

6 January 2021

Thiru Edappadi K Palaniswami
Honourable Chief Minister
Government of Tamil Nadu
Namakkal Kavignar Maaligai
Fort St George, Chennai 600 009

C Vijaya Baskar, MBBS
Honourable Minister for Health and Family Welfare
Health and Family Welfare Department
Government of Tamil Nadu
Namakkal Kavignar Maaligai
Fort St George, Chennai 600 009

Via e-mail: cmcell@tn.gov.in; hfsec@tn.gov.in

Subject: Regarding Tamil Nadu state government's decision to allow jallikattu events amidst the ongoing COVID-19 pandemic

Dear Ministers,

We, the 52 undersigned healthcare professionals, are writing to request that the Tamil Nadu state government withdraw its recent decision to grant permission to hold jallikattu events in the state amidst the grave public health risks posed by the ongoing COVID-19 pandemic.

Tamil Nadu is listed among the top four states reporting the highest number of COVID-19 cases, with a tally of 8,22,370 cases and a death toll of 12,177 as of 06 January.¹ To prevent the rapid spread of COVID-19 and to protect public health, as well as to ease the pressure on healthcare professionals, **non-essential activities such as jallikattu events, which lead to unnecessary gatherings of people, must not be allowed.**

We're aware that the state government has issued guidelines for the conduct of the event,² making it mandatory for participants to submit a COVID-19 negative certificate. However, **the reverse transcription-polymerase chain reaction (RT-PCR) test, which has become the gold standard method for ruling out COVID-19 infection, has been found to be variable and potentially unstable, as significantly high false-negative rates have been reported.**

A false-negative case is defined as one in which a person who, although infected with COVID-19, receives an initial negative result in the RT-PCR test and a confirmed positive result on a subsequent test.³ One study reported a potentially high false-negative rate of RT-PCR testing for SARS-CoV-2 in the 610 hospitalized patients clinically diagnosed with COVID-19.⁴ Eighteen patients were found to have a positive RT-PCR result after two consecutive negative results. One systematic review that included 34 studies of 12,057

COVID-19 confirmed cases reported false-negative rates between 2% and 33% in repeat sample testing.⁵

A crucial factor influencing the results of the RT-PCR test is the time from exposure to infection and the onset of symptoms, commonly known as the incubation period. **If testing is done immediately after exposure to the virus, it will most likely yield a false-negative result.** Although the false-negative rate is minimized one week after exposure, it remains high, at 21%.⁶ **Thus, even with a COVID-19 negative certificate, there are higher chances that the participants of jallikattu events could be potential sources of COVID-19 infection, as the clinical samples might be collected at a period before the person actually manifests any symptoms.** Other factors include the lack of standardisation for specimen collection, delays or poor storage conditions before arrival in the laboratory, the use of inadequately validated assays, contamination during the procedure, insufficient viral specimens and load, and the presence of mutations that escape detection or PCR inhibitors.^{7,8} **Thus, infected persons with false-negative COVID-19 certificates can still infect others.⁹**

The guidelines also require that spectators be allowed to attend only after a **body temperature check**. However, not everyone infected with COVID-19 develops a fever.^{10,11} One study reported that even if the body temperature returned to normal after five days, still, the infectivity was documented to last up to 10 days after the initial infection. In fact, 83% of the patients in the study never developed a fever.¹² All this vividly demonstrates that a temperature check would be ineffective in screening out every person carrying the infection from attending the event.

The Tamil Nadu government plans to allow up to 300 participants in jallikattu events and 150 participants in Erudhu Vidum Nigazhchi. **In light of the highly contagious nature of the disease and the way participants and spectators inevitably come into close proximity in such mass gatherings, even with the precautions planned by the Tamil Nadu government in place, the risk of infections is high.**

Since the Tamil Nadu government legalised jallikattu in 2017, at least 22 bulls and 57 humans have reportedly died while 3,632 humans were injured in events organised throughout the state. Even more human deaths will likely occur because of COVID-19 if jallikattu events are allowed to be organised in the state. Currently, proven public health tactics such as social distancing, the use of face masks, hand washing, isolation, quarantine, and community containment are critical to control the spread of the disease.^{13,14}

Moreover, because the mutant variant of the SARS-CoV-2 virus is being reported in 20 people from the United Kingdom in several cities, such as Delhi, Bengaluru, Hyderabad, and Pune, there is a more urgent need to ensure that the spread of the new variant is prevented among the masses and easing containment measures could prove dangerous.¹⁵ **Tamil Nadu issued an order banning public celebrations on 31 December and 1 January 2021 to protect the public from COVID-19, and similar logic needs to be applied to prevent other non-essential mass gatherings. Therefore, we recommend that the Tamil Nadu government immediately withdraw its permission to conduct jallikattu events in the state.**

Sincerely,



PK Joshi, MBBS, BCP
General Physician
Joshi Hospital
Kashipur, Uttarakhand

On behalf of:

AK Mahapatra, MBBS, MS, MCh
Vice Chancellor
Siksha 'O' Anusandhan
Deemed to Be University
Bhubaneswar, Odisha

