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PRESENTATION OF DIFFERENT SIGNS AND SYMPTOMS OF COVID-19 AMONG DENTAL FRATERNITY IN THE STATE OF ANDHRA PRADESH – A WEB BASED SURVEY

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ABSTRACT

Aim of the study: To assess the different signs and symptoms of covid-19 among dental personnel of Andhra Pradesh among the practitioners, consultants, students and teachers. **Materials and methods:** A questionnaire was made and uploaded in the form of google sheets. The survey was performed electronically for about one month, from June 1st, 2021, to July 1st, 2021. Finally, the results were obtained in the form of pie charts and were represented systematically by using Docs Editors software in google forms.

Results: A total of 236 members participated in the survey, out of which 200members were responded, and 36members did not responded.

Conclusion: The majority of symptoms were similar in both periods. The results might help to understand the characteristics of the second wave, the behaviour and danger of SARS-CoV-2 in Andhra Pradesh, India.

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INTRODUCTION

Coronavirus disease-19 (COVID-19), produced by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has become a global pandemic, giving rise to a serious health threat globally. Several countries have seen a two-wave pattern of reported cases, with a first wave in spring and a second in late summer and autumn The most frequent signs and symptoms in both waves were fever, dyspnea, pneumonia, and cough. The most relevant co morbidities were cardiovascular diseases, type 2 diabetes mellitus, and chronic neurological diseases.1 Patients from the second wave differed from those of the first wave in that they more frequently presented a higher frequency of vomiting, astenia, abdominal pain, rhinorrhea, or acute kidney failure, and less frequently a cough or chills. There was no significant difference in the frequency of concomitant chronic diseases. Patients in the second wave were younger and the duration of hospitalization and case fatality rate were lower than those in the first wave. In the second wave, there were more children, and pregnant and postpartum women.² There is significantly less literature available regarding the difference between signs and symptoms in first and second wave of covid-19. Hence this study was undertaken to assess the awareness and knowledge of dental practitioners, Consultants, students and teachers in Andhra Pradesh.

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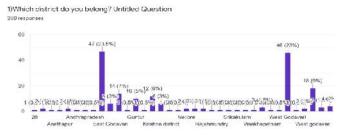
MATERIALS AND METHODS

After literature search, a questionnaire was made and uploaded in google sheets. The email IDs of the students were obtained from the IDA state branch, District IDA branches as well as different social media through Whats-app groups, and the questionnaire was sent to various email id's. This study was performed among dental practitioners, Consultants, students and teachers of Andhra Pradesh by conducting an online survey in the google sheet. A total of 29 questions were made in the survey. It included questions regarding Demographic data, Knowledge and Awareness regarding signs and symptoms of covid-19 in first and second wave. The survey was conducted for 1 month of duration from 1-06-2021 to 1-07- 2021. The google sheets were sent to email id's, different whats-app groups and local IDA branches. At the end of 1 month, about 64 percent of the people responded, and 36 percent of the people did not respond. Finally, the results were obtained in the form of pie charts and were represented systematically by using Docs Editors software in google forms.

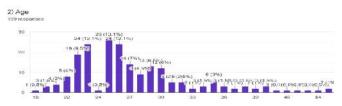
RESULTS

The results were obtained in the form of quantitative data, which was represented in the form of a pie chart for each and every question determining the frequency of answers according to the percentages obtained. The second wave differed from those of the first wave in that they more frequently presented a higher frequency of vomiting, astenia, abdominal pain, rhinorrhea, or acute kidney failure, and less frequently a cough or chills. The patients who died were

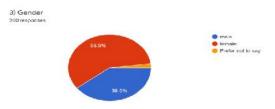
significantly older than the survivors and those who died in the second wave were older than those in the first wave.



