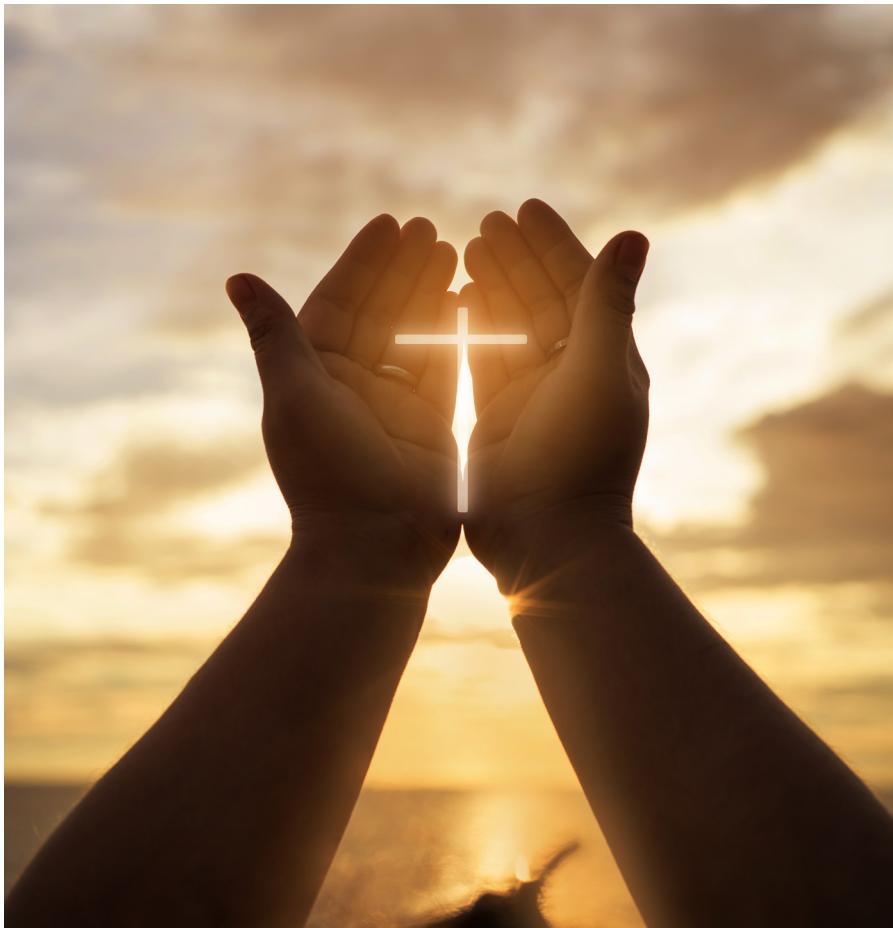


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Contact

A quarterly magazine of the Goan Chaplaincy, UK



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Contact goes out to over 1000 people in Britain, Europe, America, Australia and India.

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YOUR CHAPLAIN Calling!

Fr. Patrick - Goan Chaplain UK



“we know that in all things God works for the good of those who love him, who have been called according to his purpose.” - Rom 8:28

My dear people,

We are happy to publish yet another quarterly of our “Contact” magazine for September 2020. Again, we have focused on the ongoing Covid-19 pandemic. We have reached out to the community and beyond and tried our best to inject hope and courage live life amid the corona-virus pandemic. Those who have suffered with the virus, their families, the families of those who succumb to the virus, those who are affected financially, as many have lost and will lose their employment, and so on.

Fr. Christopher Pearson – in his article Fax Vobiscum speaking on Evangelisation says that evangelisation is preaching the Gospel of Jesus. It involves learning, living and loving it, not only for the other but first for oneself. The ordained priest preaches the Gospel in the church but by our Baptism we have the responsibility of preaching the Gospel of Christ everywhere else. He also shares that during lockdown, the pandemic has brought immense goodness to the humanity. In his Article, Dr. Luke Fernandes writes to us how he as Saint Vincent de Paul’s volunteer and his fellow volunteers encourages, strengthens and uplift the spirit of lonely and the elderly in times of loneliness and isolation.

Dr Walton D’Costa, writing in faith and fitness food column, continues to update us on the covid-19. Gives us the statics of the deaths and cases, explains some of the medical terminology, gives us ways to control the spread of the virus, updates about the vaccine and in his final thought advices us to wear face mask and observe social distancing and hygiene. Juana Dela Cruz writes her experience with Covid-19 patients.

Gerry Brace, a Covid survivor patient, with a grateful heart shares his experience of his fight with covid-19. He is grateful to God, to NHS staff, his wife and family and friends. Covid-19 has made him to look back into his life. He regrets not having given enough

time and attention to his family and now he is determined to totally give himself to God, his family and friends. He also advises us to do everything possible to keep ourselves and our families safe.

