

## MUCORMYCOSIS: AVOID DAMP, DUSTY PLACES

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

Medical care: A view of a ward with patients infected with Mucormycosis at a hospital in Ahmedabad. AFP

It takes around four weeks for the effect of steroids administered to COVID-19 patients to wear off and it is important to keep oneself protected during this time. Patients, especially those in the high-risk category for mucormycosis, should avoid visiting damp and dusty places for a few weeks post recovery, Arun Sharma, Director, National Institute for Implementation Research on Non-Communicable Diseases (NIIRNCD), Jodhpur, and a community medicine expert, told *The Hindu*.

He said if it is unavoidable, they are strongly advised to wear a three-ply mask and gloves and fully cover legs and arms.

“It is vital to keep COVID-19 patients’ oxygen mask and canula sterile to prevent mucormycosis. It is necessary to keep a regular check on water used in oxygenation for any possible contamination.”

Mucormycosis (black fungus infection) is caused by a group of moulds known as mucormycetes, which are present in the air, water and moist surfaces, in damp places. It appears as black spots in the nasal cavity, mouth and throat.

A healthy person’s immunity does not allow it to cause infection. However, it can cause severe infection in an immunocompromised person.

The Central government on Tuesday allocated an additional 19,420 vials of Amphotericin-B to all States/UTs and Central institutions.

Dr. Sharma said doctors should guide a COVID-19 patient about how to look for its early signs. “At the hospitals, doctors and nurses should check for the symptoms in patients being treated with steroids or other immunosuppressive agents,” he said.

On why so many patients are getting affected, Dr. Sharma said mucormycosis is generally affecting COVID-19 patients who are prescribed steroids or those who have uncontrolled diabetes.

“Though steroids are an effective treatment for some patients who develop severe inflammatory response. But they should always be given under medical supervision. If given too early, too much and for too long, they can make one susceptible to catching secondary bacterial or fungal infections,” he said.

Doctors say Amphotericin-B is not a commonly used antifungal drug and with a low safety profile it’s used for very severe, life-threatening fungal infection or for mucormycosis, for which cases were low previously.

Vikramjeet Singh, senior consultant, Department of Internal Medicine, Aakash Healthcare, Delhi, said: “Now due to COVID infection and some other factors, the incidence of mucormycosis has increased and we have started using Amphotericin-B in these cases. For post-COVID mucormycosis, this is the only drug which can be given.

“Due to the shortage of the drug, it is the patients of mucormycosis who are suffering. But the situation is improving and we are hopeful that patient survival rate will be good,” he said.

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