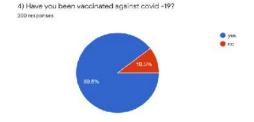
The bar graph represents most of the people are from east godavari and west godavari



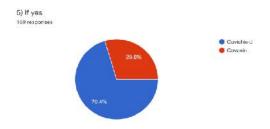
The bar graph represents highest age percent of the people is 26yrs



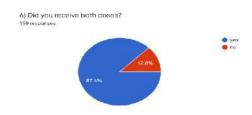
The pie chart represents most of the people (58.5%) are female



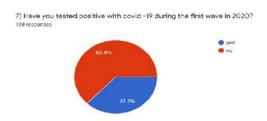
The pie chart represents 89.5% of the people are vaccinated



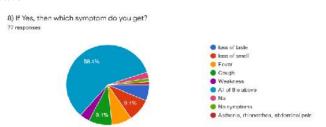
The pie chart represents 70.4% of people are vaccinated with covishield



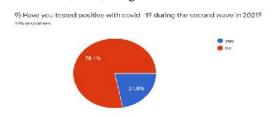
The pie chart represents 87.4% people are vaccinated both doses



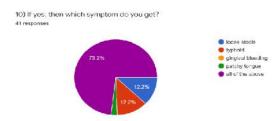
The pie chart represents 62.8% of people got positive in first wave



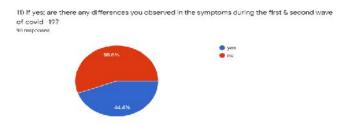
The pie chart represents 58.4% of people have loss of taste, loss of smell, fever, cough and weakness.



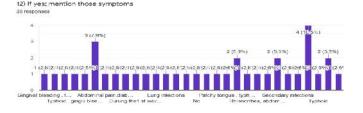
The pie chart represents 78.1% of people are not effected with the second wave.



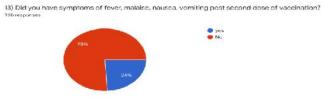
The pie chart represents 73.2% of people had symptoms like loose stools, typhoid, gingival bleeding and patchy tongue in second wave.



The pie chart represents 55.6% of people not observed any difference between the first and second wave.



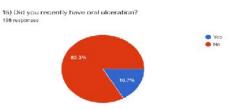
The bar graph represents highest number of people have the symptoms like typhoid, abdominal pain, patchy tongue and rhinnorhea.



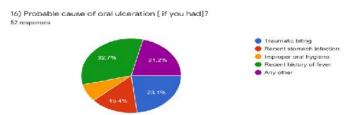
The pie chart represents 76% of people not have any symptoms after second dose of vaccination.



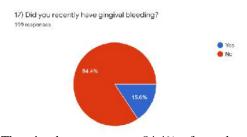
The bar graph represents highest symptomatic duration is 2days and 7days.



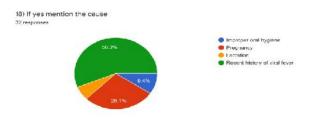
The pie chart represents 83.3% of people not had oral ulceration.



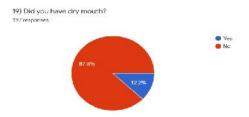
The pie chart represents 32.7% of people had recent history of fever



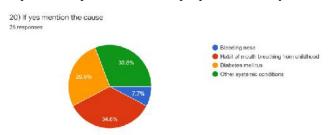
The pie chart represents 84.4% of people not have gingival bleeding.



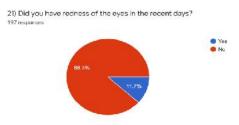
The pie chart represents 56.3% of people had recent history of viral fever



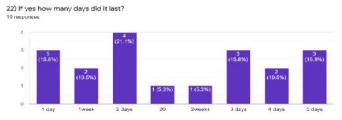
The pie chart represents 87.8% of people not have dry mouth



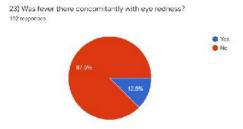
The pie chart represents 34.6% of people had habit of mouth breathing



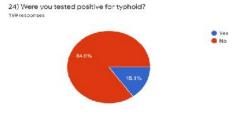
The pie chart represents 88.3% of people not have redness of the eyes



