



## REVIEW ARTICLE

## Current Circumstances of Corona-Virus (Covid-19) in India

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The Coronavirus or Covid-19 is a large family of viruses that causes illnesses ranging from the common cold to acute respiratory syndromes, but the current virus is a novel strain not seen before. Common symptoms of the novel Coronavirus strain include respiratory symptoms such as fever, cough, and shortness of breath, according to the WHO. The WHO has declared the Coronavirus epidemic as a global health emergency. In the current lockdown if the proper physical distancing or compliance is not properly followed, the total number of cases (asymptomatic, hospitalized and symptomatic) can even touch a massive figures. In the most likely medium scenario with moderate to full compliance but no changes in virulence or temperature/humidity sensitivity. The numbers of total cases can swell up to few lakhs, the optimistic (low) scenario constitutes decreased virulence and temperature/humidity sensitivity to reach these numbers, Johns Hopkins and CDDEP- The Center for Disease Dynamics, Economics & Policy (CDDEP) is a public health research organization with headquarters in Washington, D.C. and New Delhi. Used IndiasIM, a well validated agent based model of Indian population, which has been published widely over many years and has been for government decision making. According to report hospitalized cases can reach up to 25 lakhs people in high scenario, 17-18 lakhs people in medium scenario, and 13 lakhs people in scenario.

In what could spell real trouble for the country in the next three months, a new report from prestigious Johns Hopkins university and Center for Disease Dynamic, Economics & policy (CDDEP) has predicted that 21 days lockdown be ineffective to stop COVID-19 peak arriving

in April-May-June , infecting few lakhs Indians in an optimistic (low) scenario.

Dr. Ramanan Laxminarayan, director of US based center for Disease dynamics, economics and policy and an advisor to the world health organization (WHO) and world bank, had previously warned India that in a worst-case scenario, India would experience a novel Coronavirus high infection rate, which would see approximately majority of confirmed cases of COVID-19 across the country, leading a public health expert estimates. India's jam-packed cities and heavily crowded public transport also throws a unique challenge to social distancing, which is necessary to curb the spread of novel Coronavirus. Now, in view of the effective enforcement of lockdown measures and countrywide curfew that were recently enforced by Indian government, that worst-case number will not be very high.

Furthermore an overwhelming majority of these infections are likely to be extremely mild.

In case if high number of people becomes ill, with few lakhs requiring intensive medical treatment would put an immense strain on India's health care system. In a worst-case scenario, estimation based on how transmissible the novel Coronavirus would be in India. If citizens fails to follow the social distancing the virus would be as transmissible as it has been in USA, Italy, Spain, UK, Germany, France, Iran and China which will effectively take worst-case number to higher side.

There are various agencies, who have been consistently updating the countrywide COVID-19 infection status and deceased, but in-fact due to less testing in the country the real number of confirmed cases is significantly higher. It is almost impossible that this (com-



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munity transmission) could not have happened in situation where about tens of thousands of people travelled from different places of the world could not properly tested during entry in the country and to imagine that none of them carried the Coronavirus.

We are required to upgrade the medical facilities, expand testing and spread awareness to promote careful prophylaxis than to politicize the issues and irrationally connecting the spread of the disease to a particular community. Now the role of media is very important to provide to the real of media is very important to provide the real picture and solace to the community than to play dirty politics to improve their TRP. Rather than they should encourage the community in seriously preparing for the mitigation, which would required making several thousand of beds available in advance.

The COVID-19 is going to testify few things about India like our health system capacity: Our system of governance on how much people listen to what the government is saying; and our social structure, whether people are going to support and co-operate each other [1].

As per the report and estimation, the ventilators demand in India may go up to 1 million while the current availability in India estimated to be between 30,000 and 50,000 ventilators. People could need ICU treatment; India needs to urgently import ICU equipment, ventilators and range of medicines.

The possibility of infection to doctors and nurse could further increase deaths in general population. Health care workers need personal protective equipment likes masks and gown protect to protect themselves. In lack of the proper support they may get sick and challenging, the potential of the health support system.

As per the current WHO report, the number of corona virus, cases until 4<sup>th</sup> April 2020 have crossed three thousand in India (good part is that very few are critical and more than 500 are recovered) and 11.5 lakhs globally (around 80,000 cases are mild condition but around 40,000 cases are critical in nature) while the death toll crossed 86 in India and 61,000 globally [2].

Good things is that around 236,000 cases recovered globally however, the coming weeks of April when peak may begin and delays in testing are seriously reducing the ability of the people to protect themselves. This is most important way in which we can reduce the epidemic. A real of detected cases in the short term could encourage the people to take social distancing more seriously and may reduce the panic compared to a big

challenge later on.

Learning from China provides that higher temperature and humidity may likely to lower the transmission rates but it is not very clear that how this will affects the Indian scenario. However the best strategy is to be prepared for multiple peaks and should be ready for any emergency happening later. People who will show symptoms next week are already infected and incubating the virus. Some of these will transmit before they are symptomatic. A large percentage of cases are mild, but for older individuals, the mortality rate is striking higher. Children are less likely to be infected and less likely to be hospitalized than adults are. Illness is less likely to be serve in children than in adults, and the infection rate is less likely in Females than Males [3].

It is essential to test those who have symptoms such as cough, cold, fever or respiratory distress even though they have no travel history or have not come in contact with an infected person. Testing is important otherwise we will not know what percentage of people with such symptoms are corona virus-related as opposed to sufferers of ordinary seasonal colds, cough and flu. India government has acted promptly to check entry into the country and while sensible steps like shutting schools, colleges, theaters and cinemas and imposing lock-down in time but woefully the testing is inadequate for a country with a 1.3 billion population.

There is no need to rush for immediate testing but if you have a cold or cough or fever or respiratory distress and it's persist after about four days then you should get yourself tested. If someone is quarantined at your home, then rest of the family members should take commonsensical precautions but this does not mean that they cannot enter the premises to serve eatables. They can actually hand the tray over rather than leave it two feet away. You can wash the utensils used by such person or their clothes and there is no need to wear gloves but wash your hand. There is absolutely no scientific basis for believing drinking Gaumutra and taking Gobar bath could prevent the Coronavirus infection [4].

## References

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