

HOW TO ISOLATE ASYMPTOMATICS IN ORDER TO STOP THIS PANDEMIC

In medicine, a condition is considered asymptomatic if a person who is the carrier of a disease or infection does not experience symptoms; they are occasionally referred to as *silent*. Those of us who work in the pan-Amazonic endemic area speak of the 'carriers to be found' that is to say, people that we know to have been in contact with the infectious agent but that, up to the present, have not developed any symptoms but that due to the persistence of the germ we are facing, we know that next time we meet this community, they could be positive; therefore, this search is fundamental to know with precision the real dimension of the epidemic.

Daily we are informed of new clinical findings of COVID 19, and this is worrying as it appears that the new symptoms require the investigation of new therapies, and the necessary process of deceleration of the pandemic becomes blurred. This is when it is vital to isolate asymptomatic carriers. We all know that, in general, viruses have a great potential for activation. In fact, their name comes from the Latin *virus*, in Greek *ἰός* "toxin" or "poison". Due to the harm they produce in the involuntary host, their margin of habitation can be very broad or extremely limited. There are scientific studies that have concluded that some of the first cases reaching Europe were asymptomatic. This is proof that *ASYMPTOMATIC* patients of COVID 19 do, in fact, exist and that, additionally, **they can transmit the disease**, just as has been stated by the CDC (CENTRE FOR DISEASE CONTROL).

Precisely due to the general uncertainty about the quantity of SILENT individuals, from the OMS we urge citizens to follow the rules of isolation and prevention in order to prevent new infections, and to make use of masks as well as to follow the complementary rules of sanitation. The problem arises because it is known that these asymptomatics should be given 'quick tests' in order to find out whether they are positive or not and this is what we have to demand from those who recommend that we isolate and protect ourselves.

In terms of public health, competent authorities should have foreseen the methods 'for contact tracing' with the objective of containing the pandemic. We believe that in Europe all this could be made possible through citizen pressure but in other parts of the world such as in our pan-Amazonic region we are conscious to demand EPIS or PCR markers, for example but this is like imagining that children born in the Purus River can be vaccinated once a year – an impossible dream. Perhaps the most opportune aspect of this pandemic could be that at this moment when everyone is speaking about COVID 19 as the disease to battle against, it has unknowingly given us the right to be equal, bringing to mind the words of DARWIN when he said: *it is not the strongest of the species that survives or the most intelligent but the one that adapts to change*, and this change presupposes that all of us adopt a combative attitude so that ALL can have real access in order to survive and resist; it is as if the dryness of the desert were to force all species to develop a higher resistance to dehydration. Changes, as we can deduce, tend to be adaptable, which implies that at this moment, we must all adapt to the pressure that COVID 19 HAS PLACED UPON US. Both health workers and citizens, in general, must demand all the fast diagnostic measures necessary for the control of asymptomatic carriers, of those with risk pathologies, and of our elderly and vulnerable in order to fulfil one of the **maxims of the original health worker FLORENCE NIGHTINGALE: WE ONLY BEGIN TO DEFEAT DISEASE WHEN EXCUSES ARE NEITHER GIVEN NOR ACCEPTED.**

Antonia López González, Specialist in tropical diseases. ACI-ESADTE. Amazonas Brasil