Dr Claire Hackford, advises us on how to cope with this unusual type of bereavement during covid-19. She suggests some practical ways and outlines strategies on how to cope with bereavement and sources of support and contact. Fr. Jerry Fernandes sfx, a Pilar Father and Assistant Parish priest at Ss Peter and Paul Church, Mitcham talks to 'Contact' of his missionary journey in the hills of North East of India and elsewhere. During this Covid-19 pandemic lets learn about the saint of the desperate and lost causes. In the Saints Corner, Aloka Desa writes about St Jude Thaddeus. Jude Thaddeus is also Patron saint of Hospitals and health workers. Our enthusiastic youth, Dylan Pereira and Brian Fernandes communicates to us how they as young Catholics have been able to live their faith amid the challenges as they live and move among their peers, Catholics, non-Catholics, non-Christians and atheists as well.

My heart goes out to those of you who unfortunately suffered the virus along with their families, those who are suffering, those who sadly died of the virus and the bereaved families. I am aware that many of our Goan fellow brethren along with others who have lost their jobs and who will, in couple of months will have to face joblessness. I appeal to you not to be disheartened and discouraged. Try and look out for different opportunities. God will not leave you abandoned. During, the pandemic restrictions many of us had ample of time for ourselves, our families and for God. I urge you to continue being close to your self and to God. Be assured of my prayers to each and every one of you going through these challenging times.

I appeal to everyone to be conscious of the need of your fellow brethren and reach out to them in one another by way of providing information and assistance in looking for jobs for one-another. When one helps the other, it is God who comes to our aid. Let us all be the united channels of God's love and generosity flowing through us.

Thus, "the God of all grace, who called you to his eternal glory in Christ, after you have suffered a little while, will himself restore you and make you strong, firm and steadfast." 1 Peter 5:10

Fr. Patrick
Goan Chaplain UK



Update on the Coronavirus Pandemic

Dr Walton D'Costa - Consultant Neonatologist

Chelsea & Westminster Hospital, London



“Give all your worries and cares to God for He cares for You”

- 1 Peter 5:7

INTRODUCTION

By now we are all familiar with the Coronavirus and its devastating impact on the entire world. In the previous issue Dr Bernadette Pereira gave us an overview of the virus, some scientific information and answered some of the common queries. In this article we will get an update on where we currently stand and try to address some frequently asked questions.

The scale of the problem, worldwide, in the UK and particularly India

There are now more than 24 million confirmed cases of coronavirus and over 827,000 deaths worldwide. The UK has had close to 328,000 cases and over 41,000 deaths. Cases in India are rising rapidly too with over 3 million confirmed cases and over 60,000 deaths.

The reported case counts underestimate the overall burden of COVID 19 as only a fraction of acute infections are diagnosed and reported. Seroprevalence surveys in US and Europe suggest that the figure could be as much as 10 fold higher.

How the disease is transmitted and spread, let's recap.

COVID 19 is a highly contagious virus that mainly attacks the lungs. Person-to-person spread is thought to occur mainly via respiratory droplets from sneezing and coughing. Infection can also occur if a person touches a contaminated surface and then touches his or her eyes, nose, or mouth. Droplets typically do not travel more than six feet (about two meters) and do not linger in the air. That's why social distancing works and is very important.

What are the clinical presentation and natural history of COVID-19?

The spectrum of illness is wide, ranging from no symptoms to life-threatening respiratory

failure and death. When symptoms are present, they typically arise approximately four to five days after exposure. The incubation period for COVID-19 is thought to be within 14 days of exposure.

Symptoms are mild in approximately 80 percent of cases and often include fever, fatigue, and dry cough. Loss of smell and taste has also been reported. Gastrointestinal symptoms like diarrhea and vomiting are not frequent but may be the presenting feature in some patients. Headache, runny nose and sore throat are less common.

Breathing problems affects approximately 20 to 30 percent of patients, typically arising five to eight days after symptom onset. Progression from stage of breathing difficulty to acute respiratory distress syndrome (ARDS) and needing to be put on ventilator can be rapid. The onset of breathing difficulty is hence generally a sign to seek medical help and evaluation.

What is 'cytokine storm'?

Pneumonia is the most common manifestation of severe disease. The more severe ARDS (acute respiratory disease syndrome) problem develops in a small number of symptomatic patients and can be associated with a cytokine release syndrome also called commonly as 'cytokine storm'. This is characterized by fever, progressive drop in oxygen levels and blood pressure and markedly elevated inflammatory markers in the body. This is an exaggerated reaction that happens with your body trying to fight the disease but actually ends up targeting your own organs and causing significant damage. Why this happens in certain individuals is not yet known, but those having comorbidities are at higher risk. ARDS is the leading cause of death, followed by infection and heart complications.

What is the risk of death and which group of people are most at risk?