Yogi Aeron, MBBS, MS
Plastic Reconstructive Surgery
Director, ReSurge International, Stanford
University
Yogi's Helping Hands
Dehradun, Uttarakhand

Prof Hem Chandra, MBBS, MHA
(MDHA), MPhil, MBA, PhD, DLitt
Vice Chancellor
HN Bahuguna Uttarakhand Medical
Education University
Dehradun, Uttarakhand

SC Joshi, MBBS, MS (Surgery)
Consultant Surgeon
KN Joshi hospital
Saharanpur, Uttar Pradesh

Raj Kumar, MBBS, MS, MCh, PhD
Vice Chancellor
Uttar Pradesh University of Medical
Sciences
Saifai, Etawah, Uttar Pradesh

Lt Gen Ved Chaturvedi, MBBS, MD, DM
Rheumatology & Clinical Immunology
Sir Ganga Ram Hospital
New Delhi

Nandita Shah, MBBS
Director – Health
SHARAN
Auroville, Tamil Nadu

Jugal Kishor Sharma, MBBS, MD (Med)
Medical Director and Senior Consultant
Central Delhi Diabetes Centre, New Delhi

Naveen Garg, MBBS, MD, DM, DNB
Department of Cardiology
Sanjay Gandhi Post Graduate Institute of
Medical Sciences
Lucknow, Uttar Pradesh

Harish Chandra Pathak, MBBS MS, MCh
Head of Department, Neurosurgery
MAX Hospital
Dehradun, Uttarakhand

KC Pant, MBBS, MD
Principal
Govt Medical College, Rudrapur

Mahesh Kuriyal, MBBS, MS, MCh
Director and Senior Consultant
Neurosurgeon

Uttarakhand

CMI Hospital
Dehradun, Uttarakhand

Subhash Sehgal, MS, MCh
Orthopaedic Surgeon
Sona Trauma & Maternity Centre
Saharanpur, Uttar Pradesh

Meena Singh, MBBS
Retd. DTO
Senior Gynaecologist
Allahabad, Uttar Pradesh

Mohan Sati, MBBS, MS
Orthopedic Surgeon
Sai Hospital
Haldwani, Uttarakhand

Alka Sati, MBBS, DGO
Gynaecologist
Sai Hospital
Haldwani, Uttarakhand

Vivek Maratha, MBBS, MD (Anaesthesia)
Director
MJS Medical Research Institute
Professor, Government Medical College
Saharanpur, Uttar Pradesh

Mohan Singh, MBBS, MS (ENT)
Consultant
Saharanpur, Uttar Pradesh

AK Joshi, MBBS, MD
Pulmonologist
Lucknow, Uttar Pradesh

Manjusha Garg, MBBS, FRCOG
Senior Consultant
Sahara Hospital
Lucknow, Uttar Pradesh

Gaurav Luthra, MBBS, MS
Director
Drishti Eye Institute & Dehradun Wave
Lasik Centre
Dehradun, Uttarakhand

Vipul Dutt Kandwal, MBBS, MS, FMAS
Aarogayadham Hospital
Dehradun, Uttarakhand

Amita Chaturvedi, MBBS, MBA
Additional Director, Administration
Sir Ganga Ram Hospital
New Delhi

Leela Joshi, MBBS
General Physician
Joshi Hospital, Kashipur
Uttarakhand

Ashish Kumar Kapoor, MBBS
SN Medical College
Agra, Uttar Pradesh

Sachin Vaish, MBBS
President
Provincial Medical Services Association
Lucknow, Uttar Pradesh

Vidhi Patel, MBBS, DO
Department of Ophthalmology
BJ Medical College
Ahmedabad, Gujarat

Jitendra Rao, MBBS
Professor
Department of Prosthodontics
King George Medical University
Lucknow, Uttar Pradesh

Amit Singh, MBBS
General Secretary
Provincial Medical Services Association
Lucknow, Uttar Pradesh

Rupa A Shah, MBBS
Director
Circle of Health
Mumbai, Maharashtra

Sulekha Joshi, MBBS, DGO, PGDS
Gynaecologist
Joshi Clinic
Greater Noida, Uttar Pradesh

Heena Dobhal, MBBS, MS, MCh
Department of Neurosurgery
MAX Hospital
Dehradun, Uttarakhand

Nikita Goel, MBBS, MS
Department of Ophthalmology
BJ Medical College
Ahmedabad, Gujarat

Muskan Verma, MBBS, DNB (Pediatrics)
Department of Pediatrics
Chacha Nehru Bal Chikitsalaya
New Delhi

Mansi Mistry, MBBS, DO
Department of Ophthalmology
BJ Medical College
Ahmedabad, Gujarat

Paras Khatwani, MBBS, MS
Department of Ophthalmology
BJ Medical College
Ahmedabad, Gujarat

Pratik Katariya, MBBS, DO
Department of Ophthalmology
BJ Medical College
Ahmedabad, Gujarat

Ruby Taparia, MBBS, DNB (Med)
Department of Rheumatology
Nizam Institute of Medical Sciences
Hyderabad, Telangana

