

## Letter to the Editor

# COVID-19: an Indian perspective

Sir,

Severe acute respiratory syndrome coronavirus 2 is currently spreading globally rapidly. The World Health Organization (WHO) named the virus as the 2019 novel corona virus (2019-nCoV) on January 7, 2020.<sup>1</sup> On February 11<sup>th</sup> 2020, the illness associated was named as 2019 coronavirus disease (COVID-19). Subsequently, the WHO declared COVID-19 as a pandemic on 11 March 2020.<sup>2</sup> The first case of COVID-19 was reported in India on 30 January 2020 in Thrissur, Kerala. This was the index case in India who tested positive after coming for a vacation. This individual was a student of the University of Wuhan. Subsequent cases were reported in Kerala.<sup>3</sup> Subsequently, the number of cases in India increased to 519 as on 24<sup>th</sup> March 2020 with mortality in 7 patients as on 22<sup>nd</sup> March 2020 and 10 patients on 24<sup>th</sup> March 2020.<sup>4,5</sup>

While the spread in China was rapid, it took substantial time for the disease to spread into other nations, transmitted predominantly by international travelers. The pandemic has hit many nations hard particularly Italy and Spain worst hit in Europe, with Iran and the United States of America affected badly among other nations.

Learning a few lessons from history, epidemics are not new to India. The Spanish Flu outbreak of 1920 was undoubtedly the most devastating epidemic of recent times having resulted in the death of nearly ten to twenty million people.<sup>6</sup> The healthcare situation in India is unique due to a parallel thrive of both the public health sector catering to 44% of the nation's in-patient care, 18% of the nation's outpatient care with the private sector catering to the remainder of the nation's population.<sup>7</sup> It is worthwhile to note that 81% of the nation's workforce of doctors serve in the private sector. With a doctor: Population ratio of 0.55:1000 (less than WHO recommendation of 1:1000), and a hospital bed to person ratio of 0.6:1000, the recipe looks like a disaster should a pandemic strike especially considering the population density (per sq. km) of 455 compared to 145 in China, 206 in Italy, 91.4 in Spain and 94 in the USA.

Yet numbers tell only half of the picture. With the initial cases coming from a direct contact of the infection abroad. As the epidemic advances, it becomes more imperative to prevent human to human transmission of the virus. It is worthy to note the success of a measure

initiated by the Hon'ble Prime Minister, the "Janata-Curfew" asking all Indians to stay indoors on 22 March 2020.<sup>4</sup> With an aim to prevent person to person interaction and spread, it was successful along with subsequent measures for lockdown across the country according to what was felt necessary by local administrative bodies. With a country as vast and diverse as India, adoption of these social distancing measures to any extent may be considered a success. Initial steps such as a complete ban on inter-state travel, complete ban on both international and domestic air travel followed by a nationwide lockdown for 21 days between 25 March 2020 to April 14<sup>th</sup> 2020.<sup>8</sup> These are welcome steps towards curbing the spread of COVID-19 by preventing human-to-human transmission. For a country where community is given the highest pedestal, where worshipping in a temple or mosque or church is often a daily routine, these restrictions alone signify the gravity of the situation. The common man of India appears to have understood the need of the hour and to a larger degree, public support and compliance for these measures is good.

From perspective of healthcare professionals, it is clear that the public sector is overburdened in these times many fold. A shortage of supplies, shortage of intensive care set up, other medical equipment, multiple apprehensions of the public are just the tip of the iceberg with respect to the challenges faced by the medical fraternity in addition to many challenges faced by the scientific committee with regard to conducting clinical trials to find a definitive treatment for COVID-19, developing low cost kits for detection on a large scale, and efforts towards development of a COVID-19 vaccine. It is during these times that both the public and private sectors work together as one in the fight against COVID-19.

At the national level, the success of the lockdown measures can be seen in the coming days. The number of new cases detected in the days would be previously infected prior to the lockdown. As we see the trend of number of new cases testing positive, stagnation or decrease will signal success of the lockdown measures. An exponential rise despite these efforts can only suggest a failure of lockdown due to a non-compliance or non-acceptance by the public. I request everyone to learn from what is happening around the world and implement strictest measures as necessary to fight and curb the spread of COVID-19.

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**REFERENCES**

1. Tan WJ, Zhao X, Ma XJ. A novel coronavirus genome identified in a cluster of pneumonia cases — Wuhan, China 2019–2020. *China CDC Weekly*. 2020;2:61-2.
2. Speech of Director-General, WHO. Available at: <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>. Accessed on 20 March 2020.
3. Kerala Defeats Coronavirus; India's Three COVID-19 Patients Successfully Recover". The Weather Channel. Available at: <https://weather.com/en-IN/india/news/news/2020-02-14-kerala-defeats-coronavirus-indias-three-covid-19-patients-successfully>. Accessed on 26 March 2020.
4. WHO Situation Report India 8. Available at: [https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-8bc9aca340f91408b9efbedb3917565fc.pdf?sfvrsn=5e0b8a43\\_2](https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-8bc9aca340f91408b9efbedb3917565fc.pdf?sfvrsn=5e0b8a43_2). Accessed 26 March 2020.
5. Ministry of Health and Family Welfare, India Available at: <https://www.mohfw.gov.in/>. Accessed on 26th March 2020.
6. Chandra, Siddharth & Kassens-Noor, Eva. (2014). The evolution of pandemic influenza: Evidence from India, 1918-19. *BMC infectious diseases*. 2014;14:510.
7. Thayyil J, Jeeja MC. Issues of creating a new cadre of doctors for rural India. *Int J Med Public Health*. 2013;3(1):8.
8. Available at: <https://www.narendramodi.in/text-of-prime-minister-narendra-modi-s-address-to-the-nation-on-vital-aspects-relating-to-the-menace-of-covid-19-548941>. Accessed on 26 March 2020.

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