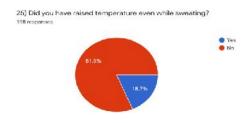
The bar graph represents 21.1% of people last it for 2days



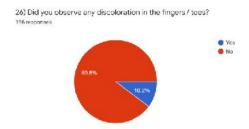
The pie chart represents 87.5% of people are not have redness of the eye with fever



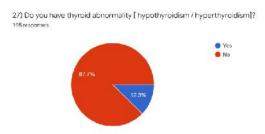
The pie chart represents 84.9% of people are tested negative for typhoid



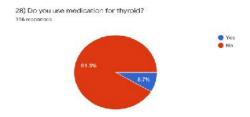
The pie chart represents 81.3% of people are not suffered with sweating



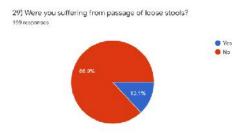
The pie chart represents 89.8% of people are not have discoloration of fingers/toes.



The pie chart represents 87.7% of people are not have thyroid abnormality



The pie chart represents 91.3% of people are not using medication for thyroid.



The pie chart represents 86.9% of people are not suffered with loose stools.

DISCUSSION

The fear of the second wave was very serious and it costed people their lives as well as economic well-being. To escape from it, people should take recommended precautionary measures in their minds. As per the reports suggesting, almost in each country around the globe has experienced an exponential increase in the number of cases after enforcement of stay home order ends. More patients were admitted during

the second wave, they were younger and there were fewer deaths, in agreement with results reported by previous research in several countries. Furthermore, poor compliance with social distancing guidelines by young people might have facilitated contagion in young, healthy adults and children. The decrease in the age of the patients then resulted in a decrease in the case fatality rate in that those patients who died were on average 5 years older than the victims of the first wave. during the second period, patients were treated more frequently with dexamethasone, as suggested by the recovery study, and hydroxychloroquine and loponavir-ritonavir were substituted by remdesivir and tocilizumab, which several studies have reported to be more effective in preventing death and shortening the duration of hospital stays.³ factors that might have contributed to the decrease in the case fatality rate is the improvement in environmental conditions. For example, warm weather and improved air quality following the city lockdown have been reported to correlate negatively with SARS-CoV-2 transmissibility. A new and remarkable characteristic of the incidence of COVID-19 in this second wave in our population is the higher incidence in babies, children, pregnant women and post-partum women. The predominant symptoms of infection (fever, dyspnea, pneumonia cough) were similar in both waves, whereas In my study (questionnairethroughonline survey) signs and symptoms of second wave in comparison to first wave were typhoid, viral fever, abdominal pain, rhinnorhea, cough, weakness, loss of taste, patchy tongue. Although the patients in the second wave presented renal (acute kidney failure) and gastrointestinal symptoms (vomiting, abdominal pain) more frequently. Till we have effective vaccines and drugs against COVID-19, the best way is to strictly follow appropriate preventive measures to avoid SARS-CoV-2 infection viz., wearing of face mask, sanitization and disinfection practices including regular washing of hands, social distancing, and other mitigation strategies, as well as enhancing the immunity of the body via dietary intake of balanced foods, nutraceuticals, herbal medicines and being physically fit by doing exercises and yoga.²

CONCLUSION

COVID-19 is a major health challenge throughout the world. The majority of symptoms were similar in both periods. An important difference was the high incidence of babies, children, younger and pregnant and post-partum women. People should avoid direct contact with other people, practice hand hygiene, frequent use of sanitizer, and wearing a mask outdoors, particularly in a large gathering in any closed confined spaces. Further, the spread of the second wave is much faster than the first wave. These results might help to understand the characteristics of this second wave and the behaviour and danger of SARS-CoV-2 in Andhra Pradesh, India. Hence, quick and effective administrative intervention is needed to arrest the rapid growth of the epidemic.

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