Ritika Gaur, MBBS, MS
Department of Ophthalmology
SMS Hospital
Jaipur, Rajasthan

Kinjal Trivedi, MBBS
Consultant
Department of Ophthalmology
BJ Medical College

Stuti Bhamri, MBBS
SSG Hospital
Baroda, Gujarat

Ankit Patel, MBBS, MS
Department of Neurosurgery
MAX Hospital
Dehradun, Uttarakhand

Shraddha Vaishnav, MBBS, DO
Department of Ophthalmology
BJ Medical College
Ahmedabad, Gujarat

Nilay Tripathi, MBBS, DNB (General
Medicine)

Priya Pathak, MBBS, MD
Department of Anaesthesia
BJ Medical College
Ahmedabad, Gujarat

Tarun Gehlawat, MBBS
BJ Medical College
Ahmedabad, Gujarat

Sahil Sharma, MBBS
BJ Medical College
Ahmedabad, Gujarat

Shivangi Raheja, MBBS
Narayana Hrudayalaya Hospital
Bangalore, Karnataka

Avisha Mahla, MBBS, MD
Department of Psychiatry
Ambedkar Hospital, New Delhi

Neha Thakkar, MBBS, DO
Department of Ophthalmology
BJ Medical College
Ahmedabad, Gujarat

Ahmedabad, Gujarat

Damini Patel, MBBS
BJ Medical College
Ahmedabad, Gujarat

¹COVID19India. Coronavirus outbreak in India. <https://www.covid19india.org/>. Accessed 06 January 2021.

²Government of Tamil-Nadu. COVID-19 containment plan – jallikattu permitted with certain restrictions. https://cms.tn.gov.in/sites/default/files/press_release/pr231220_992.pdf. Accessed 28 December 2020.

³Rodriguez IA, Garcia DB, Racines DS, *et al.* False-negative results of initial RT-PCR assays for COVID-19: A systematic review. *PLoS ONE*. 2020;15(12):e0242958.

⁴Li Y, Yao L, Li J, *et al.* Stability issues of RT-PCR testing of SARSCoV2 for hospitalized patients clinically diagnosed with COVID-19. *J Med Virol*. 2020;92(7):903-908. doi: 10.1002/jmv.25786.

⁵Arevalo-Rodriguez I, Buitrago-Garcia D, Simancas-Racines D, *et al.* False-negative results of initial RT-PCR assays for COVID-19: a systematic review. *medRxiv* [published online 13 Aug 2020]. doi: <https://doi.org/10.1101/2020.04.16.20066787> (preprint).

⁶Kucirka LM. Variation in false-negative rate of reverse transcriptase polymerase chain reaction–based SARS-CoV-2 tests by time since exposure. *Ann Intern Med*. 2020;173:262-267.

⁷Lippi G, Simundic AM, Plebani M. Potential preanalytical and analytical vulnerabilities in the laboratory diagnosis of coronavirus disease 2019 (COVID-19). *Clin Chem Lab Med*. 2020;58(7):1070-1076. doi: 10.1515/cclm-2020-0285.

⁸Li D, Wang D, Dong J, Wang N, Huang H, Xu H, *et al.* False-negative results of real-time reverse-transcriptase polymerase chain reaction for severe acute respiratory syndrome coronavirus 2: Role of deep-learning-based CT diagnosis and insights from two cases. *Korean J Radiol*. 2020;21(4):505-8.

⁹Woloshin S, Patel N, Kesselheim AS. False negative tests for SARS-CoV-2 infection – challenges and implications. *N Engl J Med* [published online ahead of print, 5 June 2020]; doi: 10.1056/NEJMp2015897.

¹⁰Bwire GM, Paulo LS. Coronavirusdisease-2019: is fever an adequate screening for the returning travelers? *Trop Med Health* 2020; 48:14.

¹¹O'Reilly GM, Mitchell RD, Rajiv Pet, *et al.* Epidemiology and clinical features of emergency department patients with suspected COVID-19: initial results from the COVID-19 Emergency Department Quality Improvement Project (COVED-1). *Emerg Med Australas* 2020;32:638-45.

¹²Bielecki M, Cramer GAC, Schlagenhaut P, *et al.* Body temperature screening to identify SARS-CoV-2 infected young adult travellers is ineffective. *Trav Med Infect Dis*. 2020;37:101832.

¹³McCloskey B, Heymann DL. SARS to novel coronavirus: old lessons and new lessons. *Epidemiol Infect*. 2020;148:e22.

¹⁴Du Z, Wang L, Cauchemez S, *et al.* Risk for transportation of 2019 novel coronavirus disease from Wuhan to other cities in China. *Emerg Infect Dis*. 2020;26(5):1049-1052.

¹⁵Coronavirus | 20 found with mutant variant of SARS-CoV-2 virus reported from U.K.: Health Ministry. *The Hindu*. 30 December 2020. <https://www.thehindu.com/news/national/many-more-cases-of-new-variant-of-coronavirus-reported-in-india/article33450226.ece>. Accessed 31 December 2020.