The overall mortality rate is estimated to be between 2- 3 percent. While severe and fatal illness can occur in anyone, the risk rises dramatically with age and the presence of chronic illnesses, including heart disease, chronic lung disease, diabetes , kidney disease, and cancer. Those with obesity, hypertension and immunosuppression also appear to be at higher risk.

What are the other complications in patients with COVID-19?

While the virus primarily attacks the lungs, it can also affect other organs in severe cases. The most common abnormalities seen are to do with the heart and blood

clotting. With the heart you can get an increase in levels of heart enzymes, heart rhythm abnormalities and heart failure. There is also an increased risk of blood clots in the deep veins, lungs and brain resulting in pulmonary embolism, stroke, myocardial infarction, and possibly limb ischemia. The risk is highest in those admitted to ICU. It is common now for patients admitted to hospital to be put on blood thinners to prevent this complication. Some people can also develop a variety of uncommon skin rashes.

When should someone with confirmed or suspected COVID-19 be advised to stay at home?

Home management is appropriate for most patients with mild symptoms (e.g., fever, cough, and/or myalgias without breathing difficulty), provided they can be adequately isolated, monitored, and supported at home.

When should you seek urgent medical help?

If someone is showing any of these signs, they should seek urgent medical help:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

You should also seek medical attention if your symptoms are severe or prolonged.

What advice should be given to a person with known or presumed COVID-19 managed at home?

- Supportive care with antipyretics/analgesics (e.g., paracetamol)
- Stay well hydrated, drink adequate amount of fluids.
- Breathing exercises are helpful. Try to take in deep slow breaths and gently blow out through pursed lips (as if you were going to blow a candle) or blow air into balloons.
- Gentle regular activity.
- Monitoring for clinical worsening, particularly the development of breathing difficulty, which should prompt seeking medical help and possible hospitalization
- Separation from other household members (e.g., staying in a separate room when possible and wearing a mask when in the same room)
- Frequent hand washing for all family members
- Frequent disinfection of commonly touched surfaces

How long should you stay at home isolated?

Generally until fever has subsided and you have no respiratory symptoms. In certain countries where testing is possible, two negative tests 24 hours apart are used as criteria to stop isolation. When testing is not possible, you should stay isolated for at least 10-14 days since symptoms first appeared AND at least three days (72 hours) since recovery of symptoms (no fever or respiratory symptoms).

Should I use Paracetamol or NSAIDs like Ibuprofen when providing supportive care?

NSAIDs, commonly used one being Ibuprofen, have been theorized to cause harm in patients with COVID-19, but there have been no clinical or population-based data that directly addresses the risk. Given the uncertainty, it's best to use paracetamol as the preferred antipyretic agent. If Ibuprofen needed, use the lowest effective dose.

Do we have any drugs/medicines that can treat COVID-19 illness?

Trial data suggest sick patients have benefitted with Remdesivir (anti-viral drug) and a dexamethasone (steroid), but no other therapies have clearly proven effective. These drugs are however used only in those patients that are hospitalized with severe disease needing oxygen or ventilator support. Other investigational therapies include convalescent plasma (plasma from blood of those that have recovered from the illness), other antiviral agents, and medicines that work to alter the immune system.

Does protective immunity develop after SARS-CoV-2 infection? Can reinfection occur?

Antibodies to the virus are produced in those who have become infected. Preliminary evidence suggests that these antibodies are protective, but we are unsure how long this protection lasts. Antibody levels get lower with time but there is a possibility that those that have recovered from illness also develop cell mediated immunity, which means body remembers the infection and can produce a quicker and robust response when exposed to the virus the next time. It is encouraging that we have not heard about significant numbers reinfection cases, which suggests that immunity does last for a while.

Donating blood or plasma during the pandemic?

Blood donation is particularly important during the pandemic due to concerns that the supply could become critically low. Having a history of COVID-19 is not exclusion to donation as long as the illness resolved at least 14 days prior to donation. Persons

who have recovered from COVID-19 are encouraged to donate plasma, because convalescent plasma is an investigational treatment for COVID-19.

Can children get COVID-19?

Yes. Children of any age can get COVID-19. Perhaps the silver lining in this pandemic has been that most children have remained largely unaffected. Only a very small minority develop symptoms and severe illness is rare.

Are COVID-19 symptoms different in children than adults?

Not really. In adults, common symptoms include fever and cough. In more severe cases, people can develop pneumonia and have trouble breathing. Children with COVID-19 can have these symptoms, too, but are less likely to get very sick. Some children do not have any symptoms at all. Other symptoms include feeling very tired, shaking chills, headache, muscle aches, sore throat, a runny or stuffy nose, diarrhea, or vomiting. Babies with COVID-19 might have trouble feeding. There have also been some reports of rashes or other skin symptoms.

What is multisystem inflammatory syndrome associated with COVID-19?

