

COVID-19 – The Past, The Present and the Future

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ABSTRACT

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Independent India did not face any ravaging pandemic after the Spanish flu in 1918. COVID-19 which is affecting almost all the countries in the world in similar fashion has also hit India, owing to its international participation in trade, travel and economy. Each country has designed its own way to handle the pandemic. India has chosen lockdown as a first and foremost measure to combat the rapid human to human transmission of newer virus. Though it appears a very harsh measure to a majority of Indians, it indeed is a necessary and essential step to avert massive mortality due to COVID-19.

Keywords: COVID-19, Pandemic, Lockdown, Doubling time, Herd immunity

*See End Note for complete author details

Lockdown is being criticized for affecting the poorest and postponing the inevitable. However, even the harshest proponents for herd immunity do not claim that lockdown is never to be used. Be reminded that India declared locked down on 24th March when the cases barely crossed 500 all over the country. And look at the countries which locked down after the case numbers reached tens of thousands. The US locked down on the same day at the count of 50,000 cases and paid the price of crossing 370,000 cases by World Health Day! India had barely 5000 cases by then.¹ Yes, lockdown slows down the

virus considerably. A country with a population of about 1.3 billion beat the exponential growth of cases which was witnessed in countries with populations much lesser than that. The critics point out that the lockdown should have been announced prior to the clampdown.² Congregations which happened in spite of the rapid lockdown created a couple of the bigger spikes in number of cases since the start of the pandemic in India and literally spoilt the control status of at least two of the states in the country.

Kerala had been shown as a better example as per the editorial² and that is one state which is waiting for the

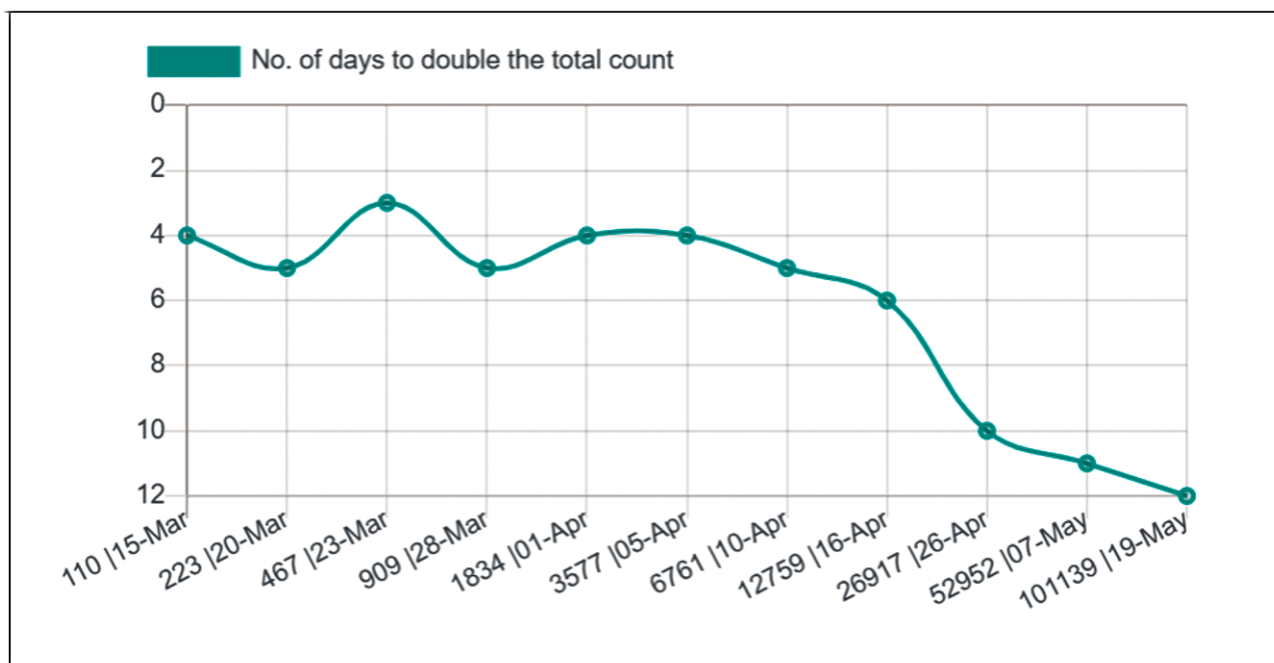


Figure 1. Doubling rate 2019-nCoV Cases in India³

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influx of up to 500,000 expatriate workers from the GCC countries, a lot of them obviously carrying the virus. No one denies the fact that the lockdown cannot continue for one or two years. No one ever claims that community transmission will never happen either. The anxiety which was caused by a large number of projected deaths was supposed to be bad for inflation and hence to poverty as per experts in social media. The same social media gave negative colors to the Tablighi Jamaat incident which was mentioned in an editorial in *The Lancet*² and also possibly triggered a mass exodus of migrant laborers against the lockdown rules. India has the largest network of digitally connected health force. The malignant campaigns in social media have not been successful in creating sustained setbacks to the control strategy that has worked satisfactorily so far. As per the graph of doubling of cases shown (**Figure 1**), the longest doubling time has been during the weeks that passed by.

Any amount of planning for such a mass outbreak would be deemed insufficient. In a country as big as India, even one lakh tests per day would take years to cover the population completely. While complaining about the meagre number of tests done in India, we must accept the fact that we are doing much better than many of the so-called developed nations. Why would one claim that testing alone will control the march of the pandemic? A large number of cases will be missed by a test that has only about 50% sensitivity. Even the best of the tests has been shown to cause intermittent negativity with its lucid intervals. We are still experimenting with treatment protocols and the vaccine trials are yet to move into phase III.⁴ The fact is that SARS CoV-2 seems to be mimicking (and accelerating) the age-specific death rates of yesteryears when there were no automobiles to kill the young and the active. But the old people are not dying alone ... some young people also are dying (even infants).⁵

The violence against health personnel⁶ has been on the rise before the pandemic started and has abated a bit following the helpless situation where modern medicine was the only option left to people who were suffering from the new virus. The states have been dealing with the control of the spread of illness with federal control. Attempts at loosening the lockdown have shown reappearance of cases and the central government has stepped in to support the state governments to clamp down again.⁷ Without federal support, it will be difficult for the state governments to implement strict curfews such as is warranted by the pandemic. The young population of India is not a boon as has been painted by the proponents of herd immunity.⁸ The younger individuals will bring the infection back to the old people living in overcrowded joint families of rural India. The opening of schools will bring asymptomatic carriers to such homes in the form of children. The acceleration of age-specific death rates will essentially wipe

out the old generation without support systems in place for critical care.

The government in the UK, which proposed 'herd-immunity-line', later recanted it in the face of rising mortality.⁹ Without a lockdown, a large gathering of people can never be curtailed. The majority of old people in India never retire since they lack social security in real sense. They keep working until they can do so. Locking them down alone would prove to be disastrous in the short term too. That, India had a strong federal government which took a bold decision which was supported by the majority of the states, talked volumes of the kind of democracy she has. 'Social acceptability' of an equal number of deaths due to other causes such as road traffic accidents pales in the face of catastrophic overload of health systems even in the best of countries. Taking lessons from an equally young and big country like China, we know that only harsh lockdowns work well.

END NOTE

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