO¹ designated this mutation as a Variant of Concern (VOC) and called it "Omicron" to differentiate it from others. According to the experts, a "very unusual constellation of mutations" has been discovered in this new strain of the Omicron virus.²

Because of its vast mutations and spike protein alteration,¹ the WHO called Omicron a "frightening strain" of coronavirus. The WHO noted more time is needed to determine whether the new coronavirus strain is more infectious than prior strains or if Omicron exposure may worsen patient health.³ South African experts suspected a novel coronavirus strain, but COVID-19 individuals with the Omicron variation showed minimal symptoms. Another South African doctor says they

may be administered at home. South Africa has a record-breaking viral epidemic among people vaccinated by Johnson & Johnson, Covishield, Oxford-AstraZeneca, Covaxin, Novavax, Sinovac, Sinopharm, or Pfizer-Biotech.⁴ It's crucial to know whether the current vaccinations will work against this severely modified strain. After South Africa,⁵ more than 60 countries had the Omicron version by December 10, 2021. The UK has confirmed the first death caused by the Omicron version.⁶

Since the first instance of the Omicron coronavirus was reported in late November 2021, India has documented 1,525 Omicron virus infections in 23 states and union territories to date.⁷ The first two Omicron cases were confirmed in the Union Territory of Puducherry on Tuesday, December 28th, just days before the 2022 New Year's celebrations.⁸ The new appearance of Omicron triggered new suspicions throughout the world, and people in India, particularly the Puducherry Union Territory people, were once again alarmed due to this drastically muted variation. Currently, Puducherry had only two cases where Maharashtra had the greatest number of COVID-19 instances, with 460, followed by Delhi with 351 cases, Gujarat with 136, Tamil Nadu with 117, and Kerala with 109.⁵ Furthermore, Gao, et al.⁹ hypothesised that nations with a shaky healthcare system and poor vaccination rates had a greater risk of developing novel coronavirus variants.

KEY WORDS: SARS-CoV-2; Virus; Coronavirus; Omicron; COVID-19; COVID-19 infection; Vaccination; Mutation; Southern Africa; India.

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When the Omicron strain first appeared, it sparked worldwide panic. Several governments worldwide imposed border restrictions on passengers from afflicted nations to South Africa.¹⁰ A future Omicron epidemic might resist treatments and hinder the tenuous growth of the economy after a two-year worldwide pandemic.¹¹ According to previous COVID-19 experience, travel restrictions have little effect on coronavirus transmission.¹² However, COVID-19 reactions make it impossible for people to live and work.¹³ Therefore, it is suggested that a much more scientific approach to combating this new strain must

be developed and implemented. Another essential step to prevent the illness from spreading across society is to expand the number of tests available, which will allow more cases to be identified, isolated, and traced. As a result, expanding vaccination camps near primary healthcare centres and hospitals and enhancing their COVID-19 labs' test capacity and establishing novel testing procedures are essential. Various approaches, like rapid-testing kits, serologic procedures, and self-collected specimen tests, are utilised throughout the union territory of Puducherry to identify instances, hence assisting in the adherence to the isolation rule. With more testing options, more positive patients in the community will be found; which will lead to stricter quarantine rules to stop secondary infections. However, measures are being taken by the local government of Puducherry to curb the outbreak and encourage people to get vaccinated.

Preventive measures are the current strategy to limit the spread of cases. So combating this new strain requires a more scientific method. It takes longer to get precise information on Omicron's transmission capabilities. Meanwhile, mass vaccination and public health protection are priorities. In this situation, wealthier countries must offer whatever aid they can to countries with weak health services and a low immunization rate, even if it means incurring financial difficulties. Consequently, governments should promote adult immunisation, avoid public gatherings, and monitor COVID19 patients for abnormalities. Healthcare authorities should treat the Omicron coronavirus with extra caution. Early screening, diagnosis, isolation, and treatment are necessary to prevent further spread. People who came to Puducherry from South Africa, China, or other countries with fever, trouble breathing, sore throat, cough, or dyspnoea were advised to seek medical attention at the nearest primary health care hospital. Wearing a mask, washing hands often, and avoiding direct contact with sick people are all recommended precautions. Several restrictions on people's mobility should be implemented immediately by the government of Puducherry. Patients with immune system deficiencies, chronic lung illness, asthma, COPD, chronic cardiovascular disease, chronic renal disease, hypertension, chronic liver disease, and users of immune-suppressing medicines were not allowed to leave their homes or use public transportation until the situation was under control. The ICMR and the Ministry of AYUSH recommended products to be used in the public sector to improve COVID-19 immunity.^{14,15} Convalescent plasma treatment, which has shown some promise in the treatment of SARS and MERS, is strongly recommended. It should be implemented in primary health centres.¹⁶ Law enforcement should educate the public on health safety to avoid a disastrous COVID-19 attack caused

by the newly identified mutation. COVID-19 patients should be quarantined as quickly as feasible, as should anybody in close contact. Healthcare workers may also separate patients with COVID-19-like symptoms and test patients as soon as possible. Based on the existing circumstances, we do not believe that Omicron has increased severity or fatality in COVID-19 patients; thus, overreaction or fear should be avoided. On the technical side, the Union Health Ministry has released "AarogyaSetu," a mobile application that works on both Android and iOS phones. That application generates a user database to build an awareness network that reaches people to alert people and governments to possible COVID-19 victims. Other agencies, such as the Puducherry police, municipal bodies, NGOs, and civil society bodies, should work to raise awareness programmes to promote health, provide relief, and rehabilitate directly and indirectly impacted people in this global threat situation, in addition to medical response and mitigation. These initiatives may also reduce public concern about emerging coronavirus strains. Religious organisations and elected officials may be used in campaigns for easy accessibility and message trustworthiness.

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CONFLICT OF INTEREST

Authors declare no conflict of interest.
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All the authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.



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