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 Indi aSIM, 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 effectivley 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-
munity transmission) could not have happened in situ-

uation 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, ex-
pand testing and spread awareness to promote careful
prophylaxis than to politicize the issues and irrational-
ly 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 In-
dia like our health system capacity: Our system of gov-
ernance on how much people listen to what the govern-
ment 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 de-
mand 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, ventila-
tors and range of medicines.

The possibility of infection to doctors and nurse
could further increase deaths in general population.
Heath care workers need personal protective equip-
ment likes masks and grown protect to protect them-

selves. 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 co-
rona virus, cases until 4th 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 glo-
ally (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 epi-
demic. A real of detected cases in the short term could
courage 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 tempera-
ture 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 incubat-
ing 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 in-
fec tion 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 suf-
ferers 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 sci-
cientific basis for believing drinking Gaumutra and taking
Gobar bath could prevent the Coronavirus infection [4].

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