Multisystem inflammatory syndrome (MIS-C) is a rare but serious condition that has been reported in children from Europe and the United States in association with current or recent COVID-19 infection or exposure.

The symptoms include:

- Fever that lasts longer than 24 hours
- Belly pain, vomiting, or diarrhea
- Neck pain
- Rash
- Bloodshot eyes
- Being extra tired

You should seek medical advice immediately if your child has these symptoms. Most children with MIS-C have survived, although some have required intensive care. This complication is extremely rare.

What can I do to cope with stress and anxiety?

It's normal to feel anxious or worried about COVID-19. It's also normal to feel stressed or lonely when you can't do your normal activities or see friends and relatives. You can

take care of yourself by trying to:

- Take breaks from the news
- Get regular exercise and eat healthy foods
- Try to find activities that you enjoy and can do at home
- Stay in touch with your friends and family members

It might also help to remember that by doing things like staying home, wearing a mask, and avoiding large groups, you are helping to protect other people in your community.

Keep in mind that most people do not get severely ill from COVID-19. It helps to be prepared, and it's important to do what you can to lower your risk and help slow the spread of the virus. But try not to panic.

What is NHS Test and Trace? How does it work?

NHS Test and Trace is a form of contact tracing. In general contact tracing involves identifying people who have disease and their contacts i.e. people who may have been exposed to them in order to interrupt disease transmission.

Aim of the NHS test and trace service:

- Ensure that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents
- Help trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notify them that they must self-isolate at home to help stop the spread of the virus

How do I get a test in the UK?

You can order a test immediately at www.nhs.uk/coronavirus or call 119 if you have no internet access. You must self-isolate as soon as you develop any symptoms of Coronavirus

Where are we with the vaccine? When will we get it?

Researchers around the world are racing to develop a vaccine against Covid-19, with more than 140 candidate vaccines now tracked by the World Health Organization (WHO). Vaccines normally require years of testing and additional time to produce large stocks, but scientists are hoping to develop a coronavirus vaccine

within 12 to 18 months. Vaccines mimic the virus – or part of the virus – they protect against, stimulating the immune system to develop antibodies. They must follow higher safety standards than other drugs because they are given to millions of healthy people. Vaccine development goes through four different stages , starting from testing in animals to testing in large groups of humans (phase 3 being the last stage where vaccine is given to thousands of people to confirm its safety and trials involve a control group which is given a placebo.)

There are already 5 vaccines in phase 3 stage in large scale efficacy trials. Encouraging preliminary results from a combined phase 1/2 trial show that the University of Oxford vaccine generates a strong immune response. Realistically, the vaccines are likely to come to general public only in 2021, with the vulnerable groups and healthcare workers getting it first.

The Hydroxychloroquine controversy? We've heard a lot about it on social media, is it helpful to treat or prevent COVID-19?

Hydroxychloroquine is a controversial anti-malaria drug that has been in the news since the pandemic began, touted controversially by some as wonder drug on social media.

Several studies have shown that the drug has no effect on Covid-19 patients, could be harmful and has the potential to cause heart problems. Hydroxychloroquine is a derivative of chloroquine, which is also used to treat malaria and rheumatic diseases where it is used to reduce inflammation, pain, and swelling. It has been around for a long time and is quite safe but does have the potential to cause adverse effects, most dangerous of which is heart rhythm abnormalities.

Hydroxychloroquine first came into the news when one small uncontrolled study in France on the use of hydroxychloroquine in combination with another drug, azithromycin, found some reduction in patients' viral load. However, another study from France, published in the BMJ medical journal, found that hydroxychloroquine did not help significantly reduce admission to intensive care or death rates of people hospitalised with pneumonia due to Coronavirus.

Since then, there have been several studies on Hydroxychloroquine. Recently researchers at Henry Ford Health System in the US found that 13 per cent of people given hydroxychloroquine died, compared to 26 per cent of those who weren't given

the drug. They suggested that Hydroxychloroquine might be helpful when given early in the disease process

A major UK hydroxychloroquine trial is set to resume after it was paused because of concerns about side-effects, raised in studies that have since been retracted. The COPCOV trial will give chloroquine, hydroxychloroquine or a placebo to more than 40,000 healthcare workers from Europe, Africa, Asia and South America. Hopefully the results of these trials will help us determine if the drug is helpful or not.

Currently, the US FDA, CDC and UK Govt have said that chloroquine and hydroxychloroquine are not licensed to prevent Covid-19 or treat symptoms.

Final thoughts:

It is important to remember that for most people, Coronavirus is a mild illness. However until we get a vaccine we need to protect the vulnerable and elderly in our population for whom this virus can be deadly. For now, wearing face coverings or masks, social distancing and hand hygiene are the only weapons we have against this virus until we have an effective vaccine. It is important to stay positive and vigilant and follow guidance given by your health